



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

# Behavioral Health Care for Transgender Adults

Alex Keuroghlian, MD, MPH

The National LGBT Health Education Center

September 21-23, 2018

 NATIONAL LGBT HEALTH  
EDUCATION CENTER  
A PROGRAM OF THE FENWAY INSTITUTE

 HARVARD  
MEDICAL SCHOOL

  
Massachusetts League  
*of Community Health Centers*

# Continuing Medical Education Disclosure

- Program Faculty: Alex S. Keuroghlian, MD, MPH
- Current Position: Psychiatrist, Massachusetts General Hospital; Director, The National LGBT Health Education Center; Assistant Professor of Psychiatry, Harvard Medical School
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

It is the policy of The National LGBT Health Education Center, Fenway Health that all CME planning committee/faculty/authors/editors/staff disclose relationships with commercial entities upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.



# Minority Stress Framework

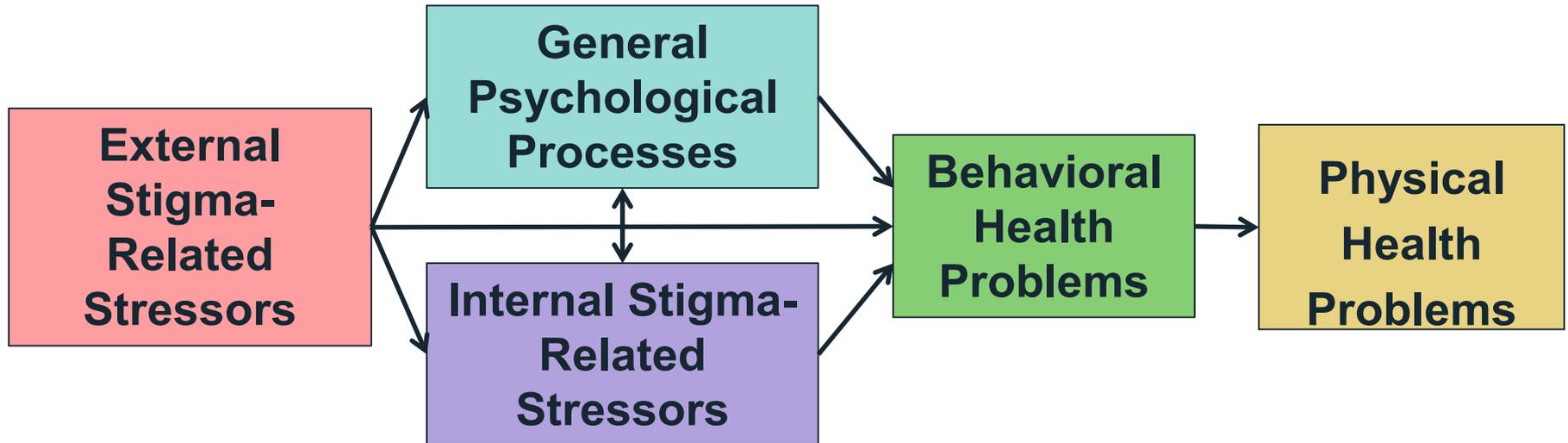
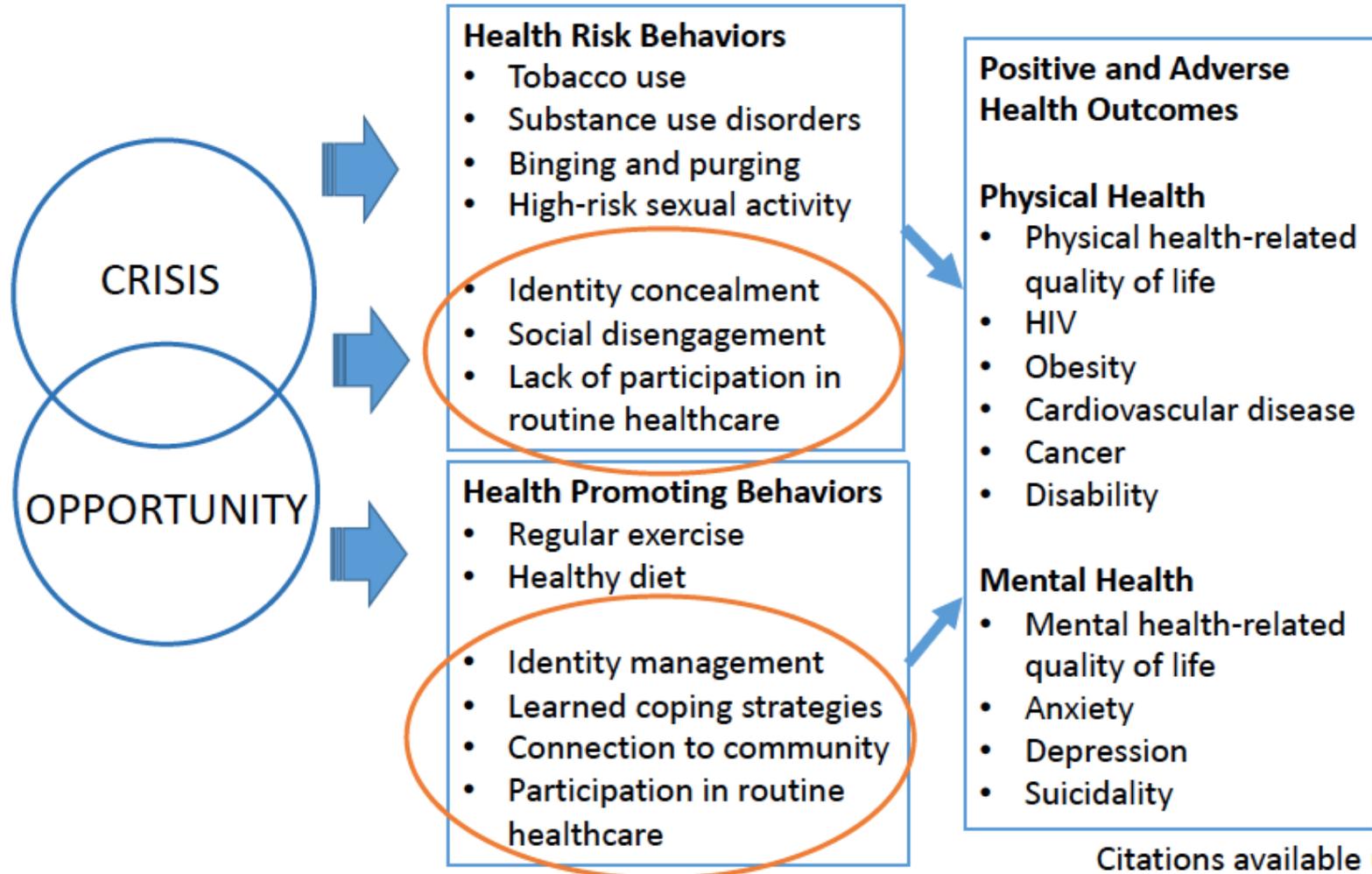


Fig. 1. Diagram adapted from "How does sexual minority stigma get "under the skin?" (Hatzenbuehler, 2009)

# Adaptive Coping Model



Citations available upon request.



# 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 gender-diverse people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of gender



# 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)



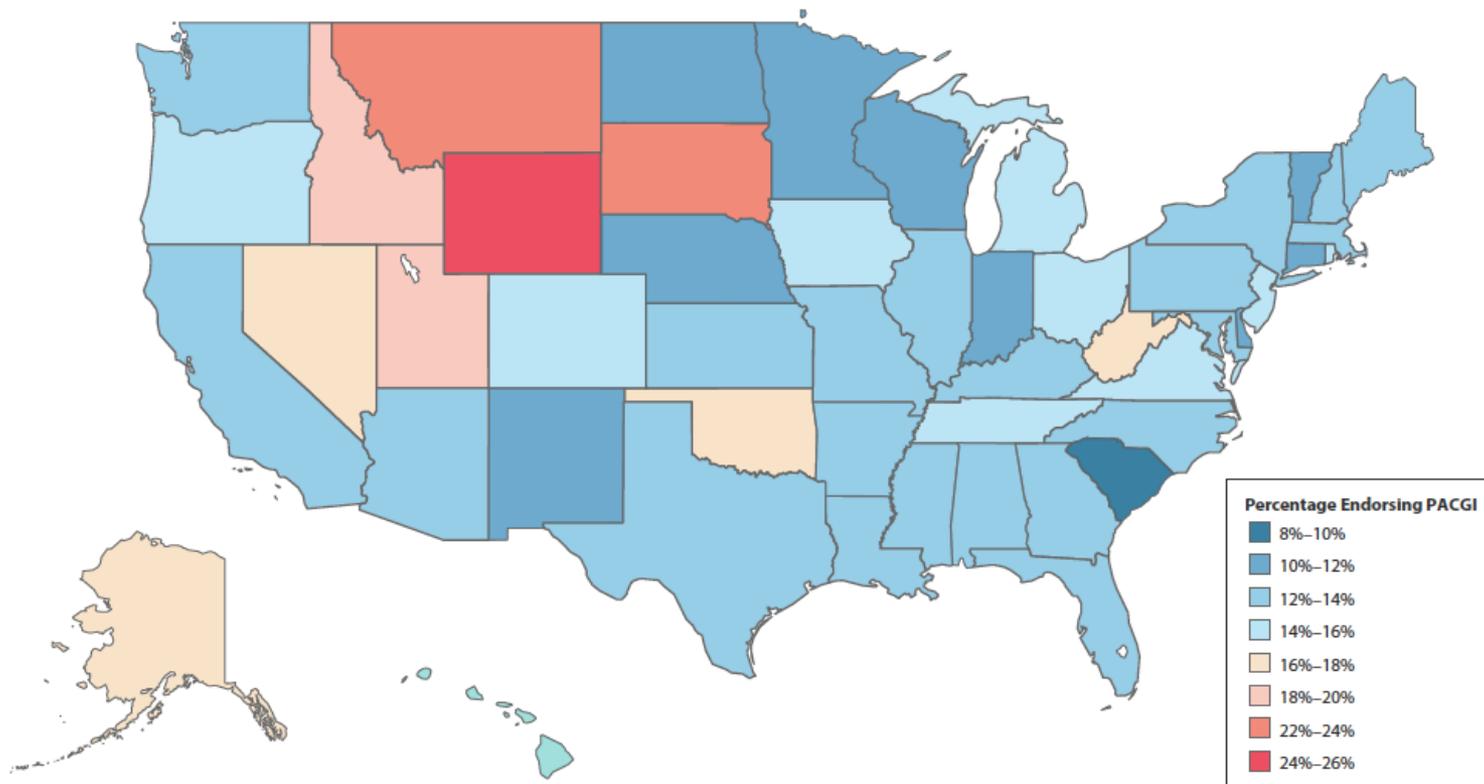
# Psychological Attempts to Change a Person's Gender Identity From Transgender to Cisgender: Estimated Prevalence Across US States, 2015

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

---



# Gender Identity Conversion Efforts Across U.S. States



Note. Heat map depicts the percentage of respondents from the 2015 US Transgender Survey reporting lifetime exposure to PACGI.

FIGURE 1—Estimated Proportion of Transgender People Exposed to Psychological Attempts to Change a Person's Gender Identity From Transgender to Cisgender (PACGI): United States, 2015

Turban *et al.*, 2019 (AJPH)



# 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)



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



# Gender Identity Conversion Efforts and Suicide Attempts

- Survey of 27,715 transgender adults in the U.S.
- 13.5% reported exposure
- Lifetime exposure associated with:
  - lifetime suicidal attempt (aOR 2.27, 95%, CI 1.60-3.24;  $P < .001$ )
- 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 therapy by religious advisor versus secular-type professionals



# 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)





Contents lists available at [ScienceDirect](#)

## Drug and Alcohol Dependence

journal homepage: [www.elsevier.com/locate/drugalcdep](http://www.elsevier.com/locate/drugalcdep)

Full length article

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

Alex S. Keuroghlian<sup>a,b</sup>, Sari L. Reisner<sup>a,c,\*</sup>, Jaclyn M. White<sup>a,d</sup>, Roger D. Weiss<sup>b,e</sup>

<sup>a</sup> *The Fenway Institute, Fenway Health, 1340 Boylston Street, Boston, MA 02215, USA*

<sup>b</sup> *Department of Psychiatry, Harvard Medical School, 25 Shattuck Street, Boston, MA 02115, USA*

<sup>c</sup> *Department of Epidemiology, Harvard School of Public Health, 677 Huntington Avenue, Boston, MA 02115, USA*

<sup>d</sup> *Chronic Disease Epidemiology, Yale School of Public Health, 333 Cedar Street, New Haven, CT 06510, USA*

<sup>e</sup> *Division of Alcohol and Drug Abuse, McLean Hospital, 115 Mill Street, Belmont, MA 02478, USA*



# 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)





Contents lists available at ScienceDirect

## Drug and Alcohol Dependence

journal homepage: [www.elsevier.com/locate/drugalcddep](http://www.elsevier.com/locate/drugalcddep)



### Review

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



Paul A. Gilbert<sup>a,\*</sup>, Lauren E. Pass<sup>a</sup>, Alex S. Keuroghlian<sup>b,c,d</sup>, Tom K. Greenfield<sup>e</sup>, Sari L. Reisner<sup>d,f,g</sup>

<sup>a</sup> Department of Community and Behavioral Health, The University of Iowa, Iowa City, IA, USA

<sup>b</sup> Department of Psychiatry, Massachusetts General Hospital, Boston, MA, USA

<sup>c</sup> Harvard Medical School, Boston, MA, USA

<sup>d</sup> The Fenway Institute, Fenway Health, Boston, MA, USA

<sup>e</sup> Alcohol Research Group, Public Health Institute, Emeryville, CA, USA

<sup>f</sup> Division of General Pediatrics, Boston Children's Hospital, Harvard Medical School, Boston, MA, USA

<sup>g</sup> Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, MA, USA



# 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)





## COMMENTARY

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

Michael P. Girouard, BA<sup>a</sup>, Hilary Goldhammer, SM<sup>b</sup>, and Alex S. Keuroghlian, MD, MPH<sup>a,b,c</sup>

<sup>a</sup>Department of Psychiatry, Harvard Medical School, Massachusetts, USA; <sup>b</sup>National LGBT Health Education Center, The Fenway Institute, Fenway Health, Boston, Massachusetts, USA; <sup>c</sup>Department 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 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 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)



# 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 Epidemiology of Transgender and Nonbinary Adult Patients at an Urban Health Center

Noor Beckwith, MD,<sup>1,2</sup> Michal J. McDowell, MD, MPH,<sup>1,2</sup> Sari L. Reisner, ScD,<sup>2-5</sup> Shayne Zaslou, MA, MS,<sup>3,6</sup>  
Roger D. Weiss, MD,<sup>2,7</sup> Kenneth H. Mayer, MD,<sup>2,3,8</sup> and Alex S. Keuroghlian, MD, MPH<sup>1-3</sup>



# 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.* (2019)



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

Noor Beckwith,<sup>1,2</sup> Sari L. Reisner,<sup>2-5</sup> Shayne Zaslow,<sup>3,6</sup> Kenneth H. Mayer,<sup>2,3,7</sup> and Alex S. Keuroghlian<sup>1-3,\*</sup>

# 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)



# American Journal of Preventive Medicine

---

CURRENT ISSUES

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



Hilary B. Goldhammer, SM,<sup>1</sup> Essence D. Maston, PhD,<sup>1</sup> Alex S. Keuroghlian, MD, MPH<sup>1,2,3</sup>

---



# 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
- 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, then gender-affirming hormone therapy in later adolescence, has been shown to increase body satisfaction and decrease eating disorders and depression
- Pubertal suppression 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, GM students more likely underweight or obese; less likely to meet recommendations for strenuous physical activity, strengthening physical activity, and screen time
- 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 GM 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).

# 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
- 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-diverse residents of group homes and homeless shelters
- Transgender competency training for staff



# Promoting Resilience in 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!**



