

Culturally Responsive Depression and Mental Health Screening for LGBTQIA+ Communities

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Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - CE and HEI Credit
- Extension for Community Healthcare Outcomes (ECHO) Programs
- Publications and Resources



Learning Module



Publication



Toolkit



Video



Webinar

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- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.



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- Choose “I will call in”
- Dial the phone number and access code



CME/CEU Information

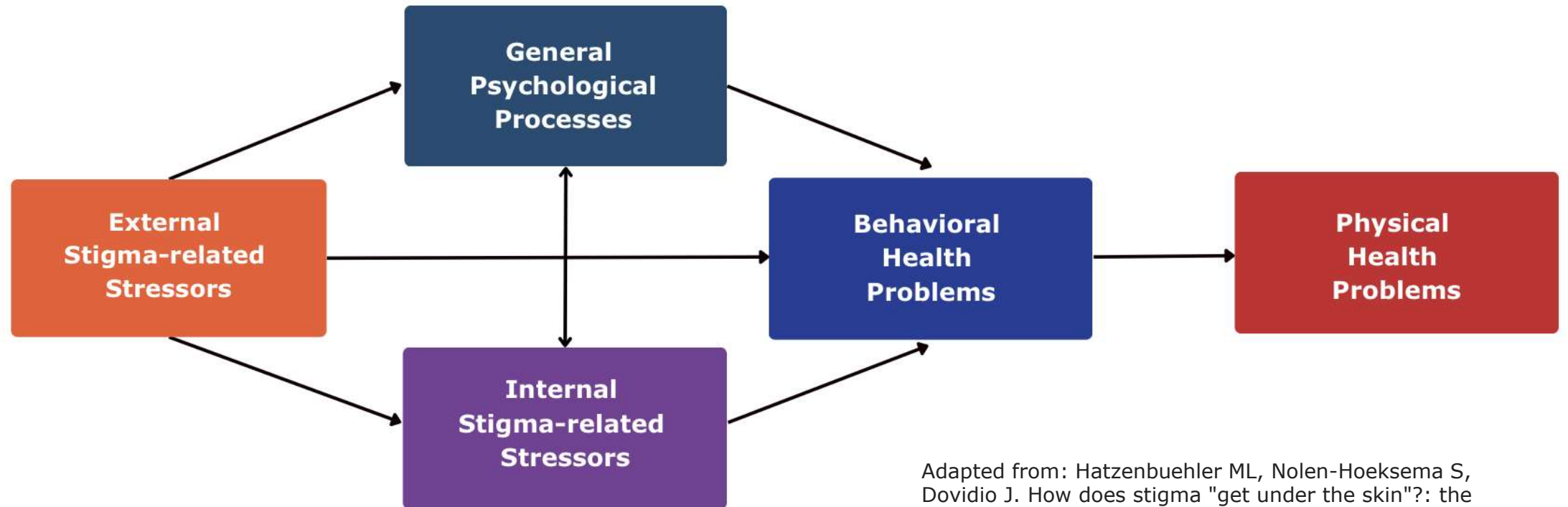
This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity.

| | |
|--|---|
| Physicians | AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1. |
| Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants | AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned. <ul style="list-style-type: none">•American Academy of Physician Assistants (AAPA)•National Commission on Certification of Physician Assistants (NCCPA)•American Nurses Credentialing Center (ANCC)•American Association of Nurse Practitioners (AANP)•American Academy of Nurse Practitioners Certification Program (AANPCP)•American Association of Medical Assistants (AAMA) |
| Other Health Professionals | Confirm equivalency of credits with relevant licensing body. |

Learning Objectives

1. Recognize unique disparities and risk factors affecting LGBTQIA+ populations, including minority stress, in the context of depression and mental health screening.
2. Apply clinical skills and best practices to conduct systematic, sensitive, and effective depression and mental health screening with LGBTQIA+ patients.
3. Describe care coordination for enhancing ease of access to local LGBTQIA+ mental health and community-based resources, in order to improve depression and mental health outcomes for LGBTQIA+ people.

Sexual and Gender Minority Stress Framework



Adapted from: Hatzenbuehler ML, Nolen-Hoeksema S, Dovidio J. How does stigma "get under the skin"? the mediating role of emotion regulation. *Psychol Sci.* 2009;20(10):1282-1289. doi:10.1111/j.1467-9280.2009.02441.

Disparities Among LGBTQIA+ Youth

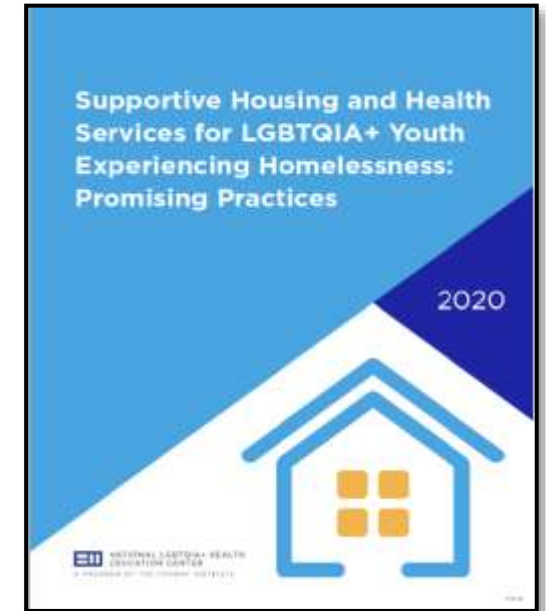
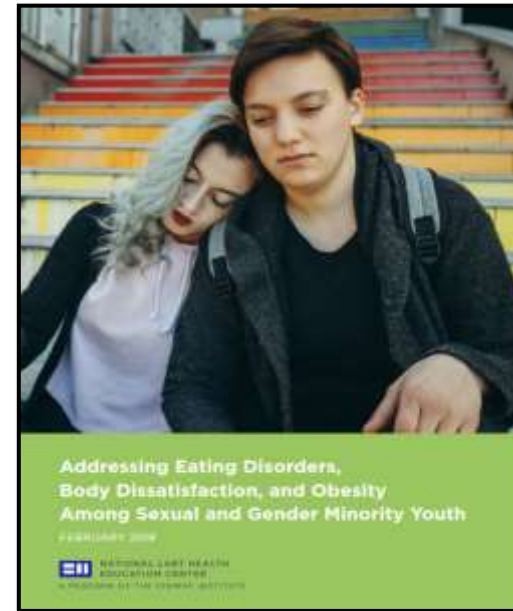
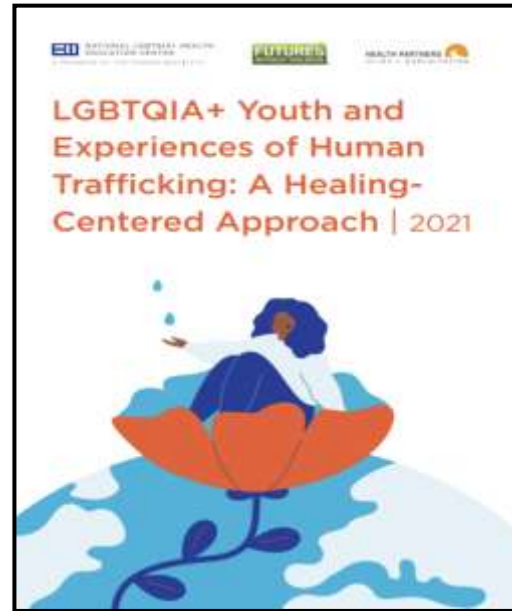
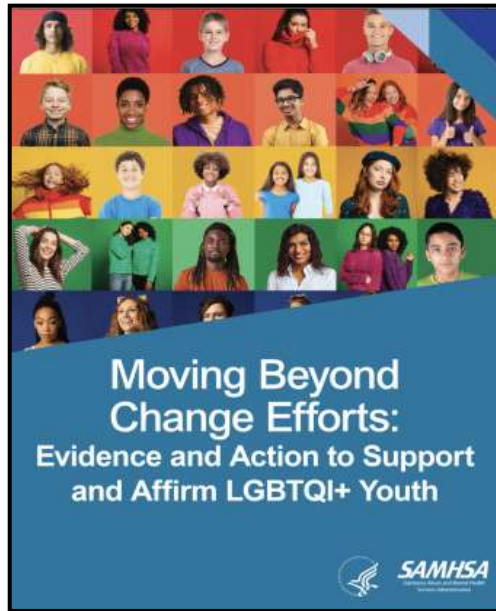
Up to 40% of all youth experiencing homelessness and housing instability are LGBTQIA+

Between 25 % and 51 % of transgender and gender diverse adolescents have attempted suicide

LGBTQ+ youth are at greater risk for poor mental health, violence victimization, and HIV than their non-LGBTQ+ peers

- CDC. HIV Information and Youth. Centers for Disease Control and Prevention. Published April 3, 2020. https://www.cdc.gov/healthyyouth/youth_hiv/hiv-information-and-youth.htm
- Substance Abuse and Mental Health Services Administration (SAMHSA): *Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth*. SAMHSA Publication No. PEP22 03-12-001. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, 2023.

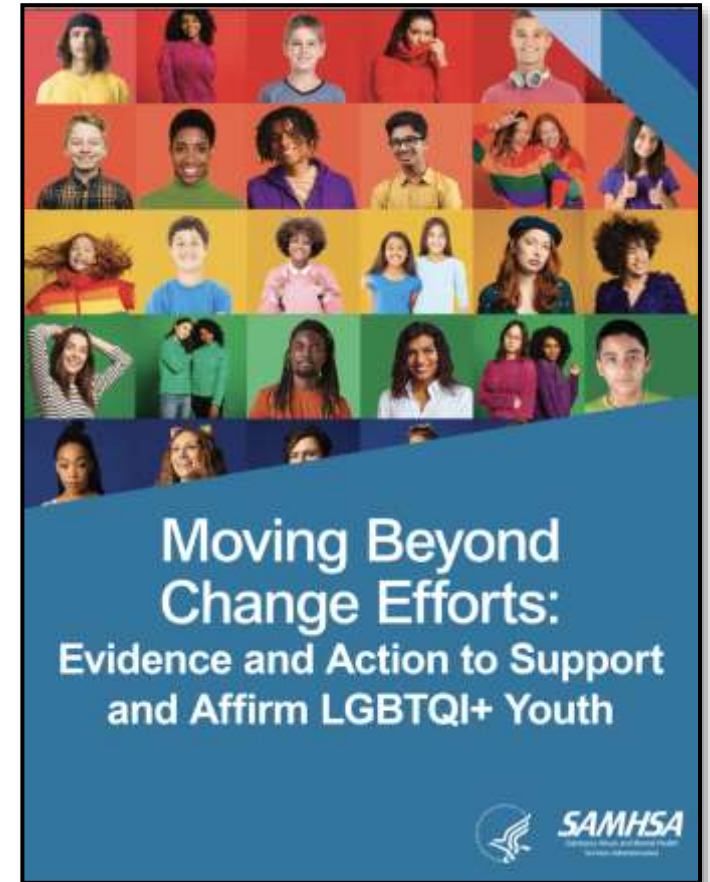
Disparities Among LGBTQIA+ Youth



- National LGBTQIA+ Health Education Center: Addressing Eating Disorders, Body Dissatisfaction, and Obesity Among Sexual and Gender Minority Youth 2018
<https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/04/EatingDisordersBodyImageBrief.pdf>
- National LGBTQIA+ Health Education Center: LGBTQIA+ Youth and Experiences of Human Trafficking: A Healing Centered Approach 2021
<https://www.lgbtqiahealtheducation.org/wp-content/uploads/2021/09/Supporting-LGBTQIA-Youth-Who-Have-Experienced-Trafficking.pdf>
- Supporting Housing and Health Services for LGBTQIA+ Youth Experiencing Homelessness: Promising Practices 2020
<https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/07/Supportive-Housing-and-Health-Services-for-LGBTQIA-Youth-Experiencing-Homelessness.pdf>
- SAMSHA: Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth
<https://store.samhsa.gov/product/moving-beyond-change-efforts/pep22-03-12-001>

Sexual Orientation and Gender Identity (SOGI) Change Efforts

Given the lack of evidence of efficacy and the potential risk of serious harm, every major medical, psychiatric, psychological, and professional mental health organization has taken measures to end sexual orientation change efforts and gender identity change efforts.



- Substance Abuse and Mental Health Services Administration (SAMHSA): *Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth*. SAMHSA Publication No. PEP22 03-12-001. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, 2023.
- CDC. HIV Information and Youth. Centers for Disease Control and Prevention. Published April 3, 2020. https://www.cdc.gov/healthyyouth/youth_hiv/hiv-information-and-youth.htm

Disparities Among Older LGBTQIA+ Adults

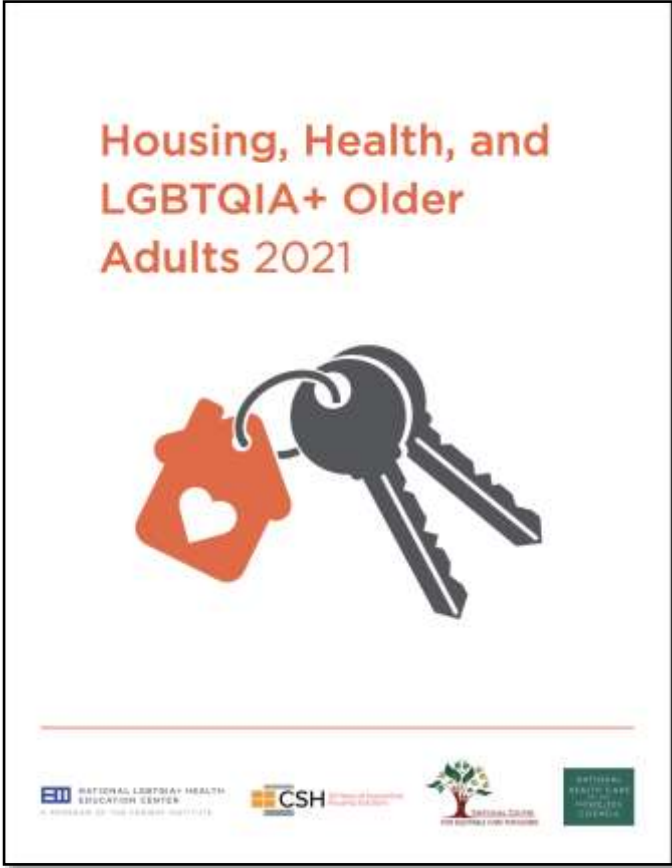
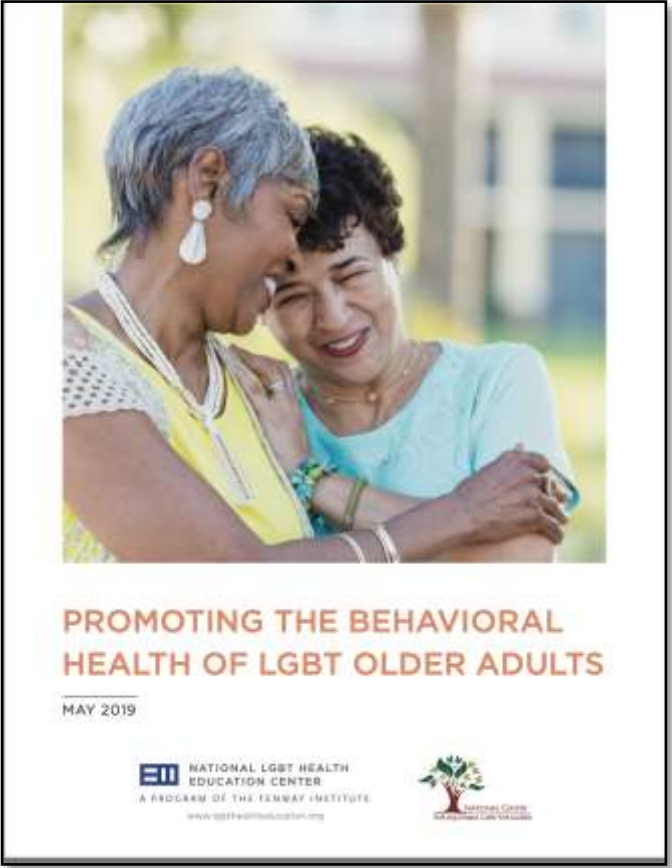
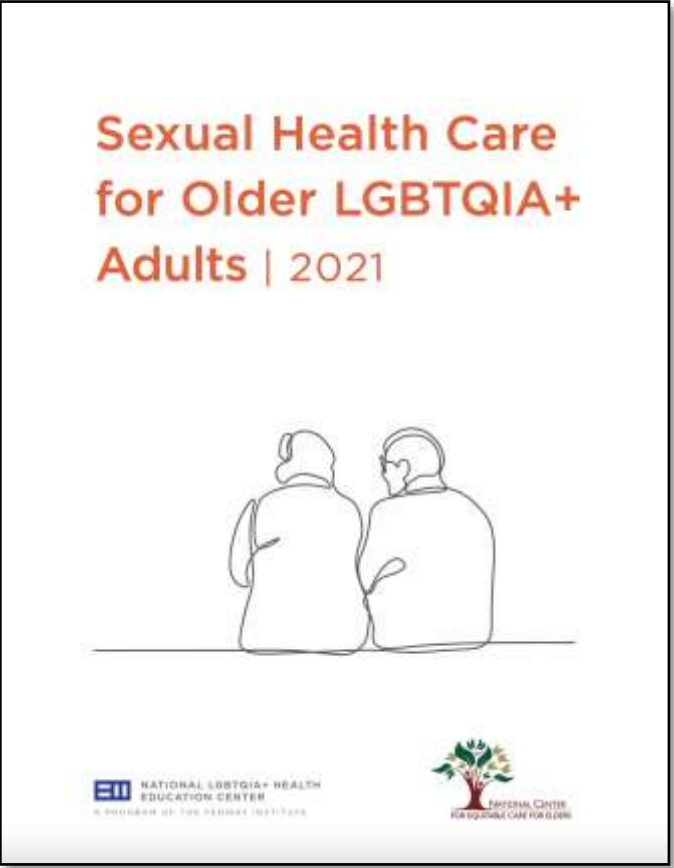
More likely to experience psychological health issues and greater incidence of substance use disorders.

Research has repeatedly shown that older LGBT people have higher rates of poor physical health and mental distress.

In 2018, 17% of all new HIV diagnoses in the U.S. were in people aged 50 and older.

SAGE & National Resource Center on LGBT Aging: Facts on LGBT Aging 1 FACTS on LBGT AGING LGBT Older People. <https://www.sageusa.org/wp-content/uploads/2021/03/sage-lgbt-aging-facts-final.pdf>

Disparities Among Older LGBTQIA+ Adults



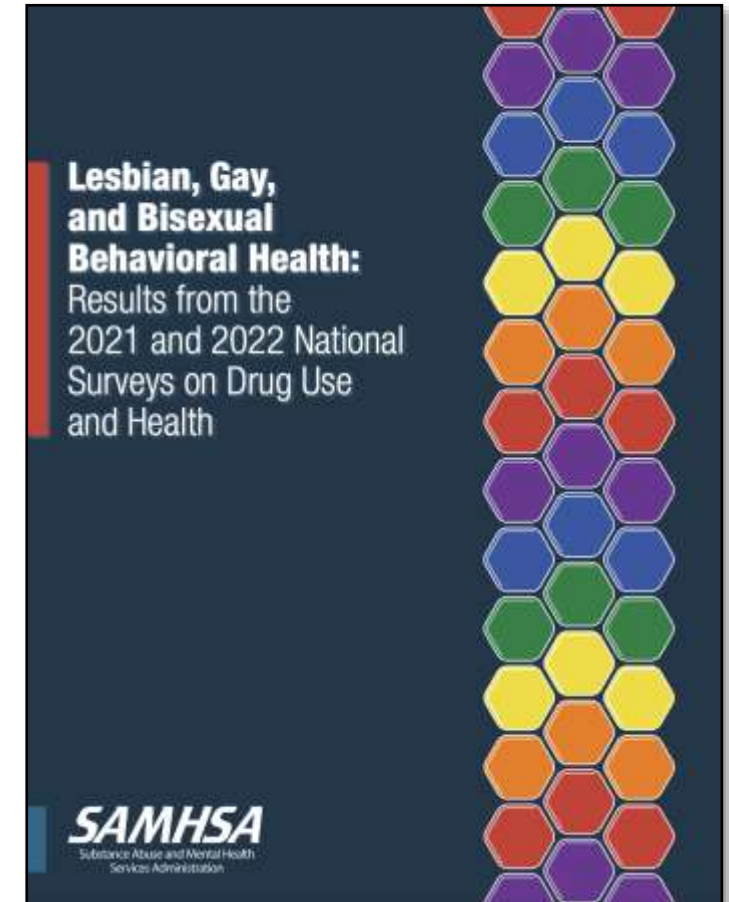
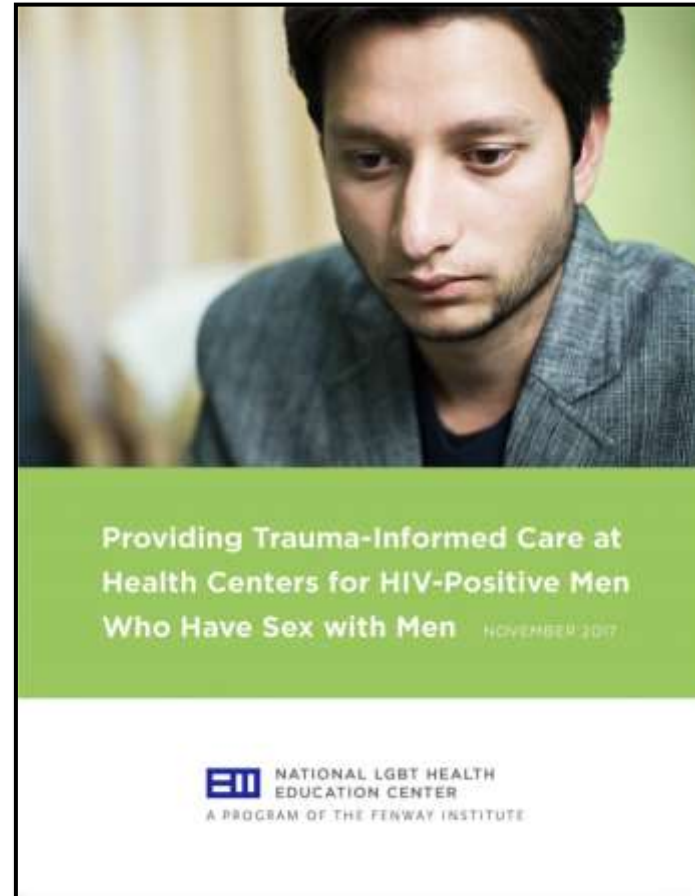
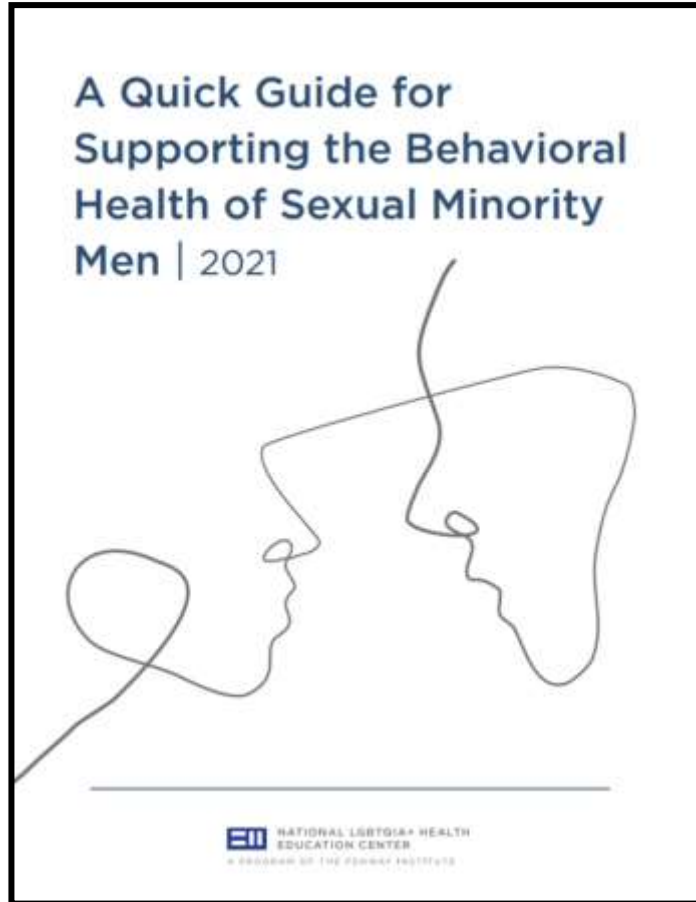
Disparities Among Sexual Minority Men

The prevalence of severe mental illness (SMI) in the past year was more than 3 times higher among bisexual men than among straight men and more than twice as high among gay men than among straight men.

About one third of bisexual men and gay men had a substance use disorder (SUD) in the past year.

Substance Abuse and Mental Health Services Administration. (2023). *Lesbian, gay, and bisexual behavioral health: Results from the 2021 and 2022 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP23-07-01-001). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/LGB-Behavioral-Health-Report-2021-2022>

Disparities Among Sexual Minority Men



Disparities Among Sexual Minority Women

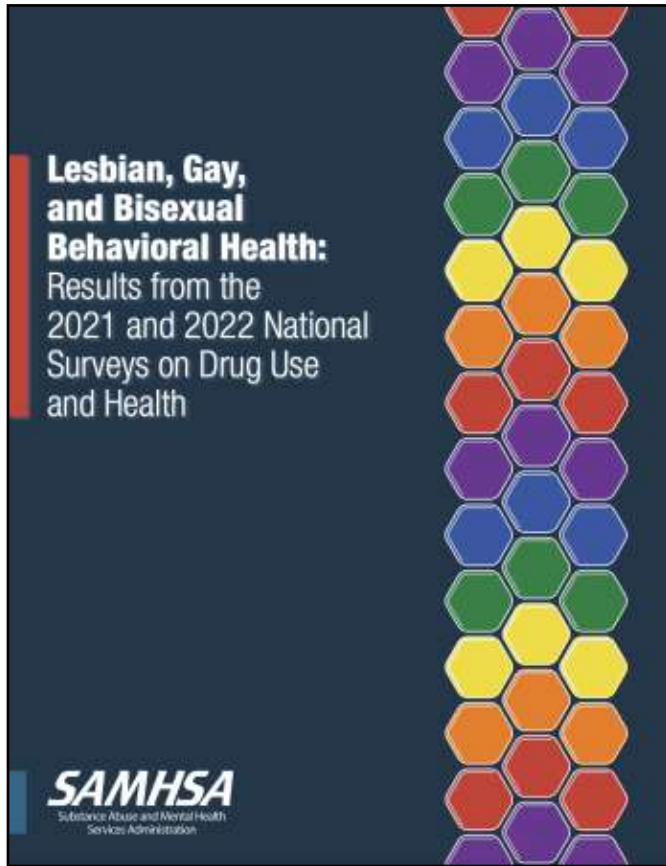
More likely than straight women to have had serious mental illness (SMI) in the past year.

Bisexual women also were more likely than lesbian women to have had SMI; about 1 in 5 bisexual women had SMI.

About one third of bisexual women had a substance use disorder (SUD) in the past year. About one fourth of lesbian women had a SUD in the past year.

Substance Abuse and Mental Health Services Administration. (2023). *Lesbian, gay, and bisexual behavioral health: Results from the 2021 and 2022 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP23-07-01-001). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/LGB-Behavioral-Health-Report-2021-2022>

Disparities Among Sexual Minority Women



Sexual Minority People Mental Health Service Utilization

More likely to see a mental health provider (x 2-3)

More likely to see a primary care provider (PCP) for a mental health problem (x 1.5-3)

More likely to attend a support or therapy group (x 3-4)

Compared with general population, gay and bisexual men are more likely to take psychiatric medication (x 4)

Platt LF, Wolf JK, Scheitle CP. Patterns of Mental Health Care Utilization Among Sexual Orientation Minority Groups. *Journal of Homosexuality*. 2017;65(2):135-153.doi: <https://doi.org/10.1080/00918369.2017.1311552>

Depression and Anxiety Among Transgender Adults

The prevalence of probable depression was 33.3% and it was 29.6% for probable anxiety in the total sample.

Moreover, 21.4% of transgender people had both probable depression and probable anxiety.

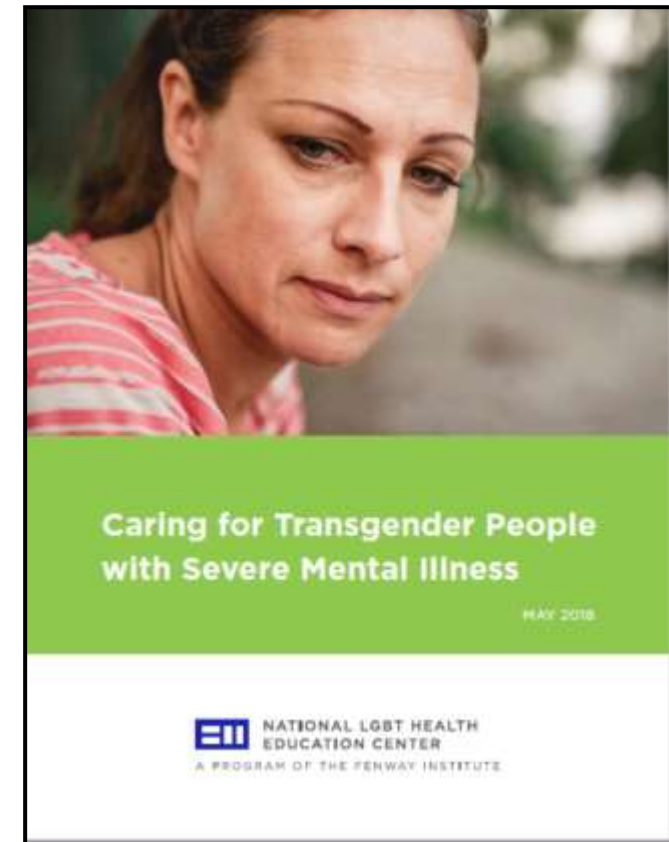
Hajek A, König HH, Buczak-Stec E, Blessmann M, Grupp K. Prevalence and Determinants of Depressive and Anxiety Symptoms among Transgender People: Results of a Survey. *Healthcare (Basel)*. 2023;11(5):705. Published 2023 Feb 27. doi:10.3390/healthcare11050705



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Depression and Anxiety Among Transgender Adults



Suicidality Among Sexual and Gender Minority (SGM) Youth

Compared with peers, SGM youth are more likely to:

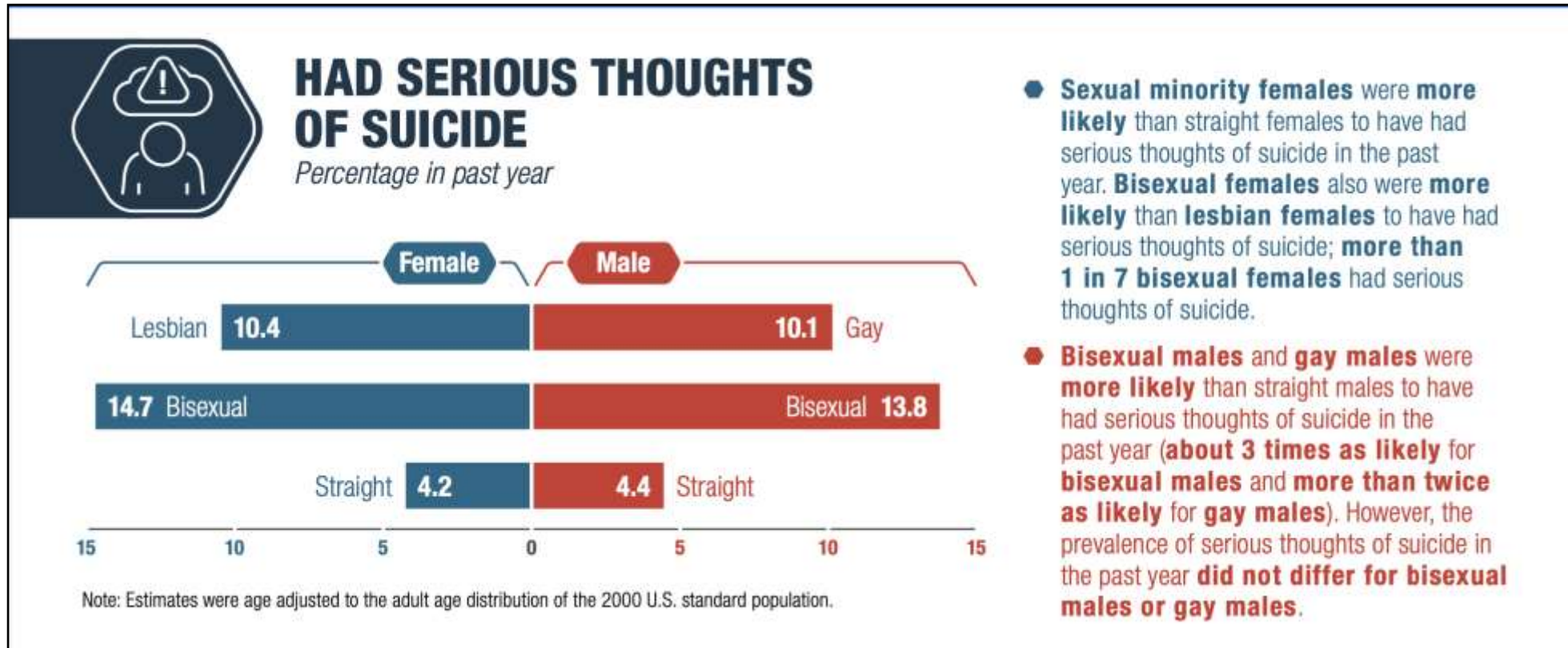
report suicidal ideation (x 3)

attempt suicide (x 4, with 30-40% prevalence)

Questioning youth are more likely to experience depression or suicidality than LGBTQIA+ peers

Marshall A. Suicide Prevention Interventions for Sexual & Gender Minority Youth: An Unmet Need. *Yale J Biol Med.* 2016;89(2):205-213. Published 2016 Jun 27.

Suicidality Among SGM Adults



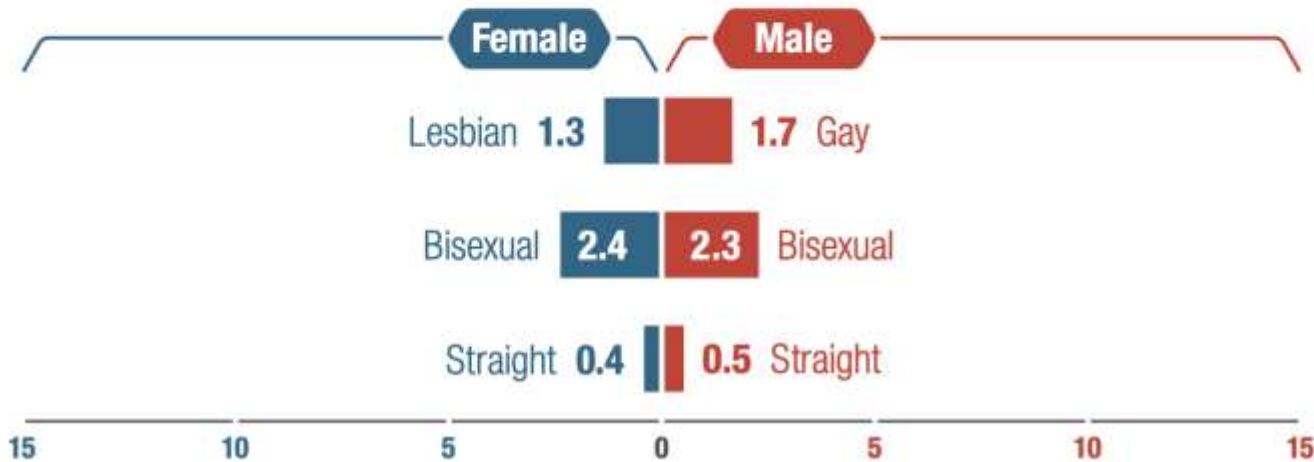
- Substance Abuse and Mental Health Services Administration. (2023). *Lesbian, gay, and bisexual behavioral health: Results from the 2021 and 2022 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP23-07-01-001). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/LGB-Behavioral-Health-Report-2021-2022>

Suicidality Among SGM Adults



ATTEMPTED SUICIDE

Percentage in past year



- **Bisexual females** were the **most likely** to have attempted suicide in the past year, followed by **lesbian females**, then by straight females. The prevalence among **bisexual females** was **6 times higher** than among straight females.
- The prevalence of past year suicide attempts was **higher among bisexual males** than among straight males.

Note: Estimates were age adjusted to the adult age distribution of the 2000 U.S. standard population.

Substance Abuse and Mental Health Services Administration. (2023). *Lesbian, gay, and bisexual behavioral health: Results from the 2021 and 2022 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP23-07-01-001). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/LGB-Behavioral-Health-Report-2021-2022>

Minority Stress Impact on HIV Prevention and Treatment Adherence

Transgender women and men who have sex with men (MSM) are the two subpopulations with the greatest HIV incidence and prevalence in the U.S.

Antiretroviral medications for HIV pre-exposure prophylaxis (PrEP) or treatment require adequate adherence for effectiveness.

Studies of antiretroviral adherence emphasize population-specific contextual barriers.

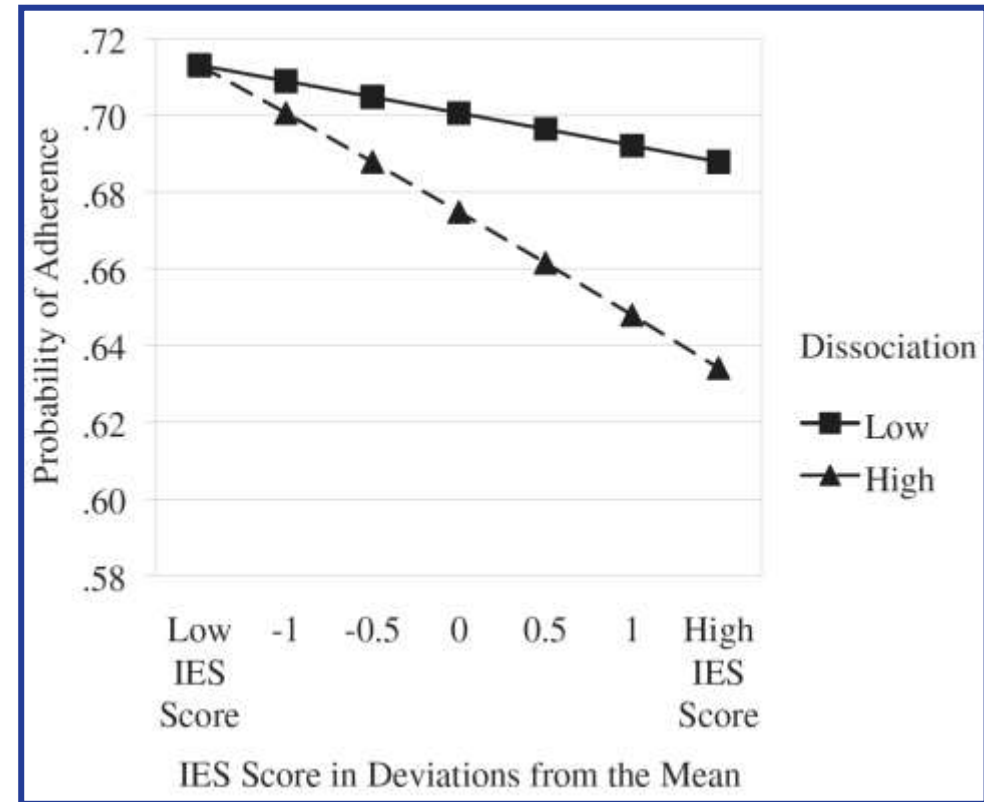
Sexual and gender minority stress (e.g., discrimination, victimization) both adversely impact HIV self-care.

Citations available upon request

PTSD and Antiretroviral Adherence

- Psychosocial interventions that target posttraumatic stress symptoms are important to maximize antiretroviral adherence in community populations.
- Integration of trauma-focused treatment services into antiretroviral medication management may effectively improve adherence.

Citations available in slide notes.



Keuroghlian AS, Kamen CS, Neri E, Lee S, Liu R, Gore-Felton C. Trauma, dissociation, and antiretroviral adherence among persons living with HIV/AIDS. *J Psychiatr Res.* 2011;45(7):942-948. doi:10.1016/j.jpsychires.2011.05.003



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Bio-behavioral HIV Care

Tailored behavioral interventions exist for antiretroviral adherence (e.g., Life-Steps).

Combined biomedical and behavioral HIV prevention and treatment strategies are optimal.

Behavioral health treatments that restructure minority stress cognitions can improve self-care and physical health outcomes.

- Bekker LG, Beyrer C, Quinn TC. Behavioral and biomedical combination strategies for HIV prevention. *Cold Spring Harb Perspect Med.* 2012;2(8):a007435. Published 2012 Aug 1. doi:10.1101/cshperspect.a007435
- Magidson JF, Seitz-Brown CJ, Safren SA, Daughters SB. Implementing Behavioral Activation and Life-Steps for Depression and HIV Medication Adherence in a Community Health Center. *Cogn Behav Pract.* 2014;21(4):386-403. doi:10.1016/j.cbpra.2013.10.002
- Puccinelli M, Seay J, Otto A, et al. An Adapted Cognitive Behavioral Stress and Self-management Intervention for Sexual Minority Men Living With HIV and Cancer Using the SmartManage eHealth Platform: Protocol and Study Design. *JMIR Res Protoc.* 2022;11(7):e37822. Published 2022 Jul 18. doi:10.2196/37822
- Taylor SW, Psaros C, Pantalone DW, et al. "Life-Steps" for PrEP Adherence: Demonstration of a CBT-Based Intervention to Increase Adherence to Preexposure Prophylaxis (PrEP) Medication Among Sexual-Minority Men at High Risk for HIV Acquisition. *Cogn Behav Pract.* 2017;24(1):38-49. doi:10.1016/j.cbpra.2016.02.004

Recommended Depression and Mental Health Screening Practices for Serving LGBTQIA+ Communities

Starting Screening

- Adding depression screening to your routine client flow.
- Training staff in the use of screening tools and where they fit within your clinic flow.
- Considering a quality improvement project to guide you through the process.

Screening for Depression: Patient Health Questionnaire 9-item Instrument (PHQ-9)

- Scores each of the 9 DSM-IV criteria for major depressive disorder as "0" (not at all) to "3" (nearly every day).
- Criterion validity assessed against an independent structured mental health professional interview in a sample of 580 patients.
- As PHQ-9 depression severity increased, there was substantial decrease in functional status on all Short-Form General Health Survey subscales. Also, symptom-related difficulty, sick days, and health care utilization increased.
- PHQ-9 score $>$ or $=10$ had sensitivity of 88% and specificity of 88% for major depression.

PHQ-9 Administration

- Self-administered, can also be clinician-administered (licensure not required)
- 3 minutes to complete
- Complete at each visit (can bill for up to 4 times per session)

PHQ-9

| | Not at all | Several days | More than half the days | Nearly every day |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems? | | | | |
| a. Little interest or pleasure in doing things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Feeling down, depressed, or hopeless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Trouble falling/staying asleep, sleeping too much | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Feeling tired or having little energy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Poor appetite or overeating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Feeling bad about yourself or that you are a failure or have let yourself or your family down | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Trouble concentrating on things, such as reading the newspaper or watching television. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Moving or speaking so slowly that other people could have noticed. Or the opposite: being so fidgety or restless that you have been moving around a lot more than usual. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Thoughts that you would be better off dead or of hurting yourself in some way. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? | | | | |
| | Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



PHQ-9* Questionnaire for Depression Scoring and Interpretation Guide

For physician use only

Scoring:

Count the number (#) of boxes checked in a column. Multiply that number by the value indicated below, then add the subtotal to produce a total score. The possible range is 0-27. Use the table below to interpret the PHQ-9 score.

Not at all (#) _____ x 0 = _____
Several days (#) _____ x 1 = _____
More than half the days (#) _____ x 2 = _____
Nearly every day (#) _____ x 3 = _____

Total score: _____

| Interpreting PHQ-9 Scores | | Score | Actions Based on PH9 Score |
|------------------------------|-------|----------|---|
| Minimal depression | 0-4 | < 4 | Action The score suggests the patient may not need depression treatment |
| Mild depression | 5-9 | | |
| Moderate depression | 10-14 | > 5 - 14 | Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment |
| Moderately severe depression | 15-19 | | |
| Severe depression | 20-27 | > 15 | Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment. |



N.
E.I.

* PHQ-9 is described in more detail at the McArthur Institute on Depression & Primary Care website
www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/

Setting Up Depression Resources

- Identifying internal services and/or external referral relationships.
- Evaluating care options and deciding whether to incorporate them within your facility or to develop external partnerships.

Screening for Anxiety: Generalized Anxiety Disorder 7-item Tool (GAD-7)

- Based on DSM-IV criteria for generalized anxiety disorder, plus existing scales
- Internal consistency of GAD-7 was excellent (Cronbach $\alpha = .92$). Test-retest reliability also good (intraclass correlation = 0.83). Comparison of scores derived from self-report scales with those derived from the mental health professional-administered versions of the same scales yielded similar results (intraclass correlation = 0.83), indicating good procedural validity.
- Self-administered prior to a clinical visit, <3 minutes to complete

Spitzer et al., 2006

GAD-7 Anxiety

| Over the <u>last two weeks</u> , how often have you been bothered by the following problems? | Not at all | Several days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|
| 1. Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid, as if something awful might happen | 0 | 1 | 2 | 3 |

Column totals _____ + _____ + _____ + _____ =
Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

GAD-7 Scoring

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.” GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety



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https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf

Interpreting the GAD-7

- **When screening for anxiety disorders, a score of 8 or greater represents a reasonable cut-point for identifying probable cases of generalized anxiety disorder;** further diagnostic assessment warranted to determine presence and type of anxiety disorder. Using a cut-off of 8 the GAD-7 has sensitivity of 92% and specificity of 76% for diagnosis generalized anxiety disorder.
 - The following cut-offs correlate with level of anxiety severity:
 - Score 0-4: Minimal Anxiety
 - Score 5-9: Mild Anxiety
 - Score 10-14: Moderate Anxiety
 - Score greater than 15: Severe Anxiety
- <https://www.hiv.uw.edu/page/mental-health-screening/gad-7>



Interpreting the GAD-7

Although designed as a screening tool for generalized anxiety, the GAD-7 also performs reasonably well as a screening tool for three other common anxiety disorders—Panic Disorder, Social Anxiety Disorder, and Posttraumatic Stress Disorder.

Performance of GAD-7 as Screening Tool for Anxiety Disorders³(Using GAD-7 Score Cut-off of ≥ 10)

| Test | Sensitivity | Specificity | Positive Likelihood Ratio |
|--------------------------------|-------------|-------------|---------------------------|
| Generalized Anxiety Disorder | 89% | 82% | 5.1 |
| Panic Disorder | 74% | 81% | 3.9 |
| Social Anxiety Disorder | 72% | 80% | 3.6 |
| Post-Traumatic Stress Disorder | 66% | 81% | 3.5 |
| Any anxiety disorder | 68% | 88% | 5.5 |

E2i Initiative Collaborative Care Management Toolkit



Screening for and Identifying Trauma and Its Mediators

- Screening all patients for a trauma history
 - Extra attentiveness for subpopulations with an even higher risk of trauma, who may have heightened sensitivity
 - Screening for intimate partner violence.
- If trauma is identified, care team ought to assess specifically for posttraumatic stress symptoms
 - Hypervigilance; avoidance, numbing, re-experiencing through intrusive thoughts, flashbacks, nightmares; psychological dissociation, including amnesia, depersonalization, and derealization.

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Another Common PTSD Instrument in HIV Care

- 5-item screen designed for use in primary care settings to detect probable PTSD
- Begins with an item designed to assess whether respondent has had any exposure to traumatic events
- If respondent denies exposure, the PC-PTSD-5 is complete with a score of 0
- If respondent indicates they experienced a traumatic event over the course of their life, instructed to respond to five additional yes/no questions

<https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>

PC-PTSD-5

- Demonstrated excellent diagnostic accuracy (AUC = 0.941; 95 % *C.I.*: 0.912– 0.969).
- Patients found the screen acceptable and indicated a preference for administration by their primary care providers as opposed to by other providers or via self-report.

Prins et al., 2016

PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES / NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

PC-PTSD-5

In the past month, have you...

- Had nightmares about the event(s) or thought about the event(s) when you did not want to?
YES / NO
- Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
YES / NO
- Been constantly on guard, watchful, or easily startled?
YES / NO
- Felt numb or detached from people, activities, or your surroundings?
YES / NO
- Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
YES / NO

PC-PTSD-5 Scoring

- Cut-point of 3 (e.g., respondent answers "yes" to any 3 of 5 questions about how traumatic event(s) have affected them over the past month) is optimally sensitive to probable PTSD.
 - Minimizes false negative screen results.
- Cut-point of 4 is considered optimally efficient.
 - Balances false positive and false negative results.

Screening for PTSD: PTSD Checklist for DSM-5 (PCL-5)

- 20-item self-report measure that assesses the 20 *DSM-5* symptoms of PTSD. The PCL-5 has a variety of purposes, including:
 - Monitoring symptom change during and after treatment
 - Screening clients for PTSD
 - Making a provisional PTSD diagnosis
- Gold standard for diagnosing PTSD is a structured clinical interview such as the Clinician-Administered PTSD Scale (CAPS-5). When necessary, the PCL-5 can be scored to provide a provisional PTSD diagnosis.

<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

PCL-5

- Demonstrated excellent internal consistency (English: $\alpha = .95$; French: $\alpha = .94$), and strong convergent and divergent validity. Strong internal consistency also observed for each of the four subscales (α 's $> .79$) (Ashbaugh et al., 2016).
- Self-administered, or clinician-administered (licensure not required)
- Can be completed by patients in waiting room prior to a session. It takes approximately 5-10 minutes to complete.

<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

PTSD Checklist for DSM-5 (PCL-5)

| In the past week, how much were you bothered by: | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|--|------------|--------------|------------|-------------|-----------|
| 1. Repeated, disturbing, and unwanted memories of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 2. Repeated, disturbing dreams of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)? | 0 | 1 | 2 | 3 | 4 |
| 4. Feeling very upset when something reminded you of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)? | 0 | 1 | 2 | 3 | 4 |
| 6. Avoiding memories, thoughts, or feelings related to the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? | 0 | 1 | 2 | 3 | 4 |
| 8. Trouble remembering important parts of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? | 0 | 1 | 2 | 3 | 4 |
| 10. Blaming yourself or someone else for the stressful experience or what happened after it? | 0 | 1 | 2 | 3 | 4 |
| 11. Having strong negative feelings such as fear, horror, anger, guilt, or shame? | 0 | 1 | 2 | 3 | 4 |
| 12. Loss of interest in activities that you used to enjoy? | 0 | 1 | 2 | 3 | 4 |
| 13. Feeling distant or cut off from other people? | 0 | 1 | 2 | 3 | 4 |
| 14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)? | 0 | 1 | 2 | 3 | 4 |
| 15. Irritable behavior, angry outbursts, or acting aggressively? | 0 | 1 | 2 | 3 | 4 |
| 16. Taking too many risks or doing things that could cause you harm? | 0 | 1 | 2 | 3 | 4 |
| 17. Being "superalert" or watchful or on guard? | 0 | 1 | 2 | 3 | 4 |
| 18. Feeling jumpy or easily startled? | 0 | 1 | 2 | 3 | 4 |
| 19. Having difficulty concentrating? | 0 | 1 | 2 | 3 | 4 |
| 20. Trouble falling or staying asleep? | 0 | 1 | 2 | 3 | 4 |

PTSD Checklist for DSM-5 (PCL-5)

How is the PCL-5 scored and interpreted?

Respondents are asked to rate how bothered they have been by each of 20 items in the past month on a 5-point Likert scale ranging from 0-4. Items are summed to provide a total severity score (range = 0-80).

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

The PCL-5 can determine a provisional diagnosis in two ways:

- Summing all 20 items (range 0-80) and using a cut-point score of 31-33 appears to be reasonable based upon current psychometric work. However, when choosing a cutoff score, it is essential to consider the goals of the assessment and the population being assessed. The lower the cutoff score, the more lenient the criteria for inclusion, increasing the possible number of false-positives. The higher the cutoff score, the more stringent the inclusion criteria and the more potential for false-negatives.
- Treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 Criterion B item (questions 1-5), 1 Criterion C item (questions 6-7), 2 Criterion D items (questions 8-14), 2 Criterion E items (questions 15-20). In general, use of a cutoff score tends to produce more reliable results than the DSM-5 diagnostic rule.

If a patient meets a provisional diagnosis using either of the methods above, he or she needs further assessment (e.g., CAPS-5) to confirm a diagnosis of PTSD.



NATION
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There are currently no empirically derived severity ranges for the PCL-5.

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<http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

Trauma-informed Service Environment

- Priority is to promote a sense of safety
- Prior traumatic experiences influence reaction in subsequent interactions, such as the process of seeking care.
- A history of interpersonal trauma can contribute to mistrust of caretakers and increased likelihood of being re-traumatized.
- Retention in care for patients with trauma histories requires engagement through collaboration, transparency, trust, and consistent supportiveness.

Brezing and Freudenreich, 2015

Sexual and Gender Minority Stress Care Principles for Clinicians

Normalize adverse impact of minority stress

Facilitate emotional awareness, regulation, and acceptance

Empower assertive communication

Validate unique strengths of LGBTQIA+ people

Foster supportive relationships and community

Affirm healthy, rewarding expressions of gender and/or sexuality

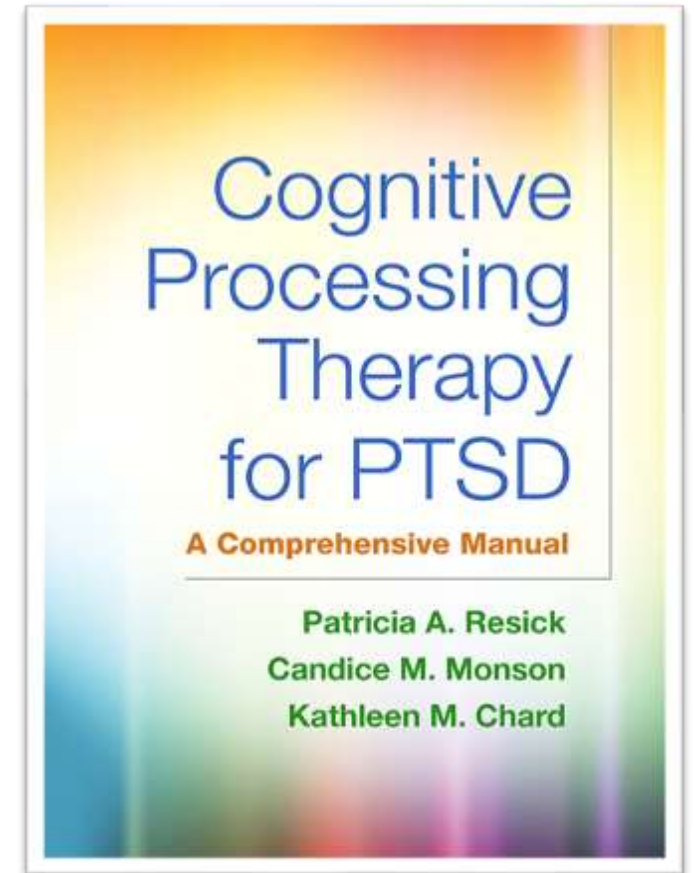
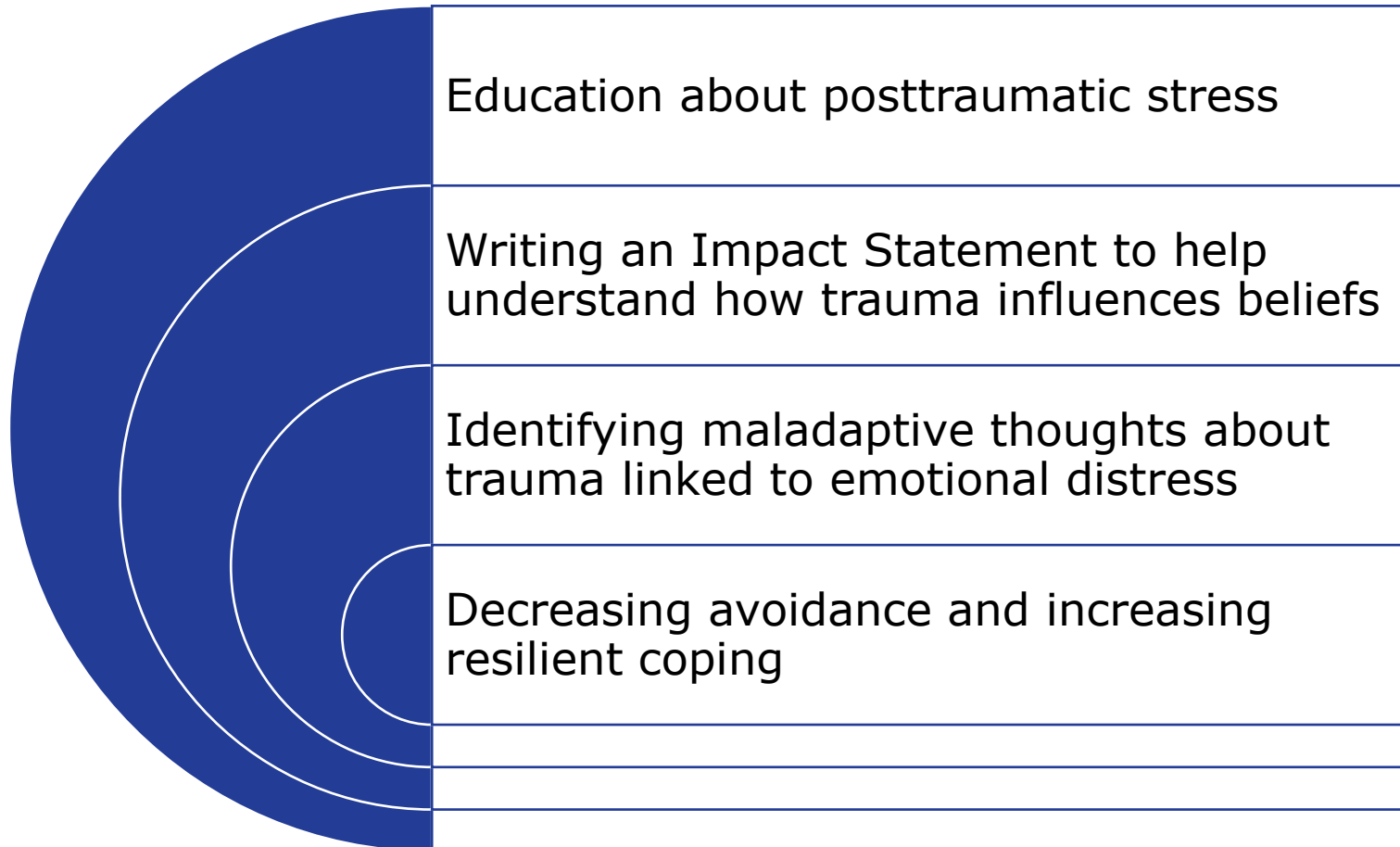
Pachankis JE, Hatzenbuehler ML, Rendina HJ, Safren SA, Parsons JT. LGB-affirmative cognitive-behavioral therapy for young adult gay and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. *J Consult Clin Psychol*. 2015 Oct;83(5):875-89. doi: 10.1037/ccp0000037. Epub 2015 Jul 6. PMID: 26147563; PMCID: PMC4573250.



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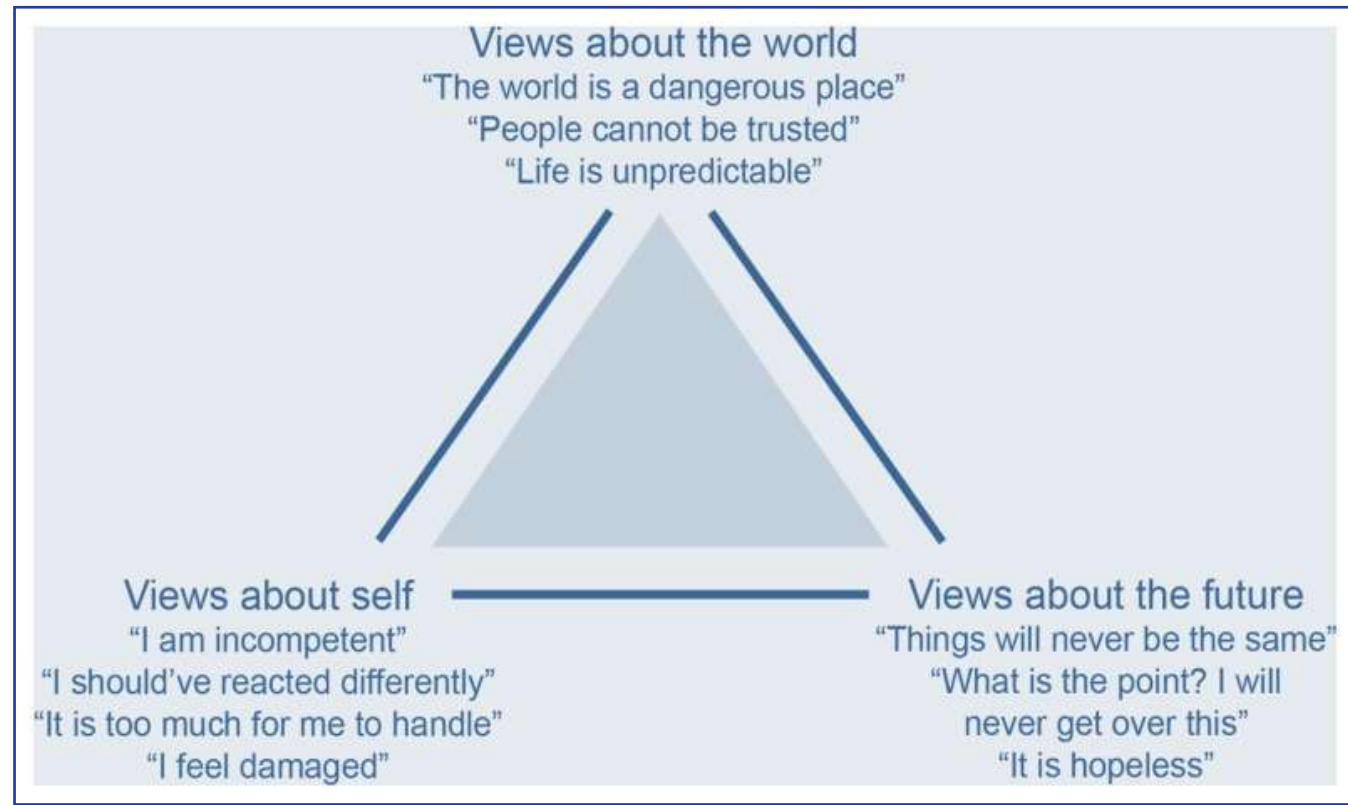
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Cognitive Processing Therapy for PTSD



Cognitive Processing Therapy for PTSD: A Comprehensive Manual. Guilford Press. Accessed December 13, 2022.
<https://www.guilford.com/books/Cognitive-Processing-Therapy-for-PTSD/Resick-Monson-Chard/9781462528646>

Cognitive Triad of Traumatic Stress



- Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Exhibit 1.3-2, Cognitive Triad of Traumatic Stress. Available from: https://www.ncbi.nlm.nih.gov/books/NBK207191/figure/part1_ch3.f1/

Cognitive Processing Therapy for LGBTQIA+ People

Focus on how identity-specific stigma causes posttraumatic stress;

Attributing challenges to minority stress rather than personal failings;

Impact Statement on how discrimination and victimization affect beliefs;

Decreasing avoidance;

Impact of minority stress on health behaviors and goals.

Girouard MP, Goldhammer H, Keuroghlian AS. Article Commentary: Understanding and Treating Opioid Use Disorders in Lesbian, Gay, Bisexual, Transgender, and Queer Populations. *Substance Abuse*. 2019;40(3):335-339. doi:[10.1080/08897077.2018.1544963](https://doi.org/10.1080/08897077.2018.1544963)

Resilience in LGBTQIA+ Communities

Despite the many challenges that LGBTQIA+ people often face, both internal and community-derived resilience can protect the health and well-being of LGBTQIA+ people.



www.lgbtqiahealtheducation.org



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We Are The National LGBTQIA+ Health Education Center

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Thank you!