



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

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MEDICAL SCHOOL

Current Recommended Practices in Mental Healthcare for Transgender and Gender Diverse Youth

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- 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



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- Close the browser, and an evaluation will automatically open for you to complete
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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: Editor of forthcoming McGraw-Hill Education textbook, will receive future royalties.

Learning Objectives

- At the end of this session, participants will be able to:
 1. Explain the context for behavioral 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 optimize mental health outcomes for TGD youth

Gender Minority Stress Framework

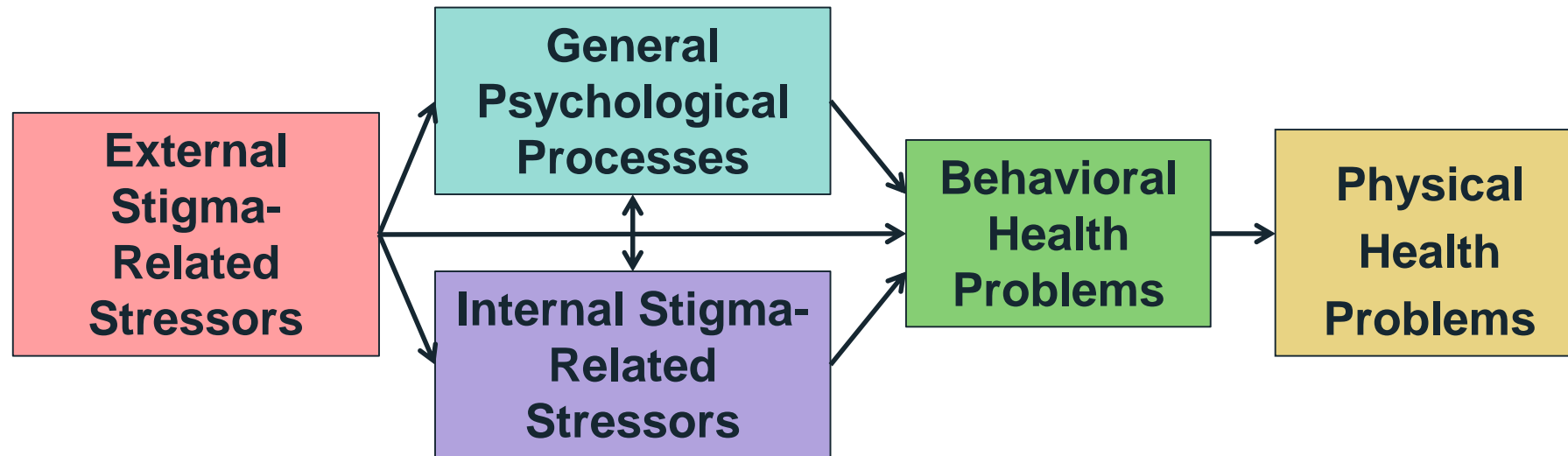


Fig. 1: Adapted from *Hatzenbuehler (2009)*

Abuse at Home and School

- 10% reported a family member was violent towards them because they were transgender
- 8% were kicked out of the house because they were transgender
- Many experienced serious mistreatment in school, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender
- 17% experienced such severe mistreatment that they left a school

2015 U.S. Transgender Survey

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

Employment and Housing Inequities

- 29% of transgender people live in poverty, compared to 14% in the U.S. population
- Transgender people have a 15% unemployment rate (compared with 5% in the U.S. population)
- 16% of transgender people report homeownership, compared to 63% of the U.S. population
- Nearly 30% of transgender people experienced homelessness in their lifetime
- 12% report past-year homelessness due to being transgender

2015 U.S. Transgender Survey

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

Disparities in Access to Affirming Care

- 33% had at least one negative experience with a health care provider such as being verbally harassed or refused treatment because of gender identity
- 23% of transgender people report not seeking needed health care in the past year due to fear of gender-related mistreatment
- 33% did not go to a health care provider when needed because they could not afford it

2015 U.S. Transgender Survey

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

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

Perspective

Strategies to Mitigate Clinician Implicit Bias Against Sexual and Gender Minority Patients

Michal J. McDowell, M.D., M.P.H., Hilary Goldhammer, S.M., Jennifer E. Potter, M.D.,
Alex S. Keuroghlian, M.D., M.P.H.

Background: *Implicit bias is an ingrained, unconscious cultural stereotype that can negatively affect a person's interactions with members of stigmatized groups, including sexual and gender minorities. Clinician implicit biases may negatively impact the quality of patient care.*
Methods: *This article uses 4 case scenarios to illustrate how implicit bias among psychiatrists and other clinicians can affect patient-clinician communication and diminish the quality of health care provided to sexual and*

gender minority people. We offer strategies for clinicians to recognize, challenge, and address implicit bias.

Discussion: *Through continuing education, self-reflection, and practice, psychiatrists and other clinicians can improve communication and foster more affirming care experiences for their sexual and gender minority patients, with the goal of addressing and ultimately eliminating sexual and gender minority health disparities.*

(Psychosomatics 2020; ■:■-■)

Key words: sexual minority, gender minority, implicit bias, unconscious bias, LGBT, communication.



PERSPECTIVES

Distinguishing and Addressing Gender Minority Stress and Borderline Personality Symptoms

Hilary Goldhammer, SM, Cary Crall, MD, and Alex S. Keuroghlian, MD, MPH

Abstract: As transgender and gender-diverse people are gaining increased visibility in clinical settings, clinicians are requesting better guidance on providing affirming care to improve the mental health and well-being of these patients. In particular, more direction is needed on whether, when, and how to diagnose and treat borderline personality disorder among gender minorities, partially in response to beliefs among some mental health clinicians that a gender minority identity may be a manifestation of identity diffusion. In this Perspectives article, we argue that gender minority identity, even when fluid, is rarely a sign of identity diffusion. By taking a careful history of a patient's gender identity development, the clinician can clarify and gain more conviction regarding the presence of a patient's gender minority identity. Moreover, multiple stigma-related stressors experienced by gender minorities may produce symptoms and behaviors that can mimic or be consistent with certain diagnostic criteria for borderline personality disorder. We therefore conclude with recommendations for adopting a gender-affirming framework to treat borderline personality symptoms when present among gender minority patients, with implications for future research and practice.

Keywords: borderline personality disorder, gender dysphoria, gender identity, gender minority, transgender



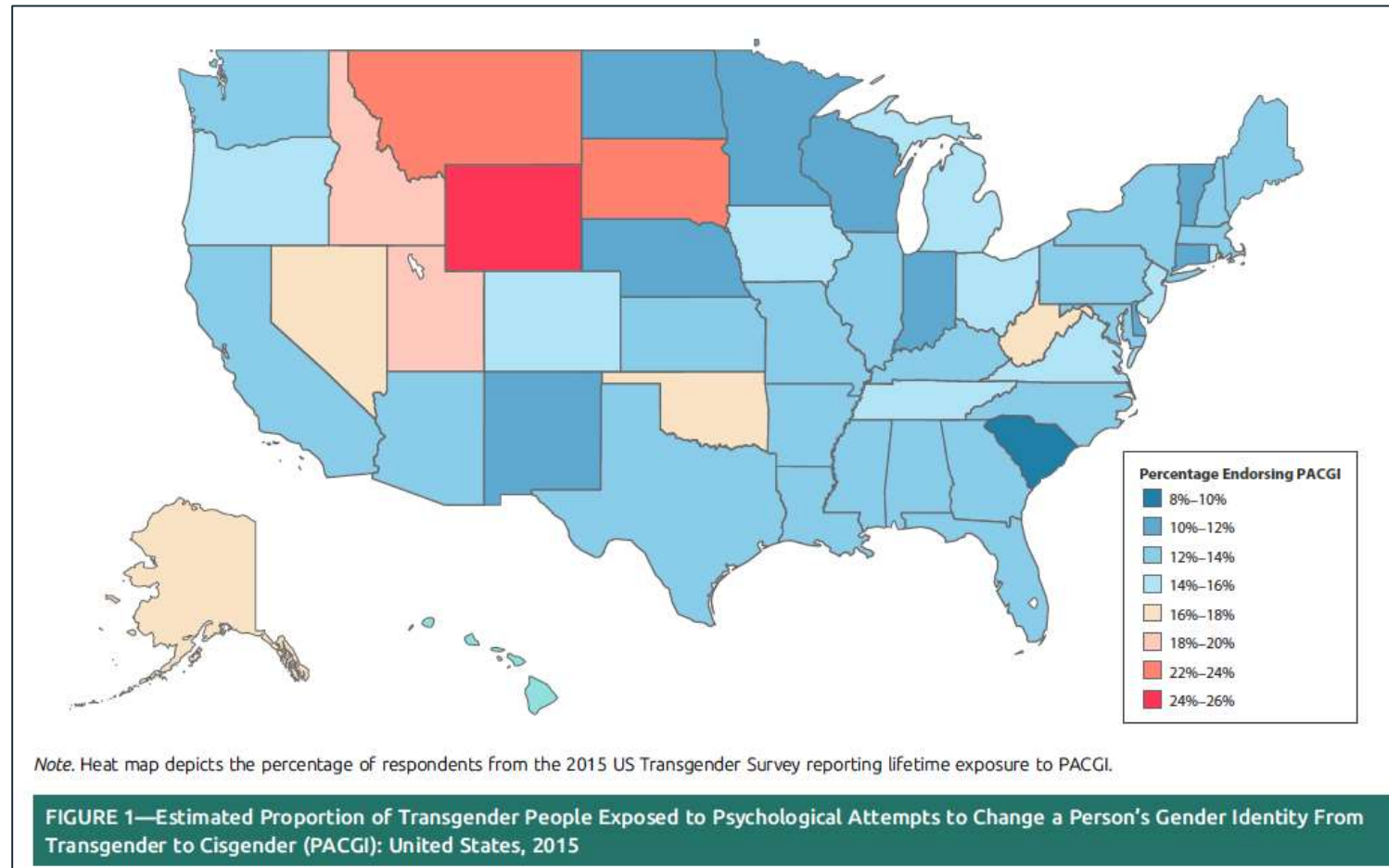
Prevalence of Status Quo Interventions

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

Gender Identity Conversion Efforts Across the United States



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%



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

2015 U.S. Transgender Survey

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

Mental Health Effects of Conversion Efforts

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

Conversion Efforts Associated with Increased Odds of Suicide Attempts

- Lifetime exposure associated with:
 - lifetime suicidal attempt (aOR 2.27; 95% CI 1.09 to 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-type professionals

Take Two: Asking Communities What Health Care They Want

PLOS ONE

RESEARCH ARTICLE

Understanding community member and health care professional perspectives on gender-affirming care—A qualitative study

Stephanie Loo ^{1,2}, Anthony N. Almazan ³, Virginia Vedilago¹, Brooke Stott¹, Sari L. Reisner^{1,3,4,5}, Alex S. Keuroghlian^{1,3,6*}

PATH

Plan and Act for Transgender Health

Social Gender Affirmation for Youth Associated with Good Adult Mental Health



ELSEVIER

JOURNAL OF
ADOLESCENT
HEALTH

www.jahonline.org

Original article

Timing of Social Transition for Transgender and Gender Diverse Youth, K-12 Harassment, and Adult Mental Health Outcomes

Jack L. Turban, M.D., M.H.S.^{a,*}, Dana King, A.L.M.^b, Jason J. Li, B.A.^c, and Alex S. Keuroghlian, M.D., M.P.H.^{b,d}

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Article history: Received February 11, 2021; Accepted June 1, 2021

Pubertal Suppression Associated with Decreased Lifetime Suicidal Ideation

PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation

Jack L. Turban, MD, MHS,^a Dana King, ALM,^b Jeremi M. Carswell, MD,^c Alex S. Keuroghlian, MD, MPH^{ab}

 **REUTERS** JANUARY 23, 2020 / 4:12 PM / UPDATED 2 YEARS AGO

For some trans youth, suicide risk lowers with puberty suppression

 **health** Life, But Better Fitness Food Sleep Mindfulness Relationships LIVE TV Edition

Puberty blockers can be 'life-saving' drugs for trans teens, study shows

Gender-affirming Hormones in Adolescence Associated with Better Adult Mental Health

PLOS ONE

RESEARCH ARTICLE

Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults

Jack L. Turban^{1*}, Dana King², Julia Kobe², Sari L. Reisner^{2,3,4,5}, Alex S. Keuroghlian^{2,6,7}

NEWS

Early access to gender-affirming hormones linked to better mental health, study finds

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OUT HEALTH AND WELLNESS

Early access to gender-affirming hormones linked to better mental health, study finds

Trans people who had access to hormones during their early teens had less than half the odds of past-year suicidal thoughts than those who could not access them.

Understanding “Detransition” and Dynamic Gender Presentations

Factors Leading to “Detransition” Among Transgender and Gender Diverse People in the United States:
A Mixed-Methods Analysis

Understanding Pediatric Patients
Who Discontinue Gender-Affirming
Hormonal Interventions

JAMA Pediatrics

**Dynamic Gender Presentations: Understanding
Transition and “De-Transition” Among
Transgender Youth**

Journal of the American Academy of
**CHILD & ADOLESCENT
PSYCHIATRY**

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}

PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Factors Associated with Higher PTSD Severity among Transgender Adults

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



Factors Associated with Lower PTSD Severity among Transgender Adults

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

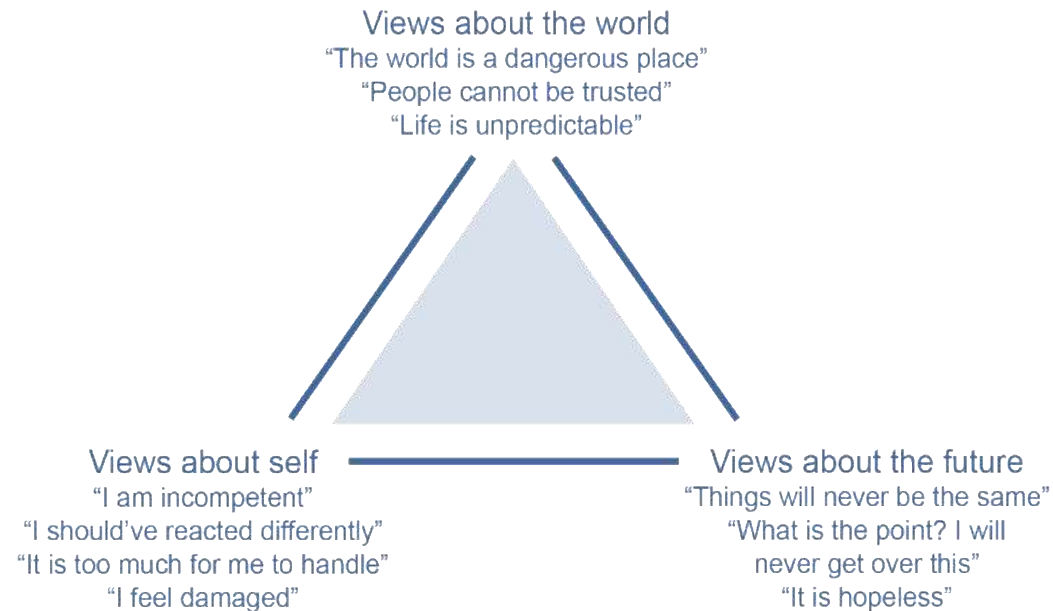


Cognitive Processing Therapy for PTSD

- 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)

Substance Use Disorders among TGD People

- Substance use disorders (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)



Contents lists available at [ScienceDirect](#)

Drug and Alcohol Dependence

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

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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Substance Use Disorders among TGD Adults

- 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 effects of chronic gender minority stress



Contents lists available at ScienceDirect

Drug and Alcohol Dependence

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



Review

Alcohol research with transgender populations: A systematic review and recommendations to strengthen future studies



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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



Screening, Counseling, and Shared Decision Making for Alcohol Use with Transgender and Gender-Diverse Populations

Jacob Arellano-Anderson, BS¹ and Alex S. Keuroghlian, MD, MPH¹⁻³

Abstract

At-risk alcohol use occurs among transgender and gender-diverse (TGD) populations, yet current alcohol use screening tools and guidelines do not distinguish between sex- and gender-related characteristics, having been developed without accounting for natal sex-based physiology, effects of gender-affirming medical care, and gendered drinking behavior among TGD people. More research on how sex- and gender-related factors independently influence alcohol use can help validate gender-inclusive screening protocols and develop evidence-based guidelines meaningful for people of all genders. In the interim, clinicians must be mindful of gender diversity and engage in transparent, collaborative discussions when screening for and counseling about alcohol use.

Keywords: alcohol, counseling, gender identity, nonbinary, screening, transgender

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

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

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., gender identity-related discrimination and victimization, expectations of rejection, identity concealment, and internalized transphobia)
 - SUDs as barriers to personalized 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

Girouard *et al.* (2019)

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)

American Journal of Preventive Medicine

CURRENT ISSUES

Addressing Eating Disorders and Body Dissatisfaction in Sexual and Gender Minority Youth



Hilary B. Goldhammer, SM,¹ Essence D. Maston, PhD,¹ Alex S. Keuroghlian, MD, MPH^{1,2,3}

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 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)

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)

Affirming Gender Identity of Patients With Serious Mental Illness

William B. Smith, M.D., Hilary Goldhammer, S.M., Alex S. Keuroghlian, M.D., M.P.H.

Transgender people who experience serious mental illness represent a uniquely vulnerable population. Because of limited research, however, recommendations for treating this population are scarce. In this article, the authors describe the challenge of recognizing gender dysphoria in people with serious mental illness. They then discuss why existing evidence and clinical experience support provision of gender-affirming

medical and surgical treatments for transgender people who have serious mental illness and also demonstrate capacity to make informed medical decisions. More research is needed to develop evidence-based treatments and programs for transgender people with serious mental illness.

Psychiatric Services 2018; 0:1–3; doi: 10.1176/appi.ps.201800232

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
- Informed consent-based care



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/risks
 - 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 and reproductive considerations; economic and legal challenges)

JAMA Network Insights

Psychopharmacologic Considerations for Transgender and Gender Diverse People

Jack L. Turban, MD, MHS; Marija Kamceva, BS; Alex S. Keuroghlian, MD, MPH

Psychopharmacologic Considerations

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

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. Perlson, Oakland C. Walters and Alex S. Keuroghlian

COMMENTARY ▶

Why Must We Keep Diagnosing Trans People as Ill?



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

BY ALEX KEUROGHLIAN

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

Perlson *et al.* (2020)



THANK YOU!

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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.

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