



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



# Behavioral Health Care for Transgender and Gender-diverse People

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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



# LGBTQIA+ Education and Training

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer and intersex (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - Webinars, Learning Modules
  - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

[www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)



# Continuing Medical Education Disclosure

- Program Faculty: Alex S. Keuroghlian, MD, MPH
- Current Position: Psychiatrist, Massachusetts General Hospital; Director, The National LGBT Health Education Center; Associate Professor of Psychiatry, Harvard Medical School
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

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# Learning Objectives

- At the end of this session, participants will be able to:
  - Explain the context for behavioral health inequities across diagnostic categories within a gender minority stress framework
  - Describe culturally responsive tailoring of evidence-based clinical practices for transgender and gender-diverse (TGD) people
  - Apply strategies for building inclusive, affirming, and trauma-informed environments within health centers to optimize behavioral health outcomes for TGD people.



## Sex Assigned at Birth

Female

Intersex

Male

# Gender Identity and Gender Expression

- Gender identity
  - A person's inner sense of being a girl/woman, boy/man, something else, or having no gender
  - All people have a gender identity
- Gender expression
  - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
  - Exists on a continuum



Woman  
Trans woman  
Trans feminine

Genderqueer  
Gender Nonconforming  
Non-binary  
Genderfluid  
Third Gender  
Agender  
Bigender

Man  
Trans man  
Trans masculine



# Gender Identity Continuum

## Gender Minorities

# Gender Minority Stress Framework

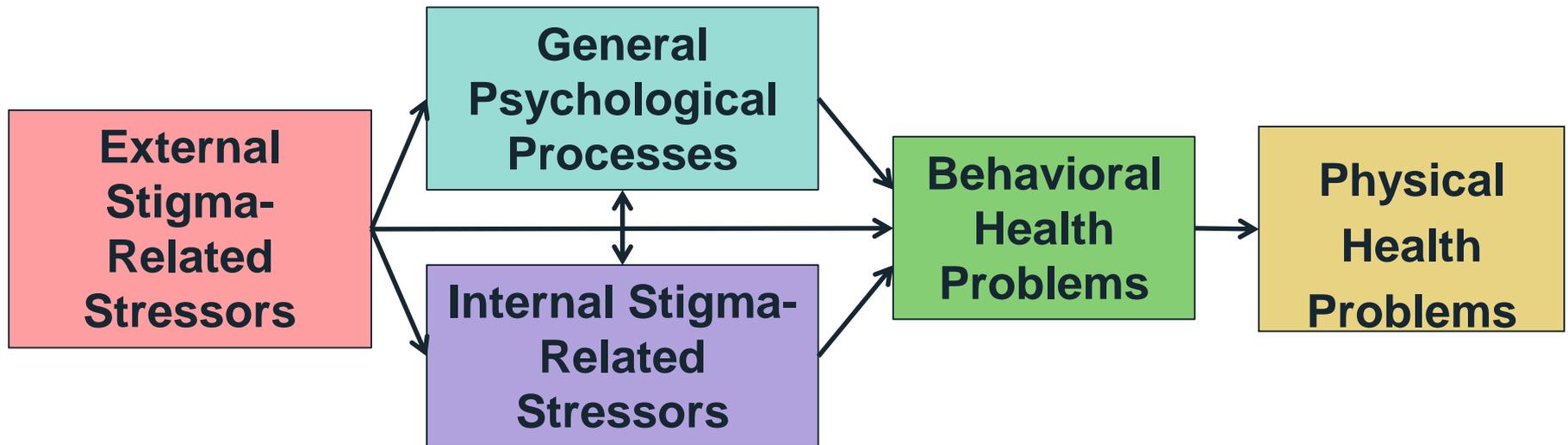


Fig. 1: Adapted from *Hatzenbuehler (2009)*

# DSM-5 Gender Dysphoria (F64.\_)

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration ...
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability

.1 adolescence & adulthood .8 other gender identity disorders .9 unspecified

APA (2013)

# Gender Minority Stress Treatment Principles for Clinicians

- Normalize adverse impact of gender minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of TGD people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of gender

# Depression and Anxiety among Transgender Adults

- Prevalence of clinically significant depressive symptoms:
  - 51% of transgender women
  - 48% of transgender men
- Prevalence of clinically significant anxiety symptoms:
  - 40% of transgender women
  - 48% of transgender men

Budge *et al.* (2016)

# Health Disparities (2015 U.S. Transgender Survey)

- 39% of respondents experienced **serious psychological distress** in the month prior (compared to 5% of the U.S. population)
- 40% had **lifetime suicide attempt** (compared to 4.6% of US population)

James *et al.* (2016)

# Suicidality: Gender and Sexual Minority Adults

- Lifetime prevalence of suicide attempts in the United States:
  - General adult population: 4%
  - Sexual minority adults: 11-20%
  - Gender minority adults: 41%



Kann *et al.* (2011); Perou and Bitsko (2013)

# Suicidality (2015 U.S. Transgender Survey)

In the preceding 12 months:

- 48% had seriously thought about suicide
  - 24% made a plan to kill themselves
  - 7% had attempted suicide
- 
- 40% had attempted suicide at one point in their lives
  - 34% had first attempt by age 13
  - 92% had first attempt by age 25

James *et al.* (2016)

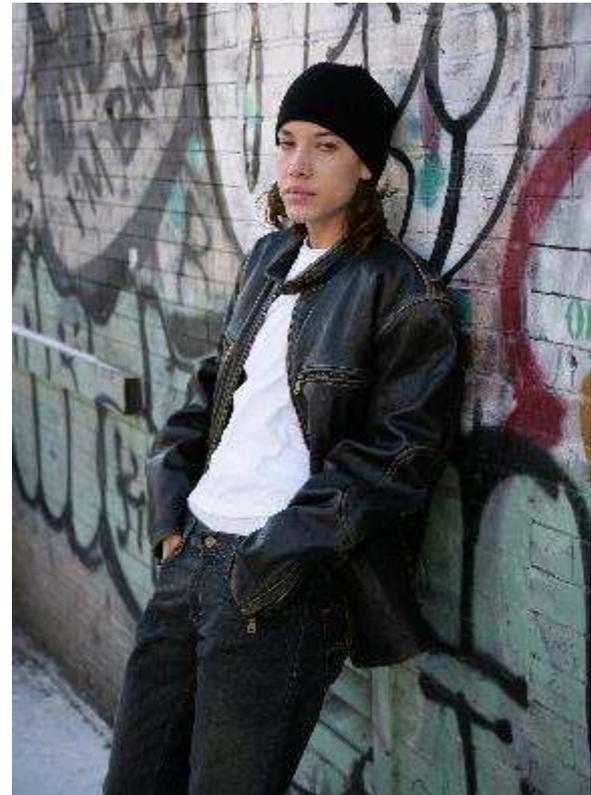
# Adverse Impact of Exposure to Conversion Efforts

- Survey of 27,715 transgender adults in the U.S.
- 14% reported gender identity conversion efforts
- Lifetime exposure associated with:
  - lifetime suicidal attempt (aOR 2.14, 99.9% CI 1.47 to 3.10;  $P < .0001$ )
- No difference in outcomes between conversion efforts by religious advisor versus secular-type professionals

Turban *et al.* (2019)

# Factors Associated with Higher PTSD Severity in Transgender Adults

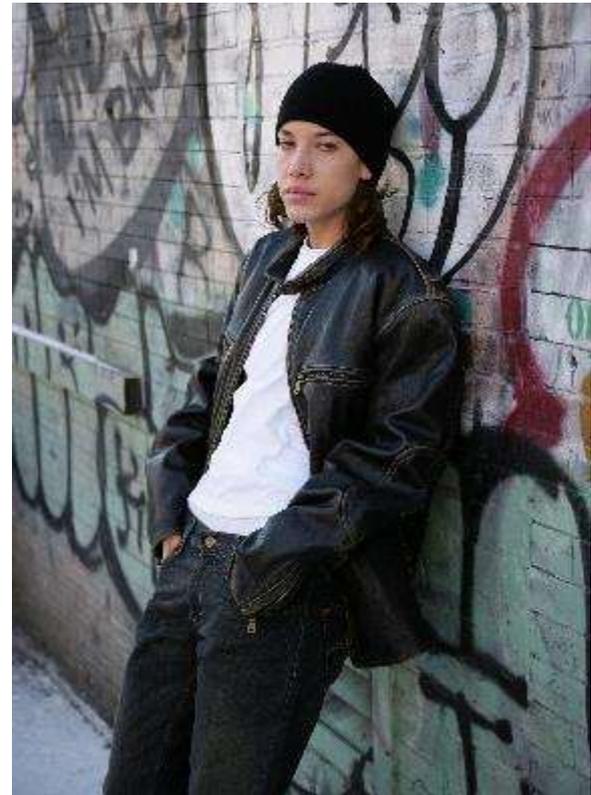
- Higher everyday discrimination
- Greater number of attributed reasons for discrimination
- High visual gender non-conformity
- Unstable housing



Reisner *et al.* (2016)

# Factors Associated with Lower PTSD Severity in Transgender Adults

- Younger age
- Trans masculine gender identity
- Medical gender affirmation



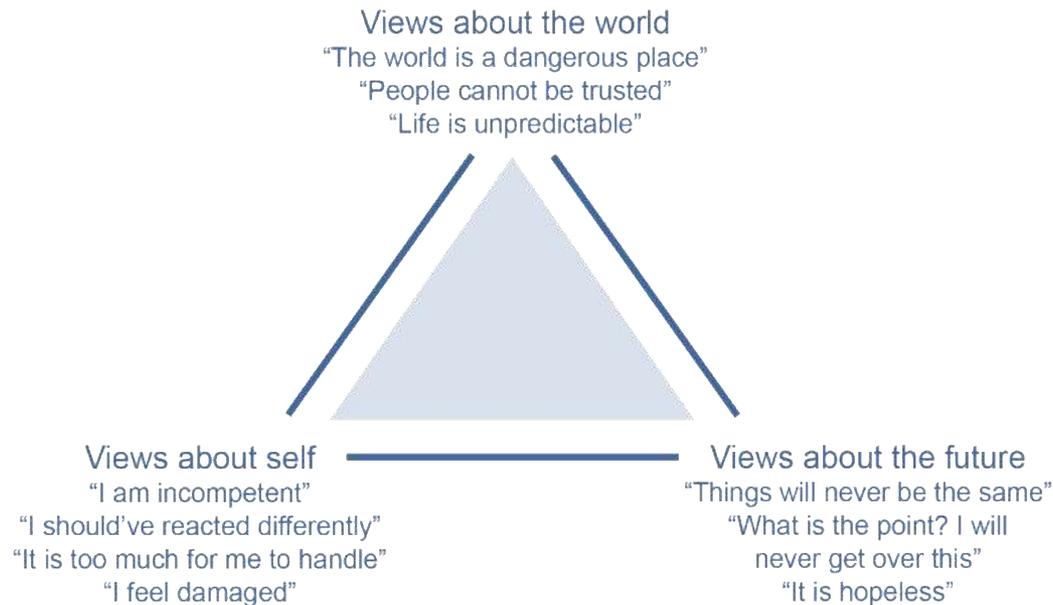
Reisner *et al.* (2016)

# Cognitive Processing Therapy for PTSD

- Adapting selected components of cognitive processing therapy for PTSD by Resick
- Focus:
  - Education about posttraumatic stress;
  - Writing an Impact Statement to help understand how trauma influences beliefs;
  - Identifying maladaptive thoughts about trauma linked to emotional distress;
  - Decreasing avoidance and increasing resilient coping.

# Cognitive Triad of Traumatic Stress

Exhibit 1.3-2: Cognitive Triad of Traumatic Stress



SAMHSA (2014)

# Cognitive Processing Therapy for Minority Stress

- Possible tailoring for TGD people:
  - Focus on how gender identity-specific stigma causes posttraumatic stress (e.g. avoidance, mistrust, hypervigilance, low self-esteem);
  - Attributing challenges to minority stress rather than personal failings;
  - Impact Statement on how discrimination and victimization affect beliefs (e.g. expecting rejection, concealment needs, internalized transphobia);
  - Decreasing avoidance (e.g. isolation from TGD community or medical care);
  - Impact of minority stress on health behaviors and goals.

Girouard et al. (2019)

# Definition of Trauma-informed Care

- According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), a trauma-informed service organization:
  - Realizes widespread impact of trauma and understands potential paths for recovery;
  - Recognizes signs and symptoms of trauma in clients, staff, and others involved with the system;
  - Responds by fully integrating knowledge about trauma into policies, procedures, and practices;
  - Seeks to actively resist re-traumatization.

# 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)

# Addictions among TGD People

- Studies examining substance use disorders (SUDs) among TGD people are rare
- Reporting of gender identity data in SUD-related research is limited
- In the few studies that exist, TGD people have elevated prevalence of alcohol and illicit drug use compared with the general population

Flentje *et al.* (2015); Benotsch *et al.* (2013); Santos *et al.* (2014)

# Gender Minority Stress and Substance Use among TGD People

- Psychological abuse of transgender women as a result of gender identity or expression is associated with:
  - **3-4x higher odds** of alcohol, marijuana, or cocaine use
  - **8x higher odds** of any drug use
- Among trans feminine youth, gender-related discrimination is associated with increased odds of alcohol and drug use

Nuttbrock *et al.*, (2014b); Rowe *et al.*, (2015)

# Gender Minority Stress and Substance Use among TGD People

- 35% of transgender people who experienced school-related verbal harassment, physical assault, sexual assault, or expulsion reported **using substances** to cope with transgender- or gender nonconformity-related mistreatment
- Psychological stress of health care access disparities faced by transgender people is believed to contribute to worse mental health, including **disproportionate substance use as a coping strategy**

Grant *et al.* (2015); Poteat *et al.* (2013); Wilson *et al.* (2015)

# Substance Use Disorders among TGD Adults

- Among 452 TGD adults in MA, increased odds of SUD treatment history plus recent substance use were associated with:
  - intimate partner violence
  - PTSD
  - public accommodations discrimination
  - unstable housing
  - sex work
- Higher SUD prevalence increasingly viewed as downstream effects of chronic gender minority stress

Keuroghlian *et al.* (2015)

# Alcohol Research with TGD Populations

- Recommendations:
  - Being explicit as to whether and how sex assigned at birth, current sex-based physiology, and/or social gender are operationalized and relevant for research questions
  - Expanding repertoire of alcohol measures to include those not contingent on sex or gender
  - Testing psychometric performance of established screening instruments (e.g., AUDIT) with TGD populations
  - Shifting beyond cross-sectional study designs
  - Shared decision-making in counseling regard healthy alcohol use

Gilbert *et al.* (2018)

# Opioid Use Disorders among TGD People

- Transgender middle school and high school students more than twice as likely to report recent prescription pain medication use compared to other students
- Transgender adults on Medicare have increased prevalence of chronic pain compared to cisgender (non-transgender) adults.
- Transgender patients may be at increased risk post-operatively of developing an opioid use disorder.

De Pedro *et al.* (2017); Dragon *et al.* (2017)

# Cognitive-behavioral Therapy for Substance Use Disorders

- Adapting selected topics and practice exercises from the manual by Carroll
- Focus:
  - Coping With Craving (triggers, managing cues, craving control)
  - Shoring Up Motivation and Commitment (clarifying and prioritizing goals, addressing ambivalence)
  - Refusal Skills and Assertiveness (substance refusal skills, passive/aggressive/assertive responding)
  - All-Purpose Coping Plan (anticipating high-risk situations, personal coping plan)
  - HIV Risk Reduction

# Cognitive-behavioral Therapy for Substance Use Disorders

- Possible tailoring for TGD people:
  - Minority stress-specific triggers for cravings (e.g. nonconformity-related discrimination and victimization, expectations of rejection, identity concealment, and internalized transphobia)
  - SUDs as barriers to personalized health goals
  - Assertive substance refusal with non-TGD sex partners; HIV risk from hormone and silicone self-injections; SUDs as barriers to personalized goal of successful gender affirmation

Girouard *et al.* (2019)

# Body Image Dissatisfaction

- TGD people have greater body dissatisfaction than cisgender counterparts
- Trans masculine participants have comparable body dissatisfaction scores to cisgender males with eating disorders
- Drive for thinness greater among trans feminine participants than trans masculine participants
- Trans masculine and trans feminine participants report greater dissatisfaction not only for gender-identifying body parts but also body shape and weight

Witcomb *et al.* (2015); Testa *et al.* (2017)

# Weight-related Disparities

- Compared to cisgender peers, transgender students more likely underweight or obese; less likely to meet recommendations for strenuous physical activity, strengthening physical activity, and screen time
- TGD students may need more tailored interventions to alleviate existing disparity and improve their long-term health
- Providers need to deliver weight loss/weight gain messages sensitive to and affirming of gender needs and gender expression

Vankim *et al.* (2014)

# Discussing Body Image

- In discussing weight loss or gain with TGD patients, messages should be framed to affirm a patient's gender identity
- Asking what words people use to describe their body parts and then using those words with them can help improve rapport and enhance engagement in treatment

Goldhammer *et al.* (2019)

# Gender Identity and Psychiatric Disorders

- Often impede gender identity exploration and alleviation of distress
- Need to stabilize psychiatric symptoms for facilitation of gender identity discovery and affirmation
- WPATH guidelines for reasonable control of physical and mental health problems



Smith *et al.* (2018)

# Role of Clinicians in Gender Affirmation Process

- Fostering gender identity exploration, discovery and affirmation
- Presenting appropriate non-medical and medical strategies for gender affirmation
- Assistance in making fully informed decisions regarding personalized gender affirmation process:
  - relevant options
  - risks/benefits
  - evaluate capacity for medical decision making/informed consent
  - arranging suitable referrals to care

# Focus Areas in Gender-affirming Care

- Explore gender identity, expression, and role
- Focus on reducing internalized transphobia
- Help improve body image
- Facilitate adjustment through affirmation process (physical, psychological, social, sexual, reproductive, economic, and legal challenges)

# Envisioning a Future for TGD People Beyond the DSM

- Uncoupling gender diversity from the stigma of diagnostic classification in clinical practice
- Non-diagnosis codes (Z-codes in ICD-10 or Q-codes in ICD-11) that specify “factors influencing health status” may allow reimbursement by third-party payers
- Seeking reimbursement for services without a diagnosis (e.g., “psychiatric evaluation preceding gender-affirming surgical intervention”) and without assumption of distress or psychopathology

*Perlson et al. (in press)*

# Creating a Welcoming and Inclusive Environment for Caring, Working and Learning



# Pronouns

People may have a range of pronouns, including she/her/hers and he/him/his, as well as less-common pronouns such as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears).



Subjective	Objective	Possessive	Examples
He	Him	His	He is in the waiting room. The doctor is ready to see him. That chart is his.
She	Her	Hers	She is in the waiting room. The doctor is ready to see her. That chart is hers.
They	Them	Theirs	They are in the waiting room. The doctor is ready to see them. That chart is theirs.
Ze	Hir	Hirs	Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.

# Asking About Gender Identity

Bureau of Primary Health Care Uniform Data System (UDS):

- What is your current gender identity?

- Male
- Female
- Transgender Male/Trans Man/FTM
- Transgender Female/Trans Woman/MTF
- Gender Queer
- Additional Category (please specify)  
\_\_\_\_\_

- What sex were you assigned at birth?

- Male
- Female
- Decline to Answer

- What name do you go by?
- What name is on your insurance records?
- What are your pronouns (e.g., she/her, he/him, they/them)?



# Discussing Gender Identity with Pediatric Patients

- At what age do you start?
  - Recommend discussing early, as young as three years old
- Are parents answering these questions?
  - Potential bias

# Putting What You Learn into Practice....

- If you are unsure about a patient's name or pronouns:
  - *"I would like to be respectful—what are your name and pronouns?"*
- If a patient's name doesn't match insurance or medical records:
  - *"Could your chart/insurance be under a different name?"*
  - *"What is the name on your insurance?"*
- If you accidentally use the wrong term or pronoun:
  - *"I'm sorry. I didn't mean to be disrespectful."*

# Providing Restrooms for All Genders



# Accountability

- Creating an environment of accountability and respect requires everyone to work together
- Don't be afraid to politely correct your colleagues if they make insensitive comments
  - *“Those kinds of comments are hurtful to others and do not create a respectful work environment.”*

# Inclusive Registration and Medical History Forms

Avoid these terms...	Replace with...
Mother/Father	Parent/Guardian
Husband/Wife	Spouse/Partner(s)
Marital Status	Relationship Status
Family History	Blood Relatives
Nursing Mother	Currently Nursing
Female Only/Male Only	Allow patients to choose <i>not applicable</i> .



Focus on Forms and Policy:  
**Creating an Inclusive Environment  
for LGBT Patients**

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# Gender-inclusive Diagrams

- Images that have a specific gender may limit identification of certain medical issues
- Use gender-inclusive images to document areas of concern

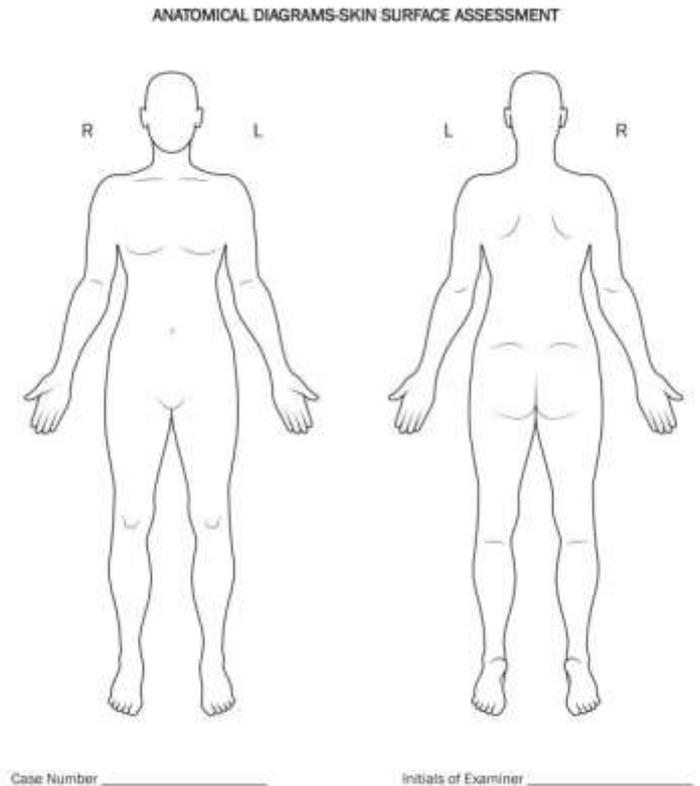


Image by: Katja Tezlaff  
(<https://ktetzlaff.com/tag/transgender/#jp-carousel-456>)

# Safe Communities and Spaces

- Encourage clients to utilize peer support resources (online or in-person), and community organizations dedicated to affirming gender diversity
- Provide advocacy within public mental health systems for TGD residents of group homes and homeless shelters
- Gender identity training for all staff

# Promoting Resilience in Trauma-Informed Care

**Resilience:** *This term refers to the ability to bounce back or rise above adversity as an individual, family, community, or provider. Well beyond individual characteristics of hardiness, resilience includes the process of using available resources to negotiate hardship and/or the consequences of adverse events.*

SAMHSA (2014)

# Promoting Resilience through Strengths-oriented Questions

- The history that you provided suggests that you've accomplished a great deal since the trauma.
- What are some of the accomplishments that give you the most pride?
- What would you say are your strengths?
- How do you manage your stress today?
- What behaviors have helped you survive your traumatic experiences (during and afterward)?
- What are some of the creative ways that you deal with painful feelings?

SAMHSA (2014)

# Promoting Resilience through Strengths-oriented Questions

- What characteristics have helped you manage these experiences and the challenges that they have created in your life?
- If we were to ask someone in your life, who knew your history and experience, to name two positive characteristics that help you survive, what would they be?
- How do you gain support today? (Possible answers include family, friends, activities, coaches, counselors, other supports, etc.)
- What does recovery look like for you?

SAMHSA (2014)





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The Education Center is a part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBT-focused health centers.



Advice from one health care provider to another.

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