



Welcome to Behavioral Health Technical Assistance (BH TA) Virtual Brown Bag TA Sessions

Supported by the HRSA Bureau of Primary Health Care (BPHC), Office of Quality Improvement (OQI)

Vision: Healthy Communities, Healthy People





Virtual Brown Bag TA

Mental Health Care for Transgender Youth

Alex S. Keuroghlian, MD, MPH

Amber Murray, BSN, MA, PMP – Project Director and Task Lead

Wednesday, May 24, 2023, 1:00–2:00 p.m. ET

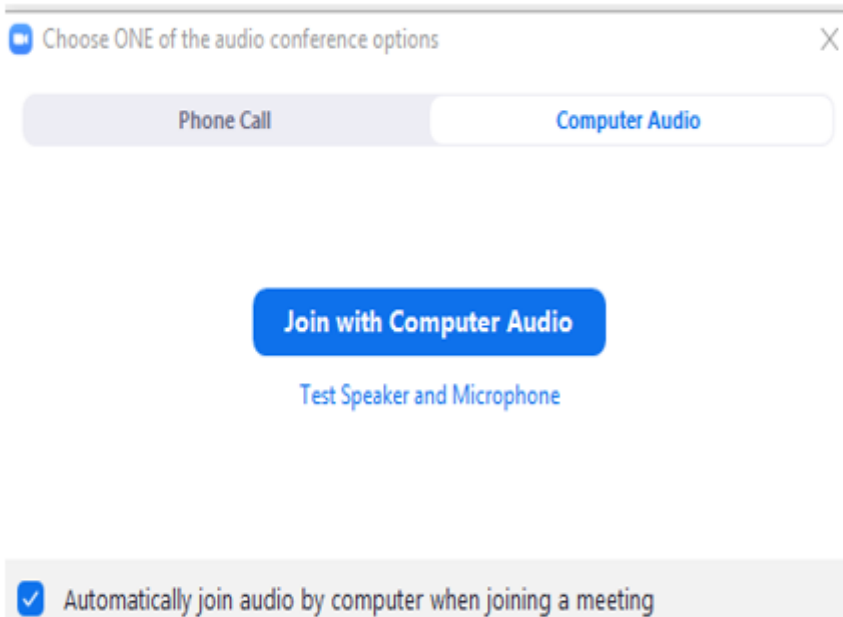
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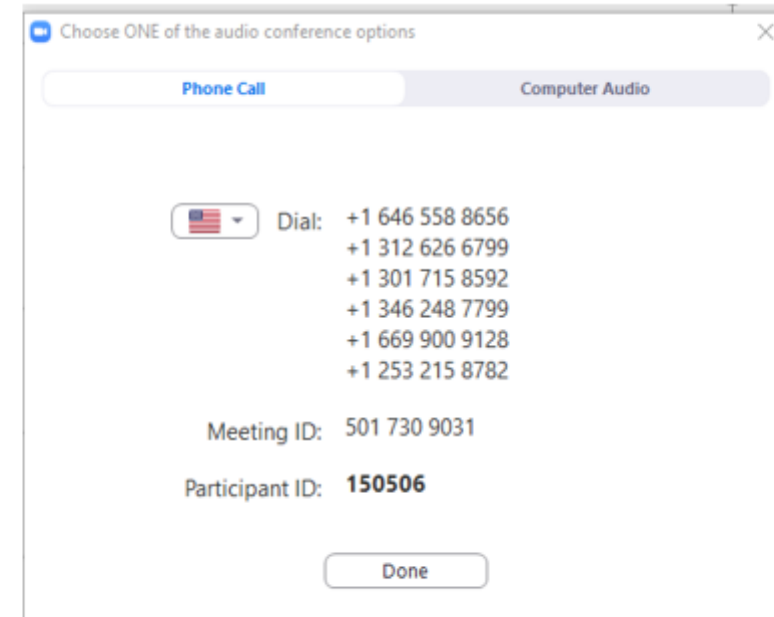
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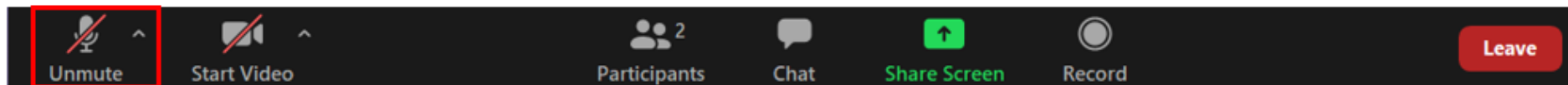
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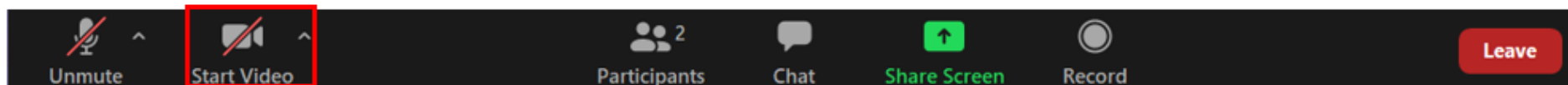
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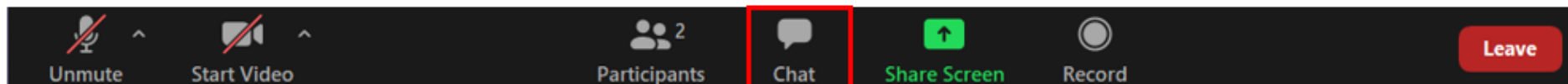
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- We are offering **1 CE credit** for your attendance at today's session.
- You **must** complete the Health Center Satisfaction Assessment to receive CE credit.
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Virtual TA: Presenter & Facilitator



Presenter:

Alex S. Keuroghlian, MD, MPH

Michele and Howard J. Kessler Chair
Director, MGH Division of Public and Community Psychiatry
Associate Chief, Public and Community Psychiatry,
Massachusetts General Hospital, Department of Psychiatry, Associate
Professor of Psychiatry, Harvard Medical School, Principal
Investigator, National LGBTQIA+ Health Education Center at The
Fenway Institute



Facilitator:

Amber Murray, BSN, MA, PMP
Deputy Project Director & Task Lead
JBS International, Inc.



Today's Agenda

- Welcome and Introductions
- Presentation
 - Mental Health Care for Transgender Youth
 - Facilitated discussion
- Announcements
 - Office hours for this event
 - Future TA events
 - Satisfaction Assessment Form



Source: iStock

Continuing Medical Education Disclosure

- Program Faculty: Alex S. Keuroghlian, MD, MPH
- Current Position: Director of the Division of Education and Training at the Fenway Institute; Associate Professor of Psychiatry, Harvard Medical School/Massachusetts General Hospital
- Disclosure: Royalties as editor of McGraw-Hill Education textbook on transgender and gender diverse health care



Learning Objectives

At the end of this session, participants will be able to:

1. Explain the context for mental health inequities across diagnostic categories within a gender minority stress framework
2. Describe culturally responsive tailoring of evidence-based clinical practices for transgender and gender diverse (TGD) youth
3. Apply strategies for building inclusive, affirming, and trauma-informed environments within health centers to improve mental health outcomes for TGD youth



L,G,B,T,Q,I,A,+ Concepts



Images Courtesy: The National LGBTQIA+ Health Education Center



Gender Identity and Sexual Orientation Are Not the Same

- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender identity \neq sexual orientation



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, beyond, 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
- May be on a continuum

A complete glossary of terms is available at:

<https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/>

Gender Identity Terminology

- Gender identity not the same as the assigned sex at birth
- Binary terminology
 - ✓ Transgender woman, trans woman
 - ✓ Transgender man, trans man
- Non-binary terminology
 - ✓ Genderqueer person, gender fluid person
- Trans masculine, trans feminine
- Gender identity exists on a continuum.



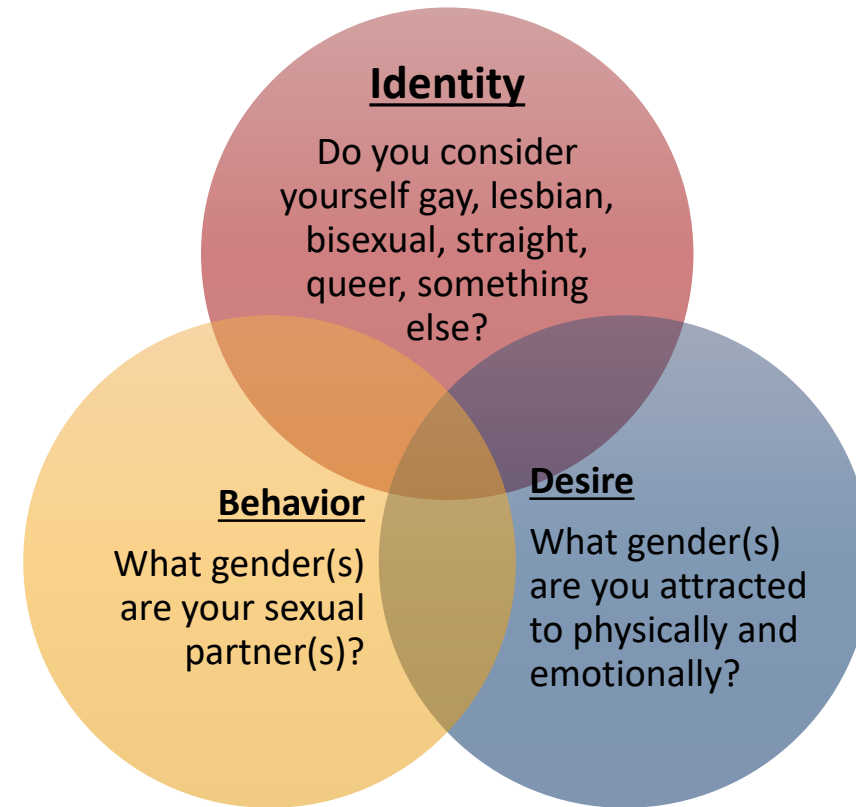
Terminology: Understanding Gender Affirmation

- The process of changing from living and being perceived as the gender traditionally associated with the sex assigned at birth (e.g., F or M) to living and being perceived as the individual sees and understands themselves
 - Psychological affirmation
 - Social affirmation
 - Legal/document changes
 - Hormone therapy
 - Surgical affirmation
- Many prefer the term “gender affirmation” over “gender confirmation.”

Sexual Orientation

- Sexual orientation: how a person experiences their physical, emotional, and romantic attachments to others
- Desire
- Behavior
 - Risk of sexually transmitted infections is related to behavior, not identity.
- Identity
 - E.g., straight, gay, lesbian, bisexual, queer, asexual, pansexual

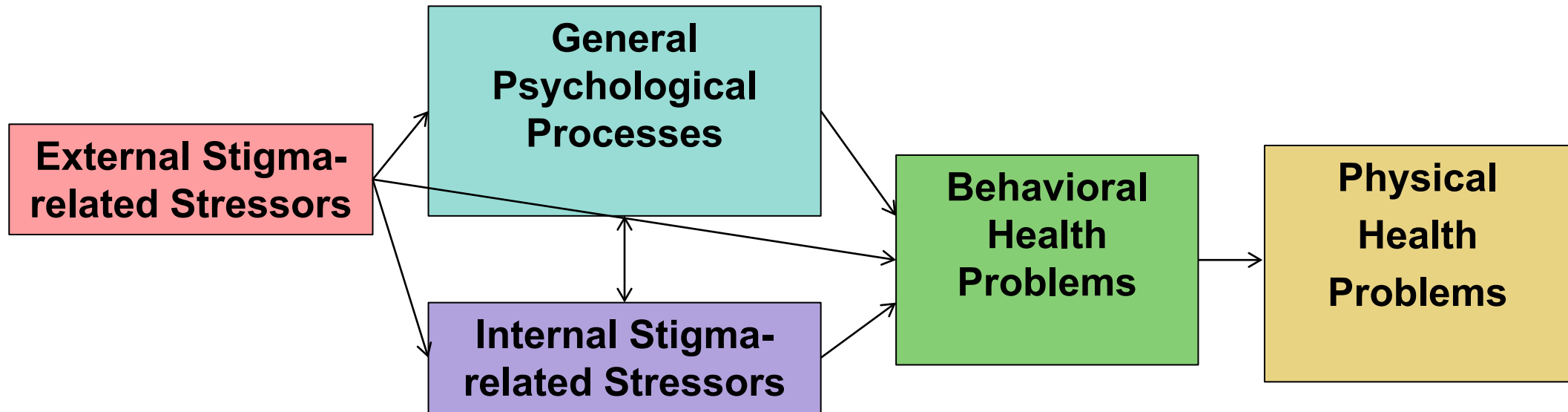
Dimensions of Sexual Orientation:



What Does “Q” Stand For?

- “Q” may reflect someone who is “questioning” their sexual orientation or gender identity.
- “Q” may stand for “queer,” an inclusive term used by many sexually and gender diverse people. The term “queer” is particularly commonly used by younger people. It is also used by people of all ages.

Gender Minority Stress Framework





Gender Minority Stress Care Principles for Clinicians

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



Adapted from Pachankis (2015)



Prevalence of Status Quo Interventions

AJPH OPEN-THEMED RESEARCH

Psychological Attempts to Change a Person's Gender Identity From Transgender to Cisgender: Estimated Prevalence Across US States, 2015

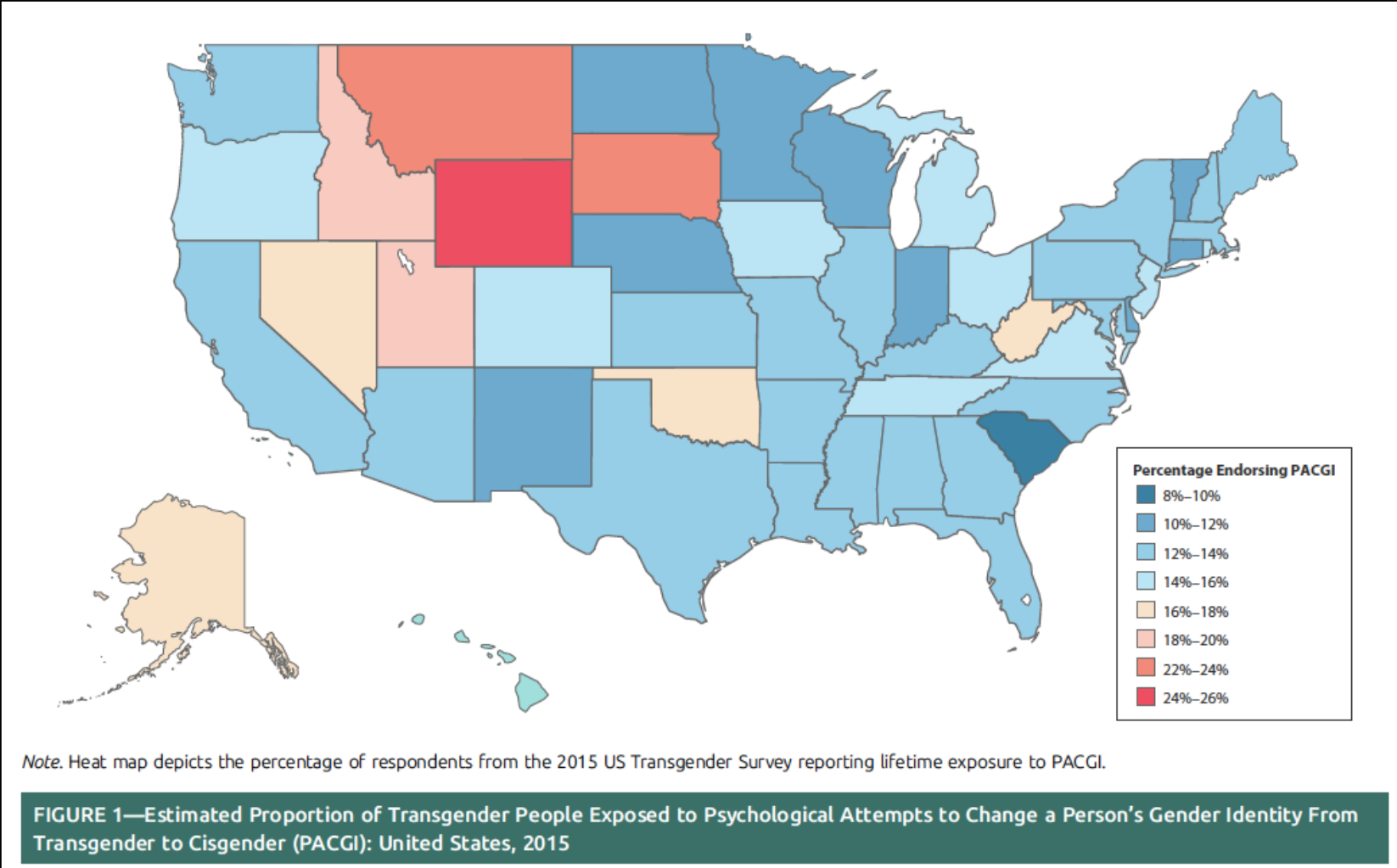
Jack L. Turban, MD, MHS, Dana King, ALM, Sari L. Reisner, ScD, and Alex S. Keuroghlian, MD, MPH



Turban et al., 2019



Gender Identity Conversion Efforts Across the United States



Turban et al., 2019





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).



2015 U.S. Transgender Survey
<https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>



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%



Source: The National LGBTQIA+ Health Education Center

Kann et al. (2011); Perou & 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% first attempted by age 13
- 92% first attempted by age 25



2015 U.S. Transgender Survey

<https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>



Conversion Efforts Associated With Increased Odds of Suicide Attempts

Research

JAMA Psychiatry | Original Investigation

Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults

Jack L. Turban, MD, MHS; Noor Beckwith, MD; Sari L. Reisner, ScD, MA; Alex S. Keuroghlian, MD, MPH

- Lifetime exposure associated with:
 - Lifetime suicidal attempt (aOR 2.27; 95% CI 1.09–2.24; $p < .001$)
- Exposure before age 10 associated with:
 - Lifetime suicide attempt (aOR 4.15; 95% CI, 2.44–7.69; $p < 0.001$)
- No difference in outcomes between conversion efforts by religious advisors versus secular professionals.



Take Two: Asking Communities What Health Care They Want

PATH Plan and Act for Transgender Health

Research Supporting this Process:

- Loo S, et.al (2021). Understanding community member and health care professional perspectives on gender-affirming care-A qualitative study.
- Keuroghlian AS, et. Al (2022). The context, science and practice of gender-affirming care.
- Turban JL, et.al. (2021). Timing of Social Transition for Transgender and Gender Diverse Youth, K-12 Harassment, and Adult Mental Health Outcomes.



Clinician-Level Implications of Bans on Gender-Affirming Medical Care for Youth in the US

Allysa Warling, BA
Harvard Medical School, Boston, Massachusetts.

Alex S. Keuroghlian, MD, MPH
Department of Psychiatry, Massachusetts General Hospital/Harvard Medical School, Boston; and The National LGBTQIA+ Health Education Center at The Fenway Institute, Boston, Massachusetts.

JAMA Pediatrics

Table. Summary of Proposed Legislation as of July 5, 2022^a

State	Legislation	Bans prescription of gonadotropin-releasing hormone analogues	Bans prescription of exogenous estradiol or testosterone	Bans gender-affirming surgeries	Bans referrals	Bans public funds for gender-affirming care	Gender-affirming care considered child abuse or genital mutilation	Violation
Alabama	HB 266/SB 184	Yes	Yes	Yes	No	No	No	Felony
Alabama	HB 150/SB 5	Yes	Yes	Yes	No	No	No	Felony
Arizona	SB1045	Yes	Yes	Yes	No	No	No	Felony
Arizona	SB 1130	Yes	Yes	Yes	No	No	No	Felony
Arizona	SB1138/HB2608	Yes	Yes	Yes	Yes	Yes	No	Civil
Florida	H0211	Yes	Yes	Yes	No	No	No	Misdemeanor
Idaho	H0675	Yes	Yes	Yes	No	No	Yes	Felony
Indiana	SB0034	Yes	Yes	Yes	No	No	Yes	Misdemeanor or felony
Kentucky	SB84	Yes	Yes	Yes	Yes	Yes	No	Civil
Louisiana	HB570	Yes	Yes	Yes	Yes	Yes	No	Civil
Missouri	HB 2649	Yes	Yes	Yes	Yes	Yes	No	Civil
Missouri	SB843	Yes	Yes	Yes	No	No	Yes	Civil
Mississippi	SB2111	Yes	Yes	Yes	No	No	No	Civil
Mississippi	SB2728	Yes	Yes	Yes	Yes	Yes	No	Civil
New Hampshire	HB1651	Yes	Yes	Yes	No	No	Yes	Varies
Oklahoma	SB676	Yes	Yes	Yes	No	No	No	Felony
Oklahoma	HB 3240	Yes	Yes	Yes	Yes	Yes	No	Civil
South Carolina	H4047	Yes	Yes	Yes	Yes	No	No	Felony
South Carolina	SC S1259	Yes	Yes	Yes	No	No	No	Civil
Tennessee	HB2835/SB2696	Yes	Yes	Yes	Yes	Yes	No	Civil
Utah	HB0127	Yes	Yes	Yes	No	No	No	Civil
Wisconsin	AB977/SB915	Yes	Yes	Yes	Yes	Yes	No	Civil

^a Texas Attorney General Ken Paxton's Opinion KP-0401 does not appear in the table as this does not constitute proposed legislation.



Research Supporting Gender-affirming Care

- **Pubertal Suppression Associated with Decreased Lifetime Suicidal Ideation**
 - Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. Pediatrics. 2020 Feb
- **Gender-affirming Hormones in Adolescence Associated With Better Adult Mental Health**
 - Turban JL, King D, Kobe J, Reisner SL, Keuroghlian AS. Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. PLoS One. 2022 Jan 12
- **Gender-affirming Surgeries Associated With Decreased Odds of Suicide Attempts**
 - Almazan AN, Keuroghlian AS. Association Between Gender-Affirming Surgeries and Mental Health Outcomes. JAMA Surg. 2021 Jul 1.
- **Gender-affirming Hair Removal Associated With Decreased Suicidal Ideation**
 - Lee MS, Almazan AN, Nambudiri VE, Keuroghlian AS. Association Between Gender-Affirming Hair Removal and Mental Health Outcomes. JAMA Dermatol. 2021 Sep 1





Understanding “Detransition” and Dynamic Gender Presentations



Debunking “Social Contagion” Narrative

Sex Assigned at Birth Ratio Among Transgender and Gender Diverse Adolescents in the United States

Jack L. Turban, MD, MHS,^a Brett Dolotina, BS,^b Dana King, ALM,^c Alex S. Keuroghlian, MD, MPH^{b,c,d}

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Adolescent Realization of Gender Identity Is Common Among Transgender Adults; Disclosure Usually Takes Years

Original article

Age of Realization and Disclosure of Gender Identity Among Transgender Adults

Jack L. Turban, M.D., M.H.S. ^{a,b,*}, Brett Dolotina, B.S. ^c, Thomas M. Freitag, M.P.P. ^d, Dana King, A.L.M. ^e, and Alex S. Keuroghlian, M.D., M.P.H. ^{d,e,f}

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Factors Associated With Higher PTSD Severity Among Transgender Adults

- Higher level of everyday discrimination
- Greater number of attributed reasons for discrimination
- More visually expansive gender expression
- Unstable housing



Source: The National LGBTQIA+ Health Education Center



Factors Associated With Lower PTSD Severity Among Transgender Adults

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



Source: The National LGBTQIA+ Health Education Center



Research on Developing Guidelines for Gender-affirming Mental Health Care

- Turban JL, Kamceva M, Keuroghlian AS. (2022). **Psychopharmacologic Considerations for Transgender and Gender Diverse People.** Journal of the American Medical Association-Psychiatry.
- Arellano-Anderson J, Keuroghlian AS. (2020). **Screening, Counseling, and Shared Decision Making for Alcohol Use with Transgender and Gender-Diverse Populations.** LGBT Health.
- Goldhammer H, Crall C, Keuroghlian AS. (2019). **Distinguishing and Addressing Gender Minority Stress and Borderline Personality Symptoms.** Harvard Review Psychiatry.
- Smith WB, Goldhammer H, Keuroghlian AS. (2019). **Affirming Gender Identity of Patients With Serious Mental Illness.** Psychiatric Services.

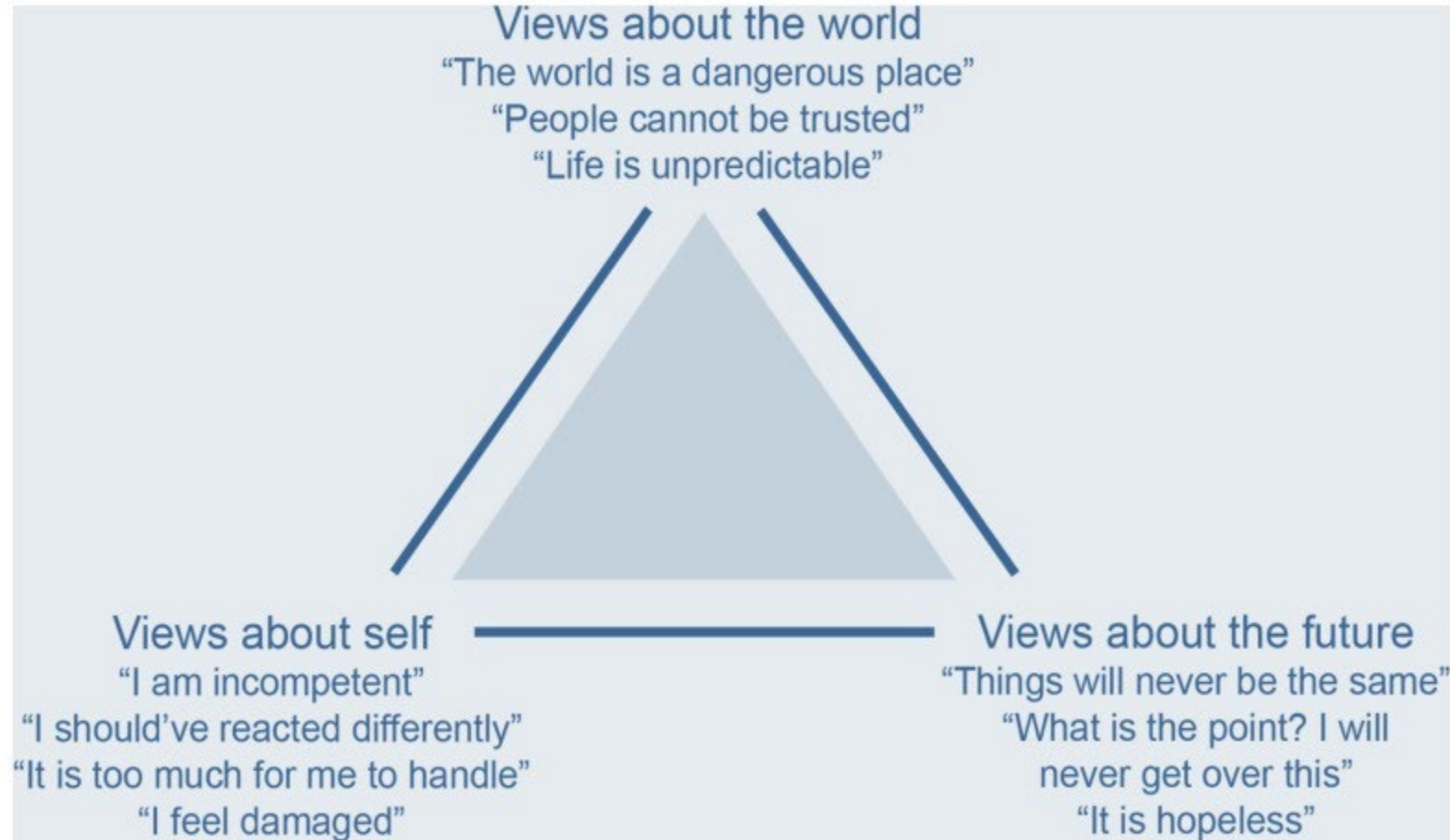


Cognitive Processing Therapy for PTSD

- Adapting selected components of *Cognitive Processing Therapy for PTSD*, by Resick
- Focus:
 - Education about post-traumatic 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 post-traumatic 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, 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)



Substance Use Disorders (SUDs) Among TGD People

- SUDs among TGD people have historically been understudied.
- Reporting of gender identity data in SUD-related research is limited.
- In several studies, TGD people have elevated prevalence of alcohol and drug use disorders 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

- 35% of transgender people who experienced school-related verbal harassment, physical assault, sexual assault, or expulsion reported **using substances** to cope with mistreatment related to gender identity or expression.
- 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)



SUDs Among TGD Adults



ELSEVIER

Contents lists available at [ScienceDirect](#)

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcddep

Full length article

Substance use and treatment of substance use disorders in a community sample of transgender adults

Alex S. Keuroghlian^{a,b}, Sari L. Reisner^{a,c,*}, Jaclyn M. White^{a,d}, Roger D. Weiss^{b,e}

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^b Department of Psychiatry, Harvard Medical School, 25 Shattuck Street, Boston, MA 02115, USA

^c Department of Epidemiology, Harvard School of Public Health, 677 Huntington Avenue, Boston, MA 02115, USA

^d Chronic Disease Epidemiology, Yale School of Public Health, 333 Cedar Street, New Haven, CT 06510, USA

^e Division of Alcohol and Drug Abuse, McLean Hospital, 115 Mill Street, Belmont, MA 02478, USA

- Among 452 TGD adults, 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 effect of chronic gender minority stress



Keuroghlian *et al.* (2015)





Alcohol Research With TGD Populations

- **Recommendations:**

- Be 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.
- Expand repertoire of alcohol measures to include those not contingent on sex or gender.
- Test psychometric performance of established screening instruments (e.g., Alcohol Use Disorders Identification Test) with TGD populations.
- Shift beyond cross-sectional study designs.
- Share decision-making in counseling regarding healthy alcohol use.



Gilbert *et al.* (2018)



Gendered Guidelines for Unhealthy Alcohol Use

Term	Society	Definition	Limitations for TGD Populations
Gendered			
Moderate drinking	CDC	1 drink per day for women and up to 2 drinks per day for men.	Assumption of cisgender and binary gender identities is exclusionary toward TGD people. Unclear if based on factors related to natal sex-based physiology, or current sex-based physiology, which may vary for TGD people who have accessed gender-affirming medical or surgical care.
Heavy drinking	CDC	Alcohol consumption that exceeds an established threshold of 15 weekly drinks for men and 7 weekly drinks for women OR 5 drinks per episode for men and 4 drinks per episode for women.	
Binge drinking	NIAAA/CDC	A pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL, specified as typically occurring after 4 drinks for women and 5 drinks for men—in about 2 hours.	

Columns 1 through 3 are adapted from Connor EA *et al.*²⁴

Arellano-Anderson and Keuroghlian (2020)

Opioid Use Disorders Among TGD People

SUBSTANCE ABUSE
<https://doi.org/10.1080/08897077.2018.1544963>



Check for updates

COMMENTARY

Understanding and treating opioid use disorders in lesbian, gay, bisexual, transgender, and queer populations

Michael P. Girouard, BA^a, Hilary Goldhammer, SM^b, and Alex S. Keuroghlian, MD, MPH^{a,b,c}

^aDepartment of Psychiatry, Harvard Medical School, Massachusetts, USA; ^bNational LGBT Health Education Center, The Fenway Institute, Fenway Health, Boston, Massachusetts, USA; ^cDepartment of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts, USA

ABSTRACT

Although little is known about the specific burden of the opioid epidemic on lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations, there is evidence to suggest that opioid use disorders are disproportionately prevalent in the LGBTQ community. In this commentary, we present an overview of the current state of evidence on opioid use and misuse among LGBTQ-identified people in the United States and suggest ways to adapt behavioral health interventions to the specific needs of this population. Programs that integrate behavioral health with primary care, address minority stress, and use a trauma-informed approach have the most potential to produce effective, long-term benefits for LGBTQ-identified people with opioid use disorders.

KEYWORDS

Cognitive-behavioral therapy; gay; opioid-related disorders; opioids; prescription drug misuse; sexual and gender minorities; substance use disorders

- Transgender middle school and high school students more than twice as likely to report recent prescription pain medication use compared to other students
- 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 SUDs

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



Opioid Agonists and Gender-affirming Hormone Therapy

Co-prescription of opioid agonists (e.g., methadone and buprenorphine) and gender-affirming hormone therapy

- Safe and feasible with appropriate monitoring and follow-up



Kerridge *et al.* (2017); Dragon *et al.* (2017)





TGD, Eating Disorders, and Body Image Dissatisfaction

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



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



TGD, Eating Disorders, and Body Image Dissatisfaction

Weight-related Disparities

- Compared to cisgender peers, TGD 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.

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

- Psychiatric disorders often impede gender identity exploration and alleviation of distress.
- Need to stabilize psychiatric symptoms for facilitation of gender identity discovery and affirmation.
- Use informed consent-based care.



Source: The National LGBTQIA+ Health Education Center

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
 - Benefits and risks
 - Capacity for medical decision making/informed consent
 - Arranging suitable referrals to care

Focus Areas in Gender-affirming Care

- Exploring gender identity, expression, and role
- Focusing on reducing internalized transphobia
- Helping improve body image
- Facilitating adjustment through affirmation process (physical, psychological, social, sexual, and reproductive considerations; economic and legal challenges)

Psycho-pharmacologic Considerations

- Gender-affirming hormones
- Spironolactone and other vasodilators
- Antipsychotics
- Mood stabilizers
- Serotonergic agents and spontaneous erections

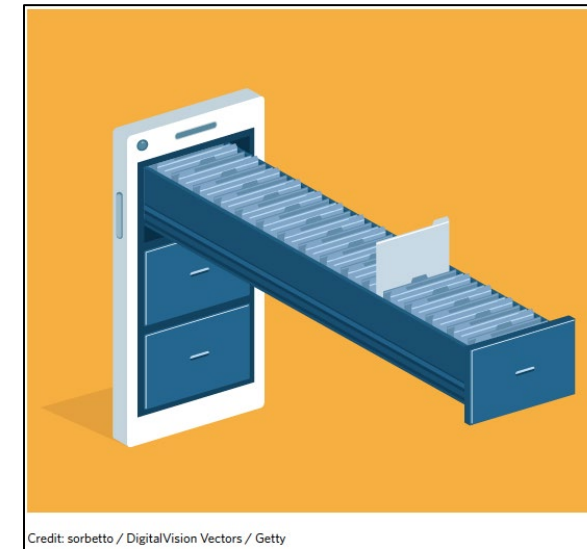


Turban, Kamceva, Keuroghlian (2022)



Harnessing Patient Gender Identity Data in Electronic Health Records

- Grasso C, McDowell MJ, Goldhammer H, Keuroghlian AS. (2019). **Planning and implementing sexual orientation and gender identity data collection in electronic health records.** Journal of American Medicine Inform Assoc.
- Grasso C, Goldhammer H, Thompson J, Keuroghlian AS. (2021). **Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems.** J Am Med Inform Assoc.
- Goldhammer H, Grasso C, Katz-Wise SL, Thomson K, Gordon AR, Keuroghlian AS. (2022). **Pediatric sexual orientation and gender identity data collection in the electronic health record.** J Am Med Inform Assoc.
- Keuroghlian AS. (2021). **Electronic health records as an equity tool for LGBTQIA+ people.** Natural Medicine.



Collecting Data on Gender Identity

- What name do you go by?
- What are your pronouns (e.g., she/her, he/him, they/them)?
- What name is on your insurance records?
- What is your current gender identity?
- What sex were you assigned at birth?



Source: The National LGBTQIA+ Health Education Center

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.

Avoiding Assumptions

- You should not assume someone's gender identity or sexual orientation based on how they look or sound.
- To avoid assuming gender identity or sexual orientation:
 - *Instead of:* “How may I help you, young woman/young man?”
✓ *Say:* “How may I help you?”
 - *Instead of:* “He/She is here for his/her appointment.”
✓ *Say:* “The patient is here in the waiting room.”
 - *Instead of:* “Do you have a boyfriend/girlfriend?”
✓ *Say:* “Are you in a relationship?”

Keeping Up With Terminology

- Obvious “don’ts” include
 - Use of any disrespectful language
 - Gossiping about a person’s appearance or behavior
 - Saying things about someone not necessary for their care:
 - “You look great, you look like a real girl/real guy!”

Avoid these Outdated Terms (in English)	Consider these Terms Instead
Homosexual	Gay, lesbian, bisexual, or LGBTQIA+
Transvestite; Transgendered	Transgender
Sexual preference; Lifestyle choice	Sexual orientation
Sex Change	Gender-affirming surgery/care



Anticipating and Managing Expectations

- TGD people have a history of experiencing stigma and discrimination in diverse settings.
- Don't be surprised if a mistake results in a patient becoming upset.
- Don't personalize the reaction.
- Apologizing when patients become upset, even if what was said was well intentioned, can help defuse a difficult situation and re-establish a constructive dialogue.

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:

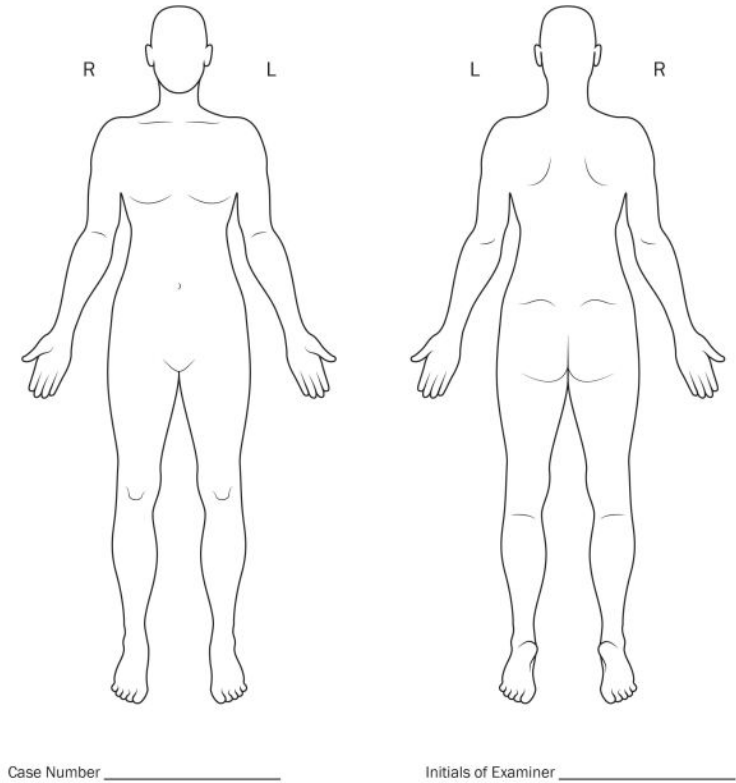
**Creating an Inclusive Environment
for LGBT Patients**

 NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

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.

ANATOMICAL DIAGRAMS-SKIN SURFACE ASSESSMENT



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

Moving Beyond Psychiatric Diagnosis Requirements

BJPsych The British Journal of Psychiatry (2020)
Page 1 of 2. doi: 10.1192/bjp.2020.124

Editorial

Envisioning a future for transgender and gender-diverse people beyond the DSM

Jacob E. Perelson, Oakland C. Walters and Alex S. Keuroghlian

VIEWPOINT Moving Beyond Psychiatric Gatekeeping for Gender-Affirming Surgery **JAMA Surgery**

Catherine A. Wu, MD
University of California, Irvine Medical Center, Irvine.

Alex S. Keuroghlian, MD, MPH
Harvard Medical School, Boston, Massachusetts; and Massachusetts General Hospital, Boston.

Gatekeeping in gender-affirming care refers to unnecessary and harmful barriers to gender-affirming hormone therapy (GAHT) or gender-affirming surgery (GAS). What constitutes gatekeeping vs reasonable precautions to ensure surgical candidacy has been controversial. The previous World Professional Association for Transgender Health (WPATH) "Standards of Care for the Health of Transsexual, Transgender, and Gender Non-conforming People, Version 7" (SOC 7) required 1 assessment letter from a qualified mental health professional

Which requirements for GAS are ethical and appropriate? A brief look at the history of GAHT can shed light on this question. Gender-affirming hormone therapy is partially reversible, with some systemic, irreversible effects, including breast and clitoral enlargement, voice deepening, hair growth, and fertility reduction. While GAHT previously required MHP assessment, there has been increasing adoption of an approach in which the GAHT professional alone explains GAHT and its potential effects, elicits informed consent, and then initiates

COMMENTARY ►

Why Must We Keep Diagnosing Trans People as Ill?



Thinking of a future where trans identity is not connected to pathology.

BY ALEX KEUROGLIAN



Moving Beyond Psychiatric Gatekeeping of Gender-affirming Care

- 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., “evaluation preceding gender-affirming surgical intervention”) and without assumption of distress or psychopathology



Perlson *et al.* (2020)





THANK YOU!

The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

The Education Center is 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 LGBTQIA+ focused health centers.

 617.927.6354


 education@fenwayhealth.org

 www.lgbtqiahealtheducation.org


 www.acponline.org/fenway



Other Federal Resources



**Moving Beyond
Change Efforts:
Evidence and Action to Support
and Affirm LGBTQI+ Youth**



Resources and References

Resources

- LGBTQIA+ Glossary of Terms for Health Care Teams: <https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/>
- The Report of the U.S. Transgender Survey: <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
- Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients: <https://www.lgbtqiahealtheducation.org/publication/focus-forms-policy-creating-inclusive-environment-lgbt-patients/>
- Moving Beyond Change Efforts: Evidence an Action to Support and Affirm LGBTQI+ Youth: <https://store.samhsa.gov/sites/default/files/pep22-03-12-001.pdf>

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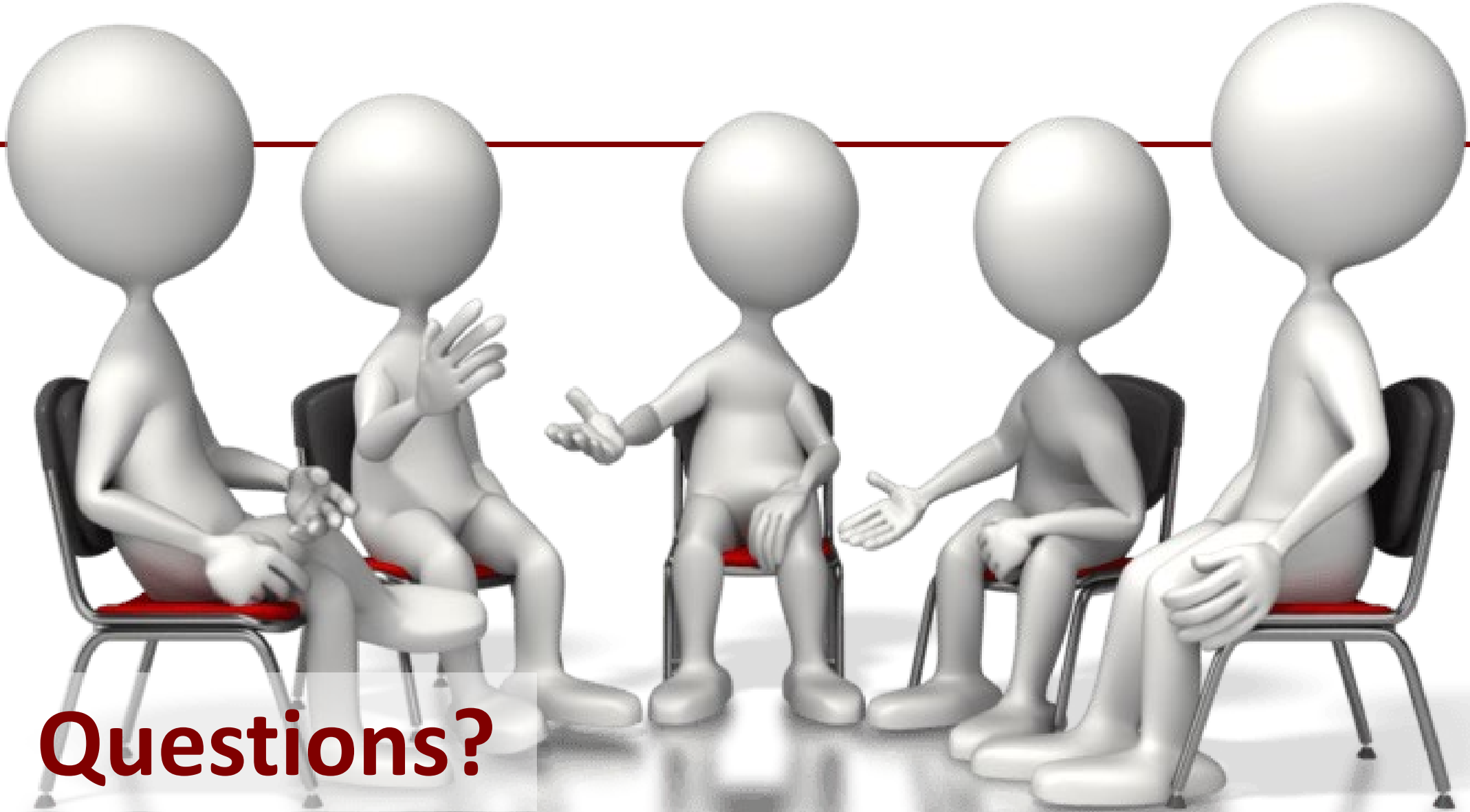
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Questions?



Wrap-up Polling Question



Source: iStock

What were the main reasons you participated in today's event? Select all that apply.

1. To learn more about the topic from the presenter
2. To engage with other health centers
3. To raise questions about this topic as it relates to my health center
4. To learn about the experiences other health centers have related to this topic

BPHC-BH TA Portal

<https://bphc-ta.jbsinternational.com/>

- Access past BH TA resources
- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options

BPHC-BH TA
Bureau of Primary Health Care Behavioral Health Technical Assistance

Event Calendar | About Us | Contact Us

Home | Technical Assistance Resources | Request Technical Assistance | Learning Management System

Welcome to the BPHC-BH TA Resource Portal!

View Edit Delete Revisions

The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as “behavioral health”), with an emphasis on the opioid epidemic.

Learn About BH TA Options

- One-on-One Coaching
- E-learning Webinars
- Intensive TA for Practice Change
- Join a Community of Practice (CoP)
- SDoH Group Virtual TA Roundtable
- Virtual Office Hours

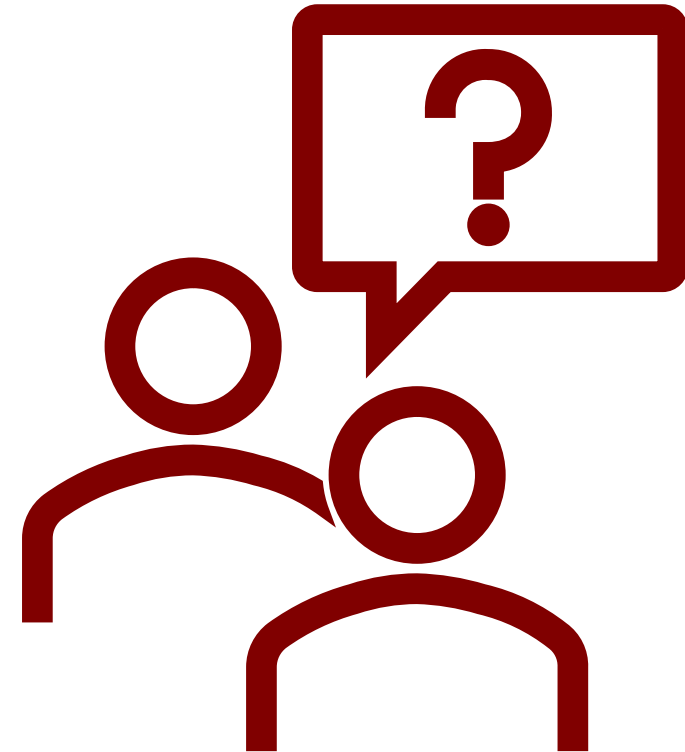
Upcoming Events

There are no upcoming events.



TA Opportunities for Health Centers

- One-on-one coaching
- Communities of Practice
- Virtual and on-site visits for training and TA
- Oral Behavioral Health Learning Collaborative (LC)
- Virtual brown bag TA sessions
- Webinars



Intensive TA for Sustainable Behavioral Health Integrated (BHI) Care

- **Topics:** Medicaid Billing and Coding for BHI Services; Screening, Brief Intervention, and Motivational Interviewing in Primary Care; Effective Clinical Workflows; Sustainable Training Strategies; Addressing Health Center Staff Secondary Trauma
- **Date/Time:** 4–6 hours as one-to-one coaching or on-site TA; planned around health center staff availability
- **Presenter:** BH TA team of senior technical expert leads and subject matter experts
- **Description:** Complete the simple request form and the BH TA team will schedule a meeting to discuss the TA you are interested in receiving.

Request Form link:

<https://bphc-ta.jbsinternational.com/ta-request-form>

**Request Form
QR code:**



Upcoming Virtual Brown Bag Sessions

"Behavioral Management of Diabetes – Presentation"

Date: Wednesday, June 7, 2023

Time: 11:00 a.m.–12:00 p.m. ET

Presenters: Eboni Winford, MPH, PhD

Description: This presentation provides behavioral health interventions for chronic disease management of diabetes in a health center setting. Participants will receive an overview of diabetes and specific interventions that behavioral health providers working in primary care can implement to support effective diabetes management.

Registration link:

<https://us06web.zoom.us/meeting/register/tZUkfu6grT8pGNwBOMzSDdo1fPx6Pu1Ux7lq>

**Registration
QR code:**



Upcoming Virtual Brown Bag Sessions

"Behavioral Management of Diabetes – Discussion"

Date: Wednesday, June 14, 2023

Time: 11:00 a.m.–1:00 p.m. ET

Presenters: Eboni Winford, MPH, PhD

Description: Building on the June 7 didactic presentation in the same topic area, participants will have time to problem-solve cases and engage in interactive discussion about best practices for using behavioral health interventions among health center patients who need to manage the signs and symptoms of diabetes.

Registration link:

<https://us06web.zoom.us/meeting/register/tZUsceiopzkqH9S3dAHGHbpZ-gkAbnHHvqZH>

**Registration
QR code:**



Upcoming Oral Health and Behavioral Health LC Sessions

"Integrated Oral Health and Behavioral Health in Vulnerable Populations – Didactic"

Date: Wednesday, June 7, 2023

Time: 1:00–2:30 p.m. ET

Presenters: Tamanna Tiwari, MPH, MDS, BDS

Description: Access to integrated behavioral health and oral health improves health outcomes for vulnerable populations. Participants will learn strategies for identifying patient concerns and developing effective approaches to integrated care.

Registration link:

https://us06web.zoom.us/meeting/register/tZMudOCgrTgvH9CjLwNucLFHW4NDeOEB_xPs

**Registration
QR code:**



Upcoming Webinars

"Addressing Suicidality in Men Within a Primary Care Setting"

Date: Thursday, June 1, 2023

Time: 1:00–2:00 p.m. ET

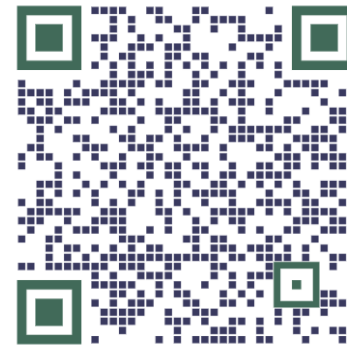
Presenters: Joseph Hyde, Behavioral Health Integration Senior Technical Expert Lead

Description: In the United States, suicide is a leading cause of death among men. Approximately 45% of those who commit suicide see a primary care doctor in the month before death, while only 20% see a mental health professional. This webinar will address suicide care management in practice and evidence-based treatment for suicidal ideation among adult male patients in a primary care setting.

Registration link:

https://us06web.zoom.us/webinar/register/WN_rk2gEpTISnyj5B8Sj3YTNw

**Registration
QR code:**



CE Credit Revisited

- We are offering **1 CE credit** for your attendance at today's session.
- You **MUST** complete the **Health Center Satisfaction Assessment** after each session for which you plan on receiving CE credits. There are **3 ways** to access the assessment:
 - 1.** Use the link available to you in the chat feature.
 - 2.** Use the assessment that will pop up in a separate browser at the end of this event.
 - 3.** Use the assessment link that will be sent to you in a follow-up email after the session.
- CE credits will be distributed within 3 weeks of training to participants who complete the Satisfaction Assessment.



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.



CEs and the Satisfaction Assessment



- We'd love your feedback! Please complete a Satisfaction Assessment.

<https://survey.alchemer.com/s3/7210962/Health-Center-TA-Satisfaction-Assessment-Brown-Bag-Session-6>

We are offering 1 CE credit for your participation. You must **complete a satisfaction assessment within 2 weeks.**

- There are two ways to navigate to the assessment:
 1. Follow the link provided in the chat here.
 2. Click on a link provided through email via Alchemer, our survey platform.



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS International, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.





Thank You!

Please submit questions to
Amber Murray: amurray@jbsinternational.com

Vision: Healthy Communities, Healthy People

