



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Trauma Informed Care for LGBTQIA+ Patients

---

February 19<sup>th</sup>, 2021  
Ev Evnen, MPP, MBA  
Jennifer Potter, MD

# 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 LGBTQIA+ 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, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

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

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



# Technical questions?

- Please call Zoom Technical Support: 1.888.799.9666 ext 2
- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon, and type your question.
- Alternatively, e-mail us at [education@fenwayhealth.org](mailto:education@fenwayhealth.org) for less urgent questions.

# Sound issues?

- Ensure your computer speakers are not muted.
- If you cannot hear through your computer speakers: Navigate to the bottom toolbar on your screen, go to the far left, and click the arrow next to the phone icon.
- Choose “I will call in.”
- Dial the phone number and access code.

# When the webinar concludes:

- Close the browser, and an evaluation will automatically open for you to complete.
- We very much appreciate receiving feedback from all participants.
- Completing the evaluation is required to obtain a CME/CEU certificates.

# 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.

<b>Physicians</b>	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.
<b>Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants</b>	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"><li>• American Academy of Physician Assistants (AAPA)</li><li>• National Commission on Certification of Physician Assistants (NCCPA)</li><li>• American Nurses Credentialing Center (ANCC)</li><li>• American Association of Nurse Practitioners (AANP)</li><li>• American Academy of Nurse Practitioners Certification Program (AANPCP)</li><li>• American Association of Medical Assistants (AAMA)</li></ul>
<b>Other Health Professionals</b>	Confirm equivalency of credits with relevant licensing body.

# Today's speakers

**Ev Evnen, MPP, MBA**  
**MaeBright Group**  
**Trinity Boston**  
**Connects**

**Jennifer Potter, MD**  
**Harvard Medical**  
**School**  
**The Fenway Institute**



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)



# Acknowledgments

- Samara Grossman and Sarah Berman, co-authors of *Trauma-Informed Care for Transgender and Gender-diverse (TGD) Patients*.
- Sadie Elisseou, co-author of *Trauma-Informed Physical Examination for TGD Patients*.
- Harvard Medical School's Trauma-Informed Care Curricular Theme Steering Committee.
- The National Trauma-Informed Care Education and Research Group (TIHCER).
- Lived experience of trans and non-binary people
- References available upon request.

# Learning objectives

1. Understand the disproportionate impact of trauma experienced by Transgender and Gender-diverse (TGD) individuals.
2. Analyze how a lived experience of trauma can interfere with the formation of therapeutic relationships between TGD patients and providers.
3. Describe how to use a *universal trauma-informed approach* to enhance engagement of TGD patients in care and promote their health and well-being.



# What is trauma?



The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as "an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)

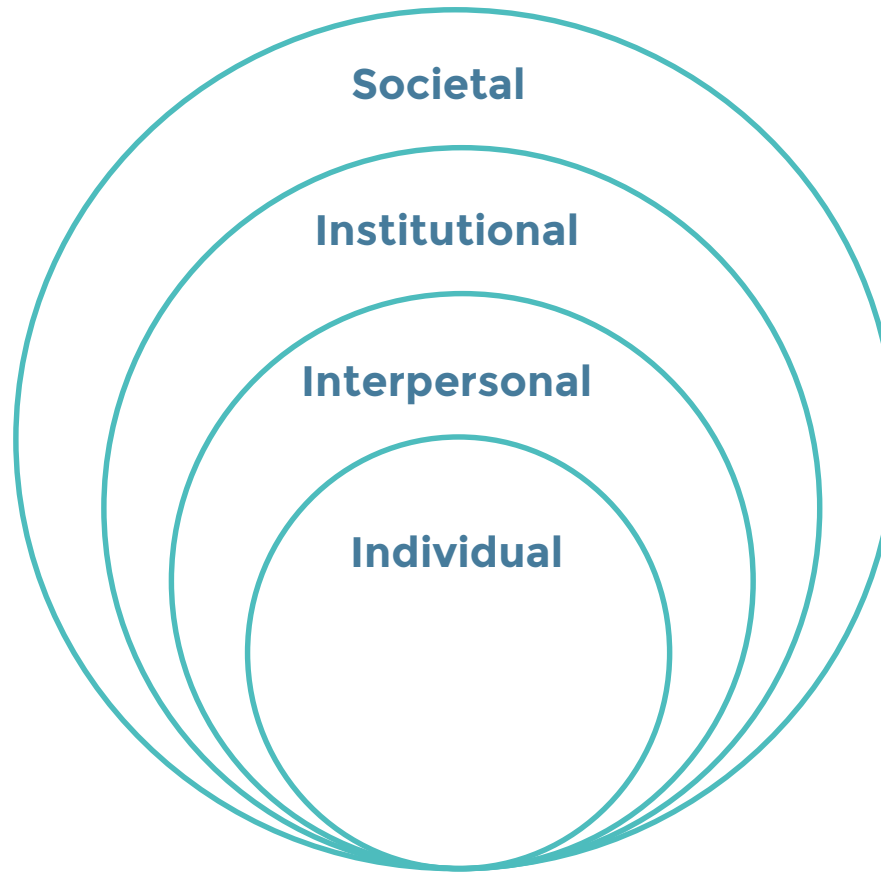
# Types of trauma

## Discrimination

*Sexism*  
*Racism*  
*Ableism*  
*Ageism*  
*Homophobia*  
*Transphobia*  
*Islamophobia*

## Violence & Abuse

*Adverse Childhood Experiences*  
*Intimate partner violence*  
*Sexual violence*  
*War & Terror*  
*Gun violence*  
*Slavery*



## Natural Disasters

*Pandemics*  
*Earthquakes*  
*Hurricanes*

## Medical Trauma

*Invasive procedures*  
*Hospitalizations*  
*Death & dying*  
*Medical error*

## Physical Trauma

*Motor vehicle accidents*  
*Occupational injuries*  
*Falls*

## Social Determinants of Health

*Homelessness*  
*Food insecurity*  
*Economic instability*  
*Substance use*



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)



# **TGD people experience a disproportionate burden of trauma**



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)

**2019** **U.S.**  
**TRANSGENDER**  
**SURVEY**

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



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)





BODY  
MIND  
SPIRIT

# We can trans-form healthcare



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)



***REALIZE*** the  
prevalence

***RECOGNIZE***  
the impact

***RESILIENCE &  
RECOVERY***

***RESPOND***  
appropriately

***RESIST*** re-  
traumatization



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)

# SAMHSA'S Six principles of TIC

Safety

Trustworthiness  
& Transparency

Peer Support/  
Community

Collaboration &  
Mutuality

Empowerment,  
Voice & Choice

Cultural, Historic  
& Gender  
Issues

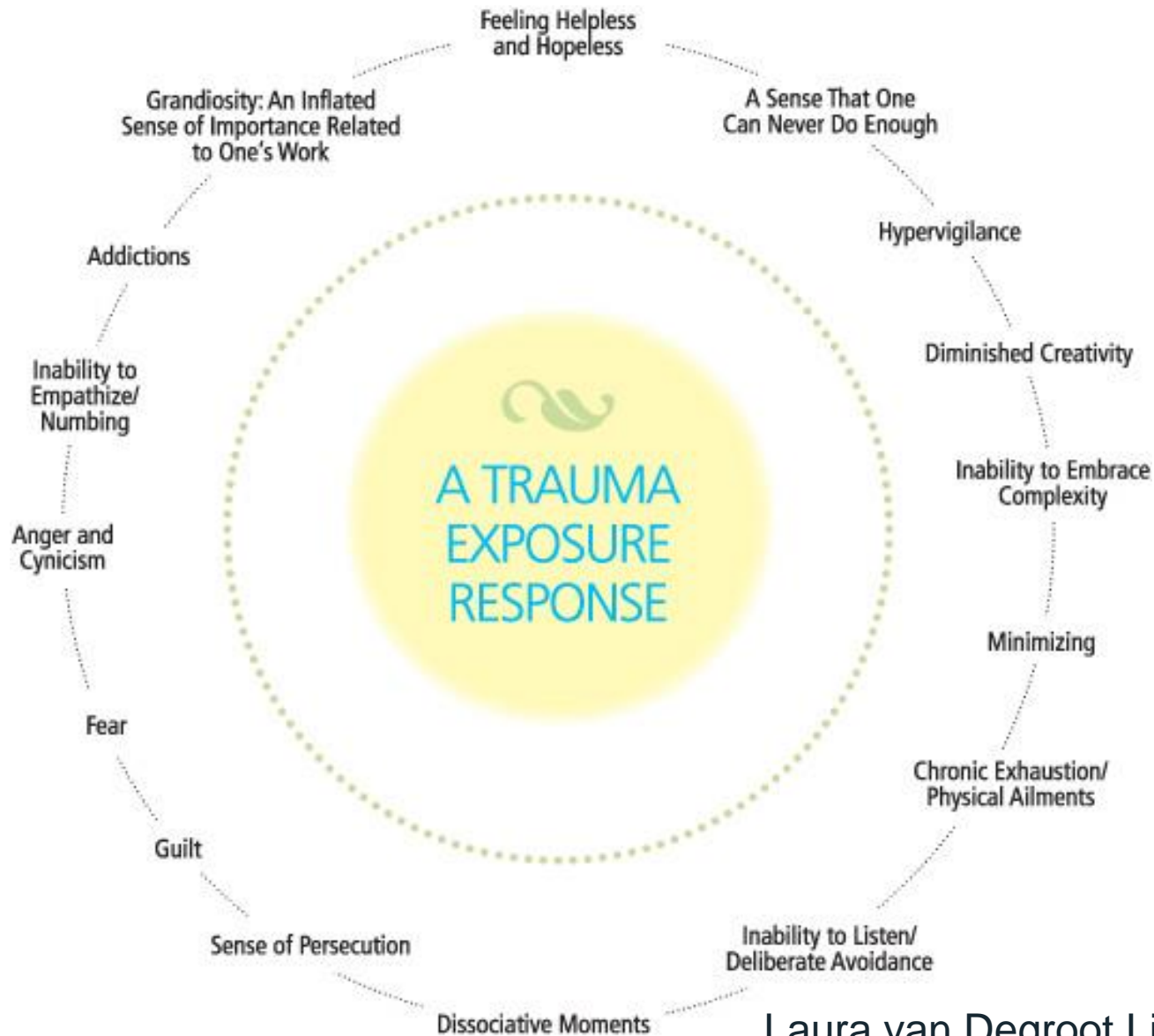
SAMHSA, 2014.



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)



Laura van Degroot Lipsky (2009)

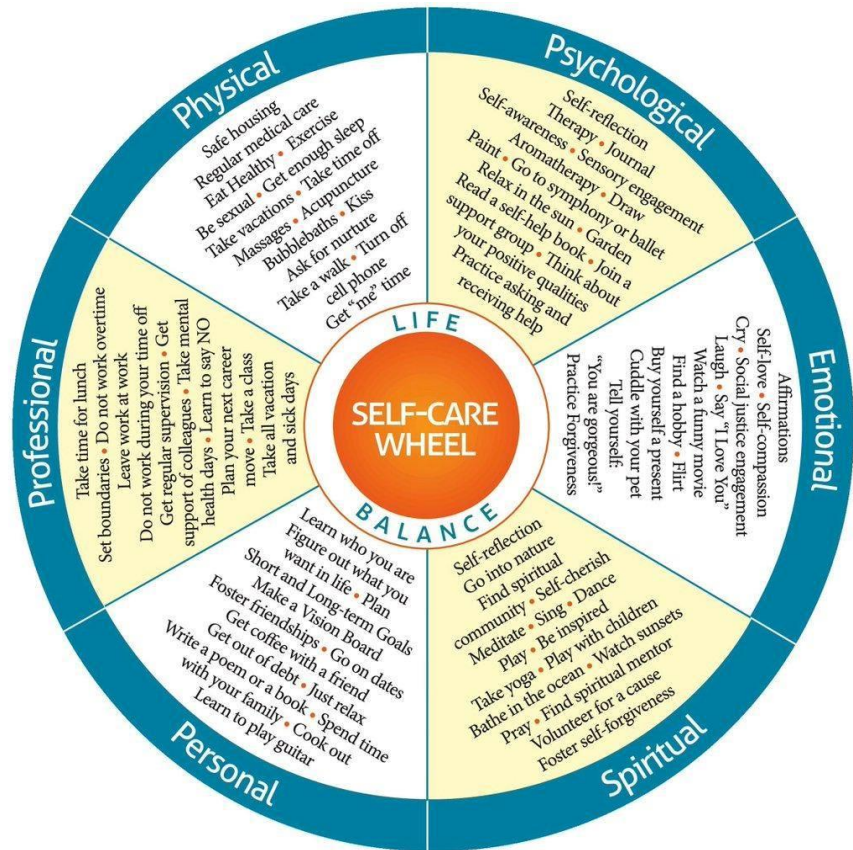


NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)

# SELF-CARE WHEEL



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)

# Clinician-patient relationship foundation for adaptive coping and resilience

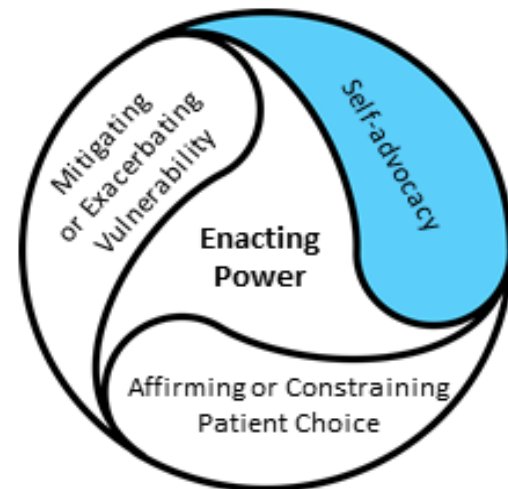
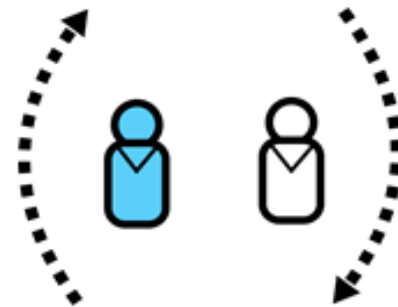
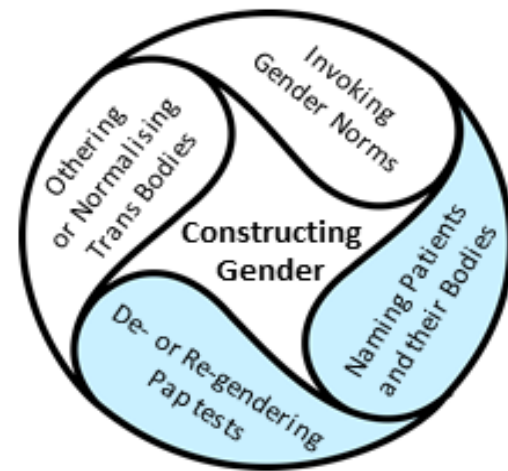


***“WITH”, rather than “ON”, “TO”, or “FOR”***

# Gender & power dynamics ex. cervical cancer screening



Peitzmeier et al. Culture Health Sexuality  
2019.







## Gender dynamics: Ask everyone for name, pronouns

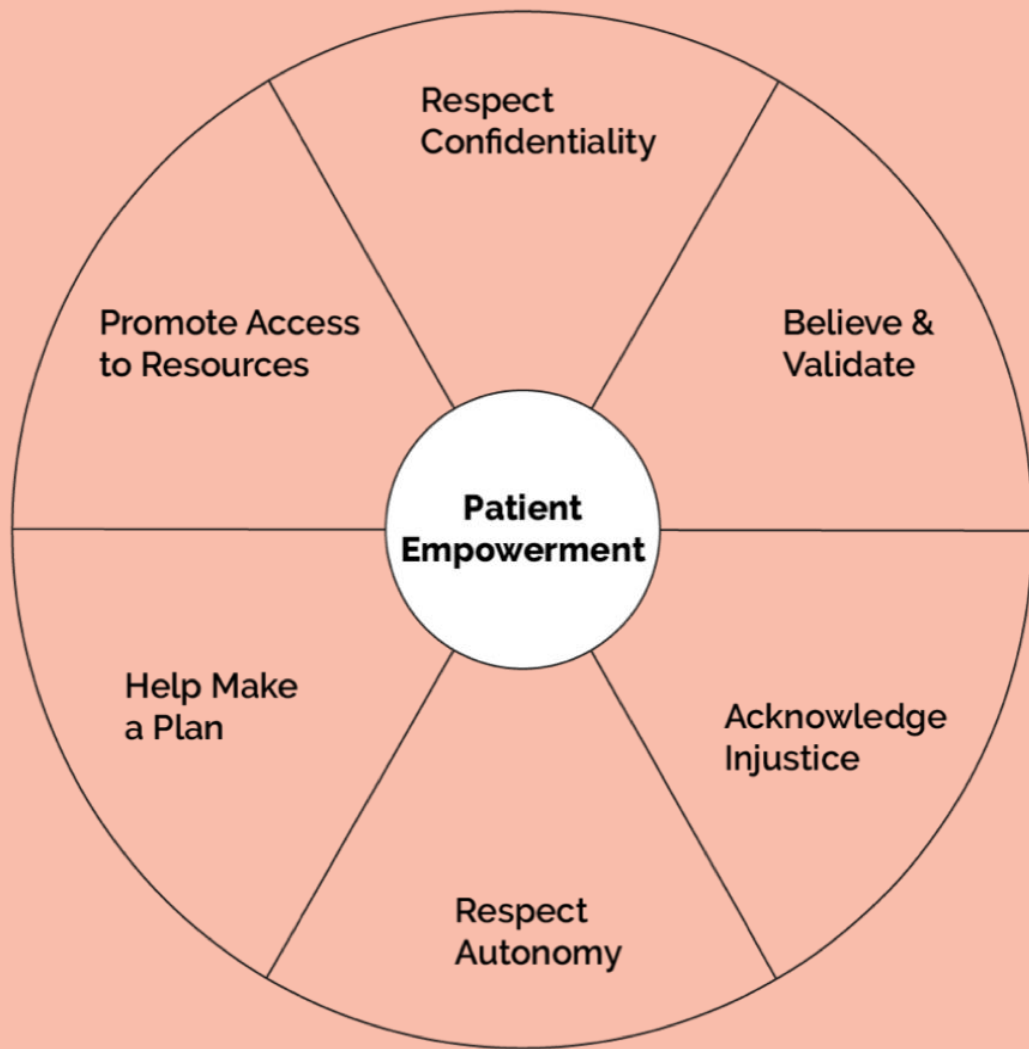
- What name do you go by?
- What are your pronouns?



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)



## Power dynamics: Avoid ‘power-over’ stances

- Sit at eye level.
- Conduct the interview with the patient clothed.
- Speak slowly and clearly.
- Develop a shared agenda.
- Offer choices for disclosure, examination, procedures, treatment.
- Ensure that locus of control is with the patient at all times.



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)



# Ask only when relevant

## Anatomical Inventory

- ☐ Breasts
- ☐ Vagina
- ☐ Uterus
- ☐ Cervix
- ☐ Ovaries
- ☐ Penis
- ☐ Testes
- ☐ Prostate

*I'd like to take an anatomical inventory to know what body parts we need to consider when evaluating your current symptoms.*

*Is that OK with you?*

*Please look over this list and let me know which of these body parts you have present.*

*What words do you use to refer to these body parts?*



## GENDERED TERMS

These terms may be uncomfortable or distressing for trans men to hear.

Breasts

Vulva

Vagina

Uterus, Ovaries

Pap smear

Bra, Panties

Period, Menstruation

## LESS GENDERED TERMS

Try your best to use neutral and inclusive terminology to avoid patient discomfort. If you are unsure, ask what terms your client prefers.

Chest

External Pelvic Area

Genital Opening, Frontal Pelvic Opening, Internal Canal

Internal Organs

Cancer screening

Underwear

Bleeding

\*Language may be adapted to male external genital, anorectal, prostate exams. JGIM 2015;30:1857-64.

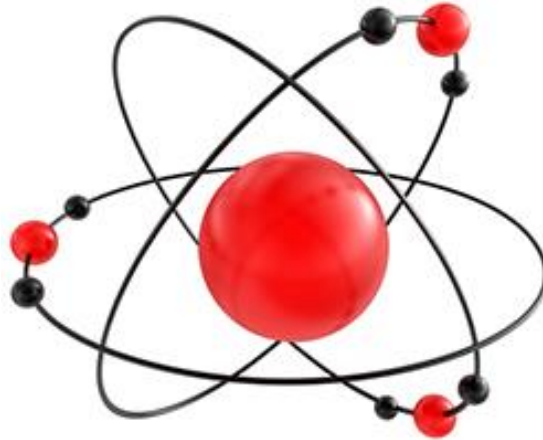


NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)

Possible direct response: *I'm sorry I made that mistake. I will be conscious going forward to be correct in my use of your pronouns.*



When addressing others: *I noticed you said 'she' to that patient. I wanted to let you know that their pronouns are 'they/them/theirs'. I am happy to discuss pronouns further with you anytime if you have questions.*

Courtesy of Samara Grossman LICSW

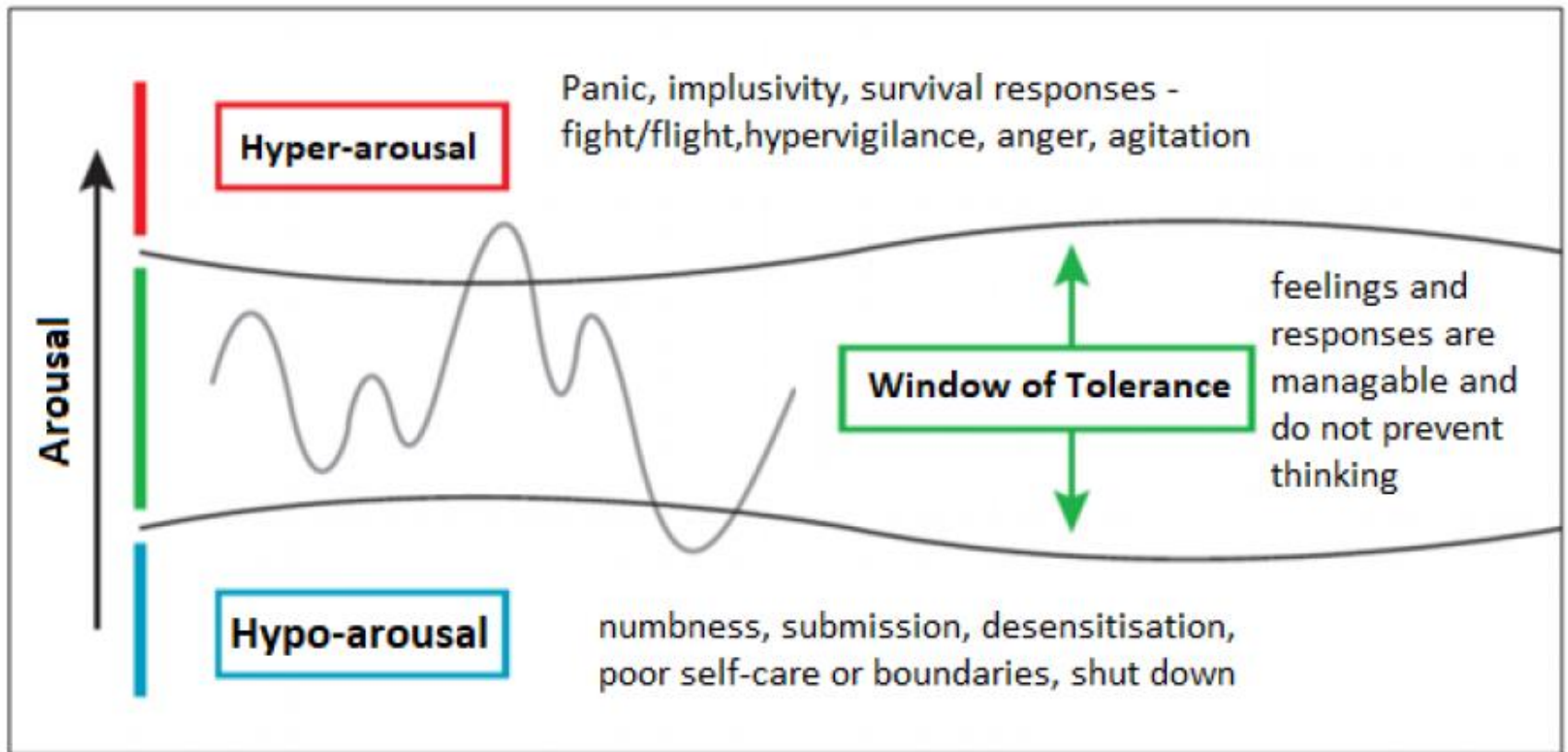
# Post-traumatic stress disorder (PTSD)

Intrusion (Re-experiencing)	Avoidance of Potential Triggers	Changes in Thoughts and Feelings	Changes in Arousal and Reactivity
Involuntary memories  Traumatic nightmares  Flashbacks  Intense or prolonged distress after exposure to reminders (triggers)	Avoiding trauma- related: <ul style="list-style-type: none"><li>• Thoughts and feelings</li><li>• Conversations and activities</li><li>• People and places</li></ul>	Inability to remember key features of event  Distorted beliefs about self or others (“I am bad”, “No-one can be trusted”)  Ongoing fear, horror, anger, guilt, or shame  Lack of interest in activities previously enjoyed  Sense of alienation and detachment	Irritable behavior and angry outbursts  Reckless or self- destructive behavior  Hyperarousal and hypervigilance  Exaggerated startle response  Sleep and concentration problems

# Complex PTSD (C-PTSD)

PTSD	C-PTSD
<ul style="list-style-type: none"><li>• Person return home from war, in which they experienced specific, life-threatening situations</li></ul>	<ul style="list-style-type: none"><li>• Someone returning home from being a prisoner of war, in which they experienced deep abuse from which they had no escape</li></ul>
<ul style="list-style-type: none"><li>• "Capital T" Trauma</li></ul>	<ul style="list-style-type: none"><li>• Slow drip of trauma</li></ul>
<ul style="list-style-type: none"><li>• Vivid flashbacks of specific events</li></ul>	<ul style="list-style-type: none"><li>• Emotional flashbacks-deeply overwhelmed by the feelings associated with the trauma (terror, smallness)</li></ul>
<ul style="list-style-type: none"><li>• Responses fall under "fight, flight, or freeze"</li></ul>	<ul style="list-style-type: none"><li>• Responses fall under "fight, flight, freeze, or fawn"</li></ul>
	<ul style="list-style-type: none"><li>• Often misdiagnosed as BPD or as Bipolar II</li></ul>





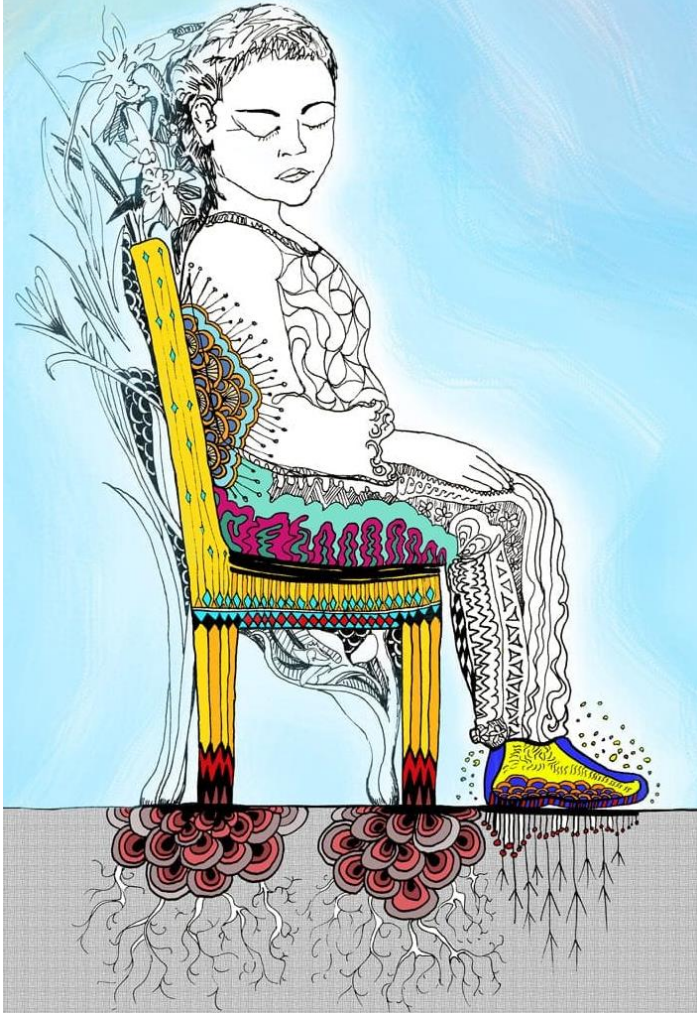
# Nervous system regulation

# Trauma-informed interpretation

Reaction	Behavioral Manifestations	Unhelpful Clinician Interpretations	Trauma-Informed Interpretations
<b>Fight</b>	Animated Impatient Irritable, angry Loud voice	'Aggressive' 'Combative' 'Resistant' 'Provocative' 'Sullen'	Hyperaroused 'Stuck on high' Attempting to regain or hold on to personal power
<b>Flight</b>	Anxious Confused Forgetful Restless Fidgeting Easily startled Eyes darting	'Non-adherent' 'Non-compliant'	Hyperaroused 'Stuck on high' Attempting to avoid or escape from those in power
<b>Freeze</b>	Acquiescent Withdrawn Distracted, not paying attention Distant look to eyes Quiet/faint voice	'Passive' 'Disengaged'	Hypoaroused 'Stuck on low' Shutting down in response to power



## Grounding Exercise: Feet, Seat and Back



Bring yourself back  
into your body by:

Rubbing your hands  
together quickly

Noticing your chest  
rise and fall as you  
breathe in and out 3  
times

Putting your hand  
over your heart and  
feeling it beating



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

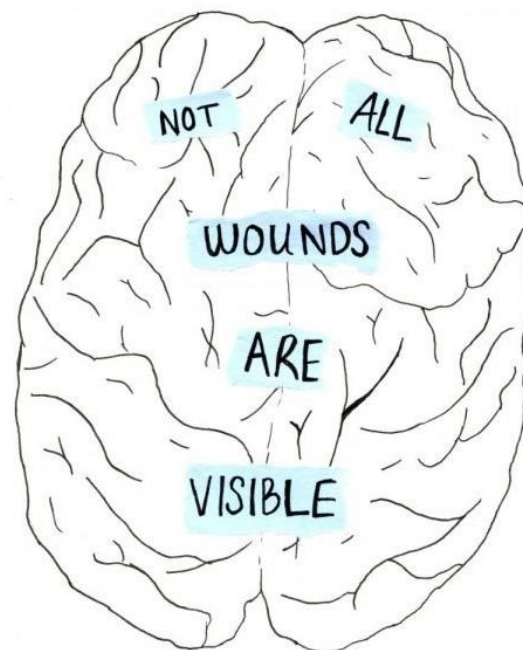
A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)



# Symptoms suggestive of trauma

- Anxiety, depression, PTSD
- Fatigue, headaches, jaw pain related to teeth grinding, palpitations, GI symptoms, sexual difficulties, sleep disturbance, chronic pain.
- Many patients have been told that “nothing is wrong” or “it’s all in your head.”



# Findings suggestive of trauma

- Common sites of injury:
  - Transgender women: face and genitals
  - Transgender men: chest and genitals



- Non-suicidal self injury (e.g., cutting/burning):
  - Common among TGD individuals
  - May also focus on chest and genitals

# How to help suicidal TGD patients access higher levels of care

- *Based on what you are saying I would recommend you going to the ER. Here are the reasons for my recommendation. What do you think?*
- *Normally... (then describe each step that you reasonably think the patient can expect to experience).*
- *Would you like to take a moment to call anyone to meet you at the hospital/let them know that you are going?*
- *I will call ahead to the clinicians at the ER and explain to them why I sent you. Is there anything else you would like me to tell them?"*

Courtesy of Samara Grossman LICSW



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)

# Trauma-informed trauma inquiry

<b>Safety</b>	<ul style="list-style-type: none"><li>• If you feel uncomfortable at any time, please say pause and we will take a break. You get to lead this discussion.</li></ul>
<b>Transparency</b>	<ul style="list-style-type: none"><li>• I'd like to learn more about what has happened to you so that I can more fully understand your symptoms.</li><li>• I will ask you some questions and you can answer in the ways that feel most comfortable.</li><li>• If you feel overwhelmed or I notice you are overwhelmed, I may suggest we take a break.</li></ul>
<b>Peer Support</b>	<ul style="list-style-type: none"><li>• Would you like anyone with you while we talk about your history?</li></ul>
<b>Collaboration</b>	<ul style="list-style-type: none"><li>• We can work together to find a pace that works for you in telling me about your past as it relates to your current symptoms.</li></ul>
<b>Empowerment</b>	<ul style="list-style-type: none"><li>• You decide what is important for me to know.</li></ul>

Courtesy of Samara Grossman LICSW

# Responding to trauma disclosure

<b>Communicate belief</b>	That must have been frightening for you.
<b>Validate the decision to disclose</b>	I understand it could be very difficult for you to talk about this.
<b>Acknowledge injustice</b>	Violence is unacceptable. I'm sorry that happened, that should not have happened.
<b>Be clear that the patient is not to blame</b>	What happened is not your fault.
<b>Help the patient contain their story to reduce the risk of retraumatization</b>	This information is really important... I wonder if telling it right now might be overwhelming to you or your body? Let's take a moment to breathe and then tell me what you think.
<b>Let the patient know that help is available</b>	A next step that might be useful is to give you some referral options to (people) (programs) that specialize in healing and recovery. Do you feel this would be helpful to you right now?
<b>Collaborate with and empower the patient</b>	Are there resources you know of that you would like my help accessing? The next steps in referral are entirely up to you.

Courtesy of Samara Grossman LICSW

# Evidence-based trauma treatment

Trauma-Focused Psychotherapy			Medication
Cognitive Behavioral Therapy	Eye Movement Desensitization Reprocessing	Prolonged Exposure Therapy	SSRI/SNRI
Teaches how to reframe negative thoughts about one's trauma	Helps how to process and make sense of one's trauma	Teaches how to regain control by facing one's fears	Restores balance of chemicals in the brain
Talk about thoughts/writing assignments and worksheets	Call the trauma to mind while focusing on an external motion or sound	Talk about the trauma/start doing safe things one has been avoiding	Take a pill at regular time(s) each day



# theNetworklaRed

Survivor-led organizing to end partner abuse

Dirigida por sobrevivientes • Movilizando para acabar con el abuso de pareja

617-742-4911

800-832-1901

877-565-8860

## Radical community care

Trans Lifeline provides trans peer support for our community that's been divested from police since day one. We're run by and for trans people.

**TrevorLifeline**

**TrevorChat**

**TrevorText**

**TrevorSpace**

**Trevor Support  
Center**

Our trained counselors are here to support you 24/7. If you are a young person in crisis, feeling suicidal, or in need of a safe and judgment-free place to talk, call the TrevorLifeline now at [1-866-488-7386](tel:1-866-488-7386).

**GO TO TREVORLIFELINE →**

866-488-7386



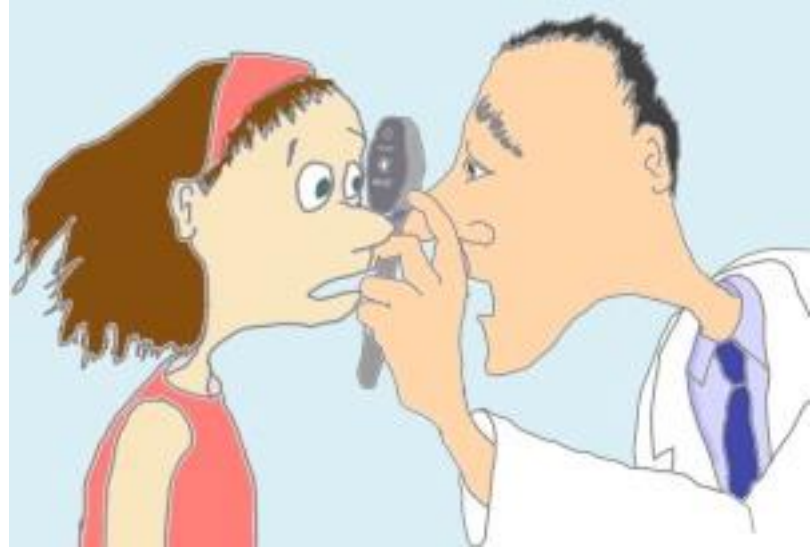
NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)



**Any exam or procedure has the potential to be traumatizing**





# More common with ‘vulnerable’ (i.e., chest, genital, rectal) exams



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

[WWW.LGBTQIAHEALTHEDUCATION.ORG](http://WWW.LGBTQIAHEALTHEDUCATION.ORG)

# Common experiences

- Prior exposure to traumatic/voyeuristic exams
- Inappropriate gendering of certain exams (pelvic = “well-woman exam”)
- Dysphoria during examination of body parts that are discordant with one’s gender
- Dysphoria if provider uses triggering terms to refer to body parts



# Trauma-informed physical exam

# TI Exam: General principles

<b>Safety</b>	<ul style="list-style-type: none"><li>• Avoid potentially triggering language (e.g., words with sexual or violent connotations).</li><li>• Stay within the patient's line of sight at all times.</li><li>• Maintain an appropriate physical distance.</li></ul>
<b>Transparency</b>	<ul style="list-style-type: none"><li>• Explain reasons for performing the exam and what it will entail.</li></ul>
<b>Peer Support</b>	<ul style="list-style-type: none"><li>• Ask if the patient would like to have a trusted companion in the room during the exam.</li></ul>
<b>Collaboration</b>	<ul style="list-style-type: none"><li>• Review options to optimize patient comfort during the exam.</li><li>• Check in periodically to ask how the patient is doing.</li></ul>
<b>Empowerment</b>	<ul style="list-style-type: none"><li>• Ask before touching throughout the exam (i.e., when moving from one part of the body to another).</li><li>• Obtain permission before proceeding.</li><li>• Stop immediately if requested by the patient.</li></ul>



# Pelvic exam modifications

Exam Element or Technique	Modification Options
Chaperone	Patient's choice of support person
Positioning for exam	Feet on table rather than 'footrests'
Speculum selection	Pedersen long narrow or pediatric speculum
Lubricant use	<ul style="list-style-type: none"><li>• Non-carbomer-containing water-based</li><li>• Consider use of topical lidocaine</li></ul>
Speculum insertion	Self-insertion
Cervical sampling	Trans male with prior unsatisfactory cytology: pretreat with 2 weeks of vaginal estrogen

J Gen Intern Med 2015; 30: 1857-64.

Phrases to Avoid	Use Instead
<ul style="list-style-type: none"> <li>Don't be scared, everything will be fine.</li> </ul>	<ul style="list-style-type: none"> <li>What are you most afraid of?</li> <li>How can we help you through this?</li> </ul>
<ul style="list-style-type: none"> <li>Stirrups</li> </ul>	<ul style="list-style-type: none"> <li>Footrests</li> </ul>
<ul style="list-style-type: none"> <li>Avoid unnecessary touching of the patient (e.g., "Scoot down on the table until your bottom touches my hand")</li> </ul>	<ul style="list-style-type: none"> <li>Please move your body down until you're right at the edge of the table.</li> <li>Allow your knees to fall to the sides as much as you can.</li> </ul>
<ul style="list-style-type: none"> <li>I'm going to insert the speculum.</li> <li>I'm going to come into you now.</li> </ul>	<ul style="list-style-type: none"> <li>I'm going to place the speculum now.</li> <li>It's normal to feel a little pressure.</li> </ul>
<ul style="list-style-type: none"> <li>I'm going to open the blades of the speculum.</li> </ul>	<ul style="list-style-type: none"> <li>I'm going to open the speculum.</li> </ul>
<ul style="list-style-type: none"> <li>I'm going to take the sample now... you may feel a "poke" ["prick"].</li> </ul>	<ul style="list-style-type: none"> <li>You may feel a little discomfort or cramping.</li> </ul>
<ul style="list-style-type: none"> <li>Hold still</li> </ul>	<ul style="list-style-type: none"> <li>If you need to move, wiggle your toes or squeeze your hands.</li> </ul>
<ul style="list-style-type: none"> <li>Relax</li> </ul>	<ul style="list-style-type: none"> <li>Try to keep your pelvis resting on the table.</li> </ul>

Adapted from: J Gen Intern Med 2015; 30: 1857-64.

# Normalize trans bodies

- Curtail your curiosity– only ask questions that are medically necessary.
- Remember to use the patient's terms when referring to anatomical structures.
- Do not visibly react to or comment on the patient's body.
- Limit the number of providers the patient has to see.





# Trauma-informed psychoeducation

<b>Safety</b>	If at any point you have questions, disagree, want me to slow down, or repeat or change the subject, please let me know.
<b>Transparency</b>	I would like to explain to you how experiences from the past may be manifesting as symptoms in your body today.
<b>Peer Support</b>	Is there anyone you would like with you while we discuss your symptoms and next steps to take?
<b>Collaboration</b>	I consider everything we decide to do to address your current symptoms to be a plan we create <i>together</i> . I may make suggestions, including lab work to get done, or specialists to visit, and I understand you may disagree with these suggestions-- please let me know if you do. I am completely open to this.
<b>Empowerment</b>	I consider you to be in the 'driver's seat' of your care. I want to hear your ideas about how to approach your current symptoms so that I can figure out how to best support you.
<b>Cultural Issues</b>	The symptoms you are having now may stem from prior experiences, but they are not your fault. They reflect a society that allows events like discrimination and oppression to happen.



# Trauma-informed follow-up

<b>Safety</b>	<ul style="list-style-type: none"><li>• Co-develop a safety plan to help the patient move back into their “window of tolerance” when they get triggered.</li></ul>
<b>Transparency</b>	<ul style="list-style-type: none"><li>• Explain and normalize the fact that trauma-related symptoms are likely to wax and wane over time.</li></ul>
<b>Empowerment Peer Support</b>	<ul style="list-style-type: none"><li>• Educate the patient on resilience factors.</li><li>• Name and celebrate the patient’s strengths.</li><li>• Help the patient build on their strengths by engaging in positive coping skills of the patient’s choice (connecting with peers, building community, engaging in health-promoting activities and activities that bring pleasure and joy).</li></ul>
<b>Cultural Issues</b>	<ul style="list-style-type: none"><li>• Emphasize that social policies that negatively impact the human rights of TGD populations can cause TGD patients to feel triggered and experience decreased mood or other health consequences.</li><li>• Check in with patients at such times, to encourage an office visit and promote connection to community/activist groups.</li></ul>

Courtesy of Samara Grossman LICSW

# Universal application of TIC Principles is essential when caring for TGD patients and includes...

<b>Affirming the patient's gender throughout the encounter</b>	<b>Performing the exam in a collaborative manner that resists retraumatization</b>
<b>Attending to power dynamics throughout the encounter</b>	<b>Recognizing symptoms and exam findings that may suggest a history of trauma</b>
<b>Obtaining the history in a patient-led manner</b>	<b>Recognizing and responding productively when a patient becomes distressed</b>
<b>Asking about trauma in a manner that resists retraumatization</b>	<b>Co-developing care plans that are patient-empowering and enable mutual respect, safety, and ongoing engagement</b>
<b>Responding appropriately to trauma disclosure</b>	<b>Facilitating connection to TGD-sensitive trauma recovery services</b>
	<b>Recognizing, celebrating, and building on the patient's strengths over time</b>





**Thank You!**



# NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

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](mailto:education@fenwayhealth.org)

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

 [www.acponline.org/fenway](http://www.acponline.org/fenway)

