Behavioral Health Care for Transgender People

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Continuing Medical Education Disclosure

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Gender Identity: The Basics
Gender Identity and Gender Expression

- Gender identity
  - A person's inner sense of being a boy/man/male, girl/woman/female, another gender, or 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 spectrum

A complete glossary of terms is available at [www.lgbthealtheducation.org/publication/lgbt-glossary/](http://www.lgbthealtheducation.org/publication/lgbt-glossary/)
Transgender (vs. Cisgender)

- Gender identity does not correspond with assigned sex at birth
- Alternate terminology
  - Transgender woman, trans woman
  - Transgender man, trans man,
- Non-binary, genderqueer
  - Genderqueer person
- Trans masculine, Trans feminine

www.lgbthealtheducation.org
In a 2013 community-based survey of 452 transgender adults, 40.9% of respondents described themselves as having a non-binary gender identity. (Keuroghlian et al., 2015)

www.lgbthealtheducation.org
DSM-5 Gender Dysphoria (F64._)

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration ...

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability

.1 adolescence & adulthood .8 other gender identity disorders .9 unspecified
People may use 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).

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>He</td>
<td>Him</td>
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<td>He is in the waiting room. The doctor is ready to see him. That chart is his.</td>
</tr>
<tr>
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<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
<td>They are in the waiting room. The doctor is ready to see them. That chart is theirs.</td>
</tr>
<tr>
<td>Ze</td>
<td>Hir</td>
<td>Hirs</td>
<td>Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.</td>
</tr>
</tbody>
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Gender Minority Stress Framework

External Stigma-Related Stressors → General Psychological Processes → Internal Stigma-Related Stressors → Behavioral Health Problems → Physical Health Problems

Adapted from Hatzenbuehler, ML (2009)
Interpersonal Stigma

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Structural Stigma

- Structural, or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people, as well as policies that unintentionally restrict these opportunities.

www.lgbthealtheducation.org
Intrapersonal Stigma

“...And to the degree that the individual maintains a show before others that [they themselves] do not believe, [they] can come to experience a special kind of alienation from self and a special kind of wariness of others.” (Goffman, 1978)
Depression and Anxiety among Transgender Adults

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

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);

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

Factors Associated with Higher PTSD Severity in Transgender Adults

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

(Reisner et al., 2016)
Factors Associated with Lower PTSD Severity in Transgender Adults

- Younger age
- Transmasculine spectrum gender identity
- Medical gender affirmation

(Reisner et al., 2016)
Addictions among Transgender People

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

(Flentje et al., 2015; Benotsch et al., 2013; Santos et al. 2014)
Gender Minority Stress and Substance Use among Transgender People

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

(Nutbrock *et al.*, 2014b; Rowe *et al.*, 2015)
Gender Minority Stress and Substance Use among Transgender People

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

(Grant et al., 2015; Poteat et al., 2013; Wilson et al., 2015)
Substance Use Disorders among Transgender Adults

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

(Keuroghlian et al., 2015)
Psychiatric Diagnoses, Acuity and Outpatient Engagement

- Retrospective review of EHR data from:
  - 201 transgender-identified patients,
  - 19-64 years old,
  - presented for one or more health-care visits between July 1, 2010 and June 30, 2015 at an urban community health center in Boston, MA.

- Not working associated with ANY DIAGNOSIS
- Suicide attempts and older age of hormone therapy initiation associated with SUBSTANCE USE DISORDERS
- Alcohol use disorder, MDD, PTSD, and absence of behavioral health integration associated with ACUITY
- MDD, anxiety disorders, and case management associated with OUTPATIENT TREATMENT ENGAGEMENT

(Keuroghlian et al., in preparation)
Gender-affirming Surgery and Age of Hormone Therapy Initiation

- Retrospective review of EHR data from:
  - 201 transgender-identified patients,
  - 19-64 years old,
  - presented for one or more health-care visits between July 1, 2010 and June 30, 2015 at an urban community health center in Boston, MA.

- Accessing gender-affirming treatments is associated with better mental health, higher socioeconomic status, and identifying as straight/heterosexual

(Beckwith, Reisner, Zaslow, Mayer, Keuroghlian, *in press*)
Effective Communication: The Whole Team
Affirmative Care for Transgender and Gender Non-Conforming People:

Best Practices for Front-line Health Care Staff

Updated Fall 2016
Anticipating and Managing Expectations

- Transgender people have a history of experiencing stigma and discrimination in health care 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
Avoiding Assumptions

- You cannot assume someone’s gender identity based on how they look or sound
- To avoid assuming gender identity with new patients:
  - *Instead of:* “How may I help you, sir?”
  - *Say:* “How may I help you?”
  - *Instead of:* “He is here for his appointment.”
  - *Say:* “The next person is waiting in the reception area.”
Gender Minority Stress Treatment Principles for Behavioral Health 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 transgender people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of gender
Gender Identity and Co-occurring Psychiatric Disorders

- Often impede gender identity exploration and alleviation of distress
- Need to stabilize co-occurring psychiatric symptoms for facilitation of gender identity discovery and affirmation
- WPATH guidelines for reasonable control of co-occurring disorders
Role of Behavioral Health Clinician in Gender Affirmation Process

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

- Explore gender identity, expression, and role
- Focus on reducing internalized transphobia
- Help improve body image
- Facilitate adjustment through affirmation process (physical, psychological, social, sexual, reproductive, economic, and legal challenges)
Video: Hunter
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 transgender clients:
  - Minority stress-specific triggers for cravings (e.g. nonconformity-related discrimination and victimization, expectations of rejection, identity concealment, and internalized transphobia)
  - SUDs as barriers to personalized goals of adequate ART/PrEP adherence or consistent condom use
  - Assertive substance refusal with non-transgender sex partners; HIV risk from hormone and silicone self-injections; SUDs as barriers to personalized goal of successful gender affirmation
Cognitive Processing Therapy for PTSD

- Adapting selected components of cognitive processing therapy for PTSD

- **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 Processing Therapy for Minority Stress

- **Possible tailoring for transgender clients:**
  - Focus on how transgender-specific stigma causes posttraumatic stress (e.g. avoidance, mistrust, hypervigilence, 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 homophobia/transphobia);
  - Decreasing avoidance (e.g. isolation from transgender community or medical care);
  - Impact of minority stress on PrEP adherence or condom use.
Safe Communities and Spaces

- Encourage clients to utilize peer support resources (online or in-person), and community organizations dedicated to affirming gender diversity
- Provide advocacy within public mental health systems for gender-variant residents of group homes and homeless shelters
- Transgender competency training for staff
Consideration of Clozapine and Gender-Affirming Medical Care for an HIV-Positive Person with Schizophrenia and Fluctuating Gender Identity

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Keywords: acquired immunodeficiency syndrome, clozapine, gender identity, hepatitis C, HIV, psychotic disorders, schizophrenia, transgender persons

CASE HISTORY

M is a 52-year-old patient, assigned male sex at birth, with schizophrenia, posttraumatic stress disorder, and cannabis/alcohol use disorders. He has a history of exacerbations of psychosis with belligerence, physical and sexual assaults. These hospitalizations have frequently been associated with use of substances (marijuana, synthetic cannabinoids, synthetic cannabinoids, crack cocaine, or alcohol) and is intrusive and sexually provocative. During exacerbations of psychosis the patient has had difficulty maintaining appropriate boundaries, resulting in numerous physical alter-
Clinical Case of Patient ‘M’

- 52-year-old assigned male sex at birth
- Psychiatric diagnoses of schizophrenia, PTSD, and polysubstance use disorder (no evidence of dissociative identity disorder)
- Medical diagnoses of HIV, hepatitis C, and non-insulin dependent diabetes
- Admitted to government-sponsored group home after two-year state hospitalization
HPI

- Psychotic illness beginning at age 17
- Over 40 hospitalizations for psychosis (delusions, hallucinations, disorganization) with belligerence, physical aggression, and suicidal or violent ideation
- Hospitalizations frequently associated with 1) use of marijuana, synthetic cannabinoids, crack cocaine or alcohol and 2) medication non-adherence
HPI

- During periods of better symptom control, M is friendly and able to engage with staff and peers.
- During periods of acute illness, M has paranoid delusions with themes of physical assault, sexual violation, or involuntary procedures.
- M has auditory and visual hallucinations of angels and demons, and grandiose delusions of becoming a famous recording artist.
HPI

- During exacerbated psychosis, M is intrusive, sexually provocative, and has difficulty maintaining boundaries, resulting in numerous physical altercations and A&B charges
- Never held criminally responsible due to mental illness, but held involuntary for long periods on forensic units
HPI

- M has diagnosis of PTSD related to multiple physical and sexual assaults
- Physical and sexual abuse in childhood by primary caregiver, numerous sexual assaults in adulthood while homeless and engaging in sex work (30-40 sexual assaults)
- PTSD symptoms include flashbacks, nightmares, avoidance of certain places, and difficulty recalling important details of assaults
HPI

- Homeless throughout most of 1990s, then hospitalized majority of 1998-2013
- Antipsychotic trials during this time chlorpromazine, fluphenazine decanoate, haloperidol, quetiapine, and risperidone (oral and long-acting intramuscular injections)
- Brief trial of clozapine in 2001-2002 with reportedly good results, discontinued in the setting of outpatient nonadherence
Substance Use History

- Substance use history notable for longstanding, problematic use of alcohol (binge pattern), crack cocaine, and marijuana
- In past three years also began to smoke synthetic cannabinoids (primarily “K2”), leading to worsening psychotic symptoms
Social History

- Born to intact African American family in small Southern town, eighth of 11 siblings
- Father diagnosed with schizophrenia
- First moved to Boston at 8 years old
- First sexual relationship at 17 years old, all sex partners have been cisgender men, intermittent sex work
- Has had some brief jobs, now receives SSDI
Gender Identity History

- Reports gender non-conforming behaviors since age 7, with associated harassment and sexual abuse by peers
- M reports having questions about male gender identity since puberty and recounts developing “female” legs and breasts
- M began to identify as a “gay man” in late adolescence yet also describes identifying as a woman during this time, dressed intermittently in feminine attire
Gender Identity History

- M describes having been “pregnant” at age 18 and losing the fetus after being kicked in the stomach.
- Records from 2001-2014 indicate patient self-identified at times as female, at other times as male.
- Clinical staff concerned that M tended to endorse female gender identity during periods of increased disorganization/psychosis, and male identity when psychiatric symptoms better controlled.
Gender Identity History

- Over several years, intermittently used medically unmonitored feminizing hormones obtained from the streets
- When being introduced to others, M would provide a traditionally male first name assigned at birth
- Since discharge to group home, M intermittently attempted to wear feminine attire but was discouraged from doing so by group home due to concerns of assault for gender non-conformity
Recent Case History

- Over two months, M developed more distressing delusions (fearing harm from strangers on the street, reporting sexual assault at night by angels)
- Reports being pregnant, citing “contractions” and requesting referral to obstetrician “to take this baby out of me”
- Ultrasound showed no gallbladder or intra-abdominal pathology
Recent Case History

- Developed worsening paranoid delusions about being followed, threatened with a knife and raped
- Struck another group home client during an argument, resulting in acute psychiatric hospitalization
- Due to treatment-refractory psychosis, agitation, and physical violence, hospital initiated clozapine
Recent Case History

- Ongoing nightmares, visual hallucinations of angels, auditory hallucinations of demons; resolved delusions of ongoing sexual assaults
- Ongoing belief about being pregnant and able to give birth, but only mentions this when asked directly and no longer requesting to see an obstetrician
- Improved mood stability, behavioral regulation, and ability to engage calmly with staff and peers
Recent Case History

- Significantly more able to participate in long-term planning of routine medical care
- Expressing interest in feminizing hormones (obtained from street in the past) and breast augmentation surgery
Questions

1. How do we assess, diagnose, and treat transgender clients with co-occurring severe mental illness?

2. How do we assess, diagnose, and treat transgender clients with co-occurring PTSD?

3. How do we identify and address the adverse effects of everyday discriminatory experiences when treating transgender clients?
Gender Identity

- Marked misalignment between internal gender identity and sex assigned at birth of at least 6 months duration (DSM-5)
- Reports experiencing gender misalignment consistently for the past year
- Has presented as only female for several years in the remote past
Gender Identity

- Recurring incongruence between internal gender identity and physical sex characteristics
- Marked desire to replace certain male sex characteristics with female ones via feminizing hormones and breast augmentation surgery
Gender Identity and Psychosis

- M exhibited female gender identity in early adolescence, several years prior to onset of psychotic symptoms at 17yo
- Female gender identity persists, even now that less preoccupied with delusions of pregnancy and significantly more capable of participating in planning own medical care
Gender Identity and Psychosis

- Is female identity derived from, or amplified by, psychosis?
- Alternative hypothesis: during psychiatric decompensation and disinhibition, less concerned about stigmatization, rejection, and abandonment
- Psychotic episodes may involve more unfiltered expression of innate gender identity
Gender Identity and Psychosis

- Inconsistent use of male vs. female pronouns in a given conversation and self-report of female anatomy or being pregnant may indicate presence of disordered thinking, not absence of real gender misalignment.
Gender Diversity

- Cannot assume fluctuations in gender identity over time could only result from psychiatric instability
- Gender identity often fluid and evolves naturally over time
- Some people live most comfortably part-time in alternating masculine and feminine gender roles
Gender Diversity

- Fluctuating gender presentation may be prolonged process of gender identity exploration until transitioning full time to a single gender expression.
- In other cases, people feel most comfortable with fluid gender expression that fluctuates long-term without needing to settle on one permanent gender expression.
Gender Diversity

- Gender is non-binary and not restricted to either masculine or feminine categorical states.
- M may have an intrinsically non-binary gender identity and has not yet developed conceptual framework, language, or self-awareness to describe this.
Gender Diversity

- Inconsistent endorsement of male and female gender identities within a single conversation may indicate thought disorganization, or challenge in conceptualizing and communicating core experiences of non-binary gender identity.

- Important role for behavioral health clinicians to assist clients in exploring and understanding gender identity (fluid over time, non-binary, etc.).
Gender Identity and PTSD

- Patient continues to experience symptoms of PTSD related to physical and sexual abuse
- If psychosis reasonably well controlled, would benefit from evidence-based trauma-focused treatment (e.g. Cognitive Processing Therapy)
- Important to discuss limitation of medical gender affirmation for relieving persistent symptoms of psychological trauma stemming from sexual abuse
Co-occurring Psychiatric Disorders

- Need to make every effort to stabilize co-occurring symptoms of psychosis, PTSD, and substance use.
- Cannot withhold information about gender-affirming medical care from patients if co-occurring psychiatric disorders reasonably controlled.
Harm Reduction

- In cases where co-occurring psychiatric disorders remain unstable despite full treatment, harm reduction principles must guide clinical management.
Clinical Case: Update on ‘M’

- Currently presents as conventionally male (manicured beard, short hair, masculine clothing)
- Acknowledges male sexual anatomy
- Using she-series pronouns and traditionally female name
Clinical Case: Update on ‘M’

- Continues to express interest in hormone therapy and breast augmentation surgery
- Recently prescribed spironolactone as a gender-affirming medical intervention
- She and her treatment team actively discuss her gender identity and related goals