



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Behavioral Health Care for Transgender Adults

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Continuing Medical Education Disclosure

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- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

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DSM-5 Gender Dysphoria (F64._)

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

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

APA (2013)



Gender Minority Stress Treatment Principles for 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



Depression and Anxiety among Transgender Adults

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

Budge, Adelson and Howard (2016)



Health Disparities (2015 U.S. Transgender Survey)

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

James *et al.* (2016)



Suicidality: Transgender and LGBTQ Adults

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



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



Suicidality (2015 U.S. Transgender Survey)

In the preceding 12 months:

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

James *et al.* (2016)



Adverse Impact of Lifetime Conversion Therapy Exposure

- Survey of 27,715 transgender adults in the U.S.
- 14% reported gender identity conversion therapy
- Lifetime exposure associated with:
 - lifetime suicidal attempt (aOR 2.14, 99.9% CI 1.47 to 3.10; $P < .0001$)
 - greater than 20 suicide attempts (aOR 2.52, 99.9% CI 1.11 to 5.27; $P = .0002$)
- No difference in outcomes between conversion therapy by religious advisor versus secular-type professionals

Turban *et al.*, under review



Adverse Impact of Conversion Therapy Exposure Before Age 10

- Exposure before age 10 associated with:
 - Unemployment and lower household income in adulthood
 - lifetime suicide attempt (aOR 4.98, 99.9% CI 2.39 to 10.42; $P < .0001$)
 - more than 20 suicide attempts (aOR 5.99, 99.9% CI 1.49 to 23.81; $P < .0001$)

Turban *et al.*, under review



Factors Associated with Higher PTSD Severity in Transgender Adults

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



Reisner *et al.* (2016)



Factors Associated with Lower PTSD Severity in Transgender Adults

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



Reisner *et al.* (2016)



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

Nuttbrock *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)



Alcohol Research with Transgender Populations

- Current definitions of hazardous drinking do not consider complexity of physical sex and gender
 - Doubts regarding validity, applicability and use with these populations
- Systematic review of English language, peer-reviewed journals, published 1990-2017, and extracted key details
 - e.g., sample composition, alcohol measures, results
- 44 studies met all inclusion criteria

Gilbert *et al.* (2018)



Alcohol Research with Transgender 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 transgender populations
 - Shifting beyond cross-sectional study designs

Gilbert *et al.* (2018)



Opioid Use Disorders among Transgender People

- Transgender middle school and high school students in California more than twice as likely to report recent prescription pain medication use compared to other students
- Transgender adults on Medicare were found to have an 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)



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)

Co-occurring Opioid Use and Psychiatric Disorders

- Dual diagnosis approach to treatment
 - Integration of addictions treatment with behavioral health services
- Individual and group therapy programs rooted in a gender minority stress framework
- Leveraging transgender community solidarity as a source of resilience and self-efficacy



Fenway's Two Models of Buprenorphine Treatment

- Buprenorphine clinic in BH department
 - Weekly clinic with psychiatric prescriber, buprenorphine group meets concurrently
 - Leverages treatment contingencies and behavioral reinforcement paradigms
- Harm reduction model for buprenorphine in primary care
 - Initiated in Fall 2017 in response to opioid epidemic
 - Led by nurse practitioner based in medical department

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



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 being employed 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**

Beckwith *et al.*, under review



Factors Associated with Gender-Affirming Surgery and Age of Hormone Therapy Initiation Among Transgender Adults

Noor Beckwith,^{1,2} Sari L. Reisner,²⁻⁵ Shayne Zaslow,^{3,6} Kenneth H. Mayer,^{2,3,7} and Alex S. Keuroghlian^{1-3,*}

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 *et al.* (2017)



Body Image Dissatisfaction

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

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



Body Image Dissatisfaction

- Treating pre-pubertal GM children with gonadotropin-releasing hormone agonists to suppress puberty, and then providing them with gender-affirming medical interventions in later adolescence, has been shown to increase body satisfaction and decrease eating disorders and depression.
- Pubertal suppression, however, may initially create body dissatisfaction for GM youth who are bothered by looking younger than their peers.

De Vries *et al.* (2011)

Weight-related Disparities

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

Vankim *et al.* (2014)



Discussing Body Image

- In discussing weight loss or gain with transgender 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.

Treating Eating Disorders

- Enhanced Cognitive Behavioral Therapy for Eating disorders (CBT-E) (Fairburn 2008)
- Family-based Treatment (FBT) (Courturier *et al.*, 2013)
- Interpersonal therapy (IPT) (Rieger *et al.*, 2010)
- Dialectical Behavior Therapy (DBT) (Safer *et al.*, 2001).
- Clinicians must be attentive to unique sociocultural factors, minority stressors that amplify risk for eating disorders (Calzo *et al.*, 2017).

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)



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



Promoting Resilience in Trauma-Informed Care

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

SAMHSA (2014)



Promoting Resilience through Strengths-oriented Questions

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

SAMHSA (2014)



Promoting Resilience through Strengths-oriented Questions

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

SAMHSA (2014)



Case Scenario

- 26yo undocumented Latinx transgender woman
- major depressive disorder, alcohol use disorder (8-10 beers daily)
- Two prior suicide attempts (overdose, hanging)
- No current psychiatric medications or psychotherapy
- Minimal social supports, currently unemployed and unstably housed
- Presents requesting feminizing hormone therapy and breast augmentation surgery

Case Discussion

1. What are some psychosocial considerations when formulating the patient's case?
2. Which steps would you take in initiating a treatment plan for the patient?
3. How would you respond to patient seeking feminizing hormone therapy and breast augmentation surgery?

Thank you!



