



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Care for Transgender and Gender Diverse People

Alex S. Keuroghlian, MD, MPH

Michele and Howard J Kessler Chair and Director, MGH Division of Public and Community Psychiatry

Associate Chief, Public and Community Psychiatry, MGH Department of Psychiatry

Associate Professor of Psychiatry, Harvard Medical School

Principal Investigator, National LGBTQIA+ Health Education Center at The Fenway Institute



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



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Continuing Medical Education Disclosure

- Program Faculty: Alex S. Keuroghlian, MD, MPH;
- Current Position: Michele and Howard J Kessler Chair and Director, Division of Public and Community Psychiatry at Massachusetts General Hospital; Director, Division of Education and Training at The Fenway Institute; Associate Professor of Psychiatry, Harvard Medical School
- Disclosure: Royalties as editor of McGraw Hill Education textbook on transgender and gender diverse health care and an American Psychiatric Association textbook on gender-affirming psychiatric care



Educational Objectives

1. Explain health inequities among transgender and gender diverse (TGD) people
2. Describe culturally responsive tailoring of evidence-based clinical practices for TGD people
3. Apply strategies for building affirming care environments to optimize outcomes for TGD people



LGBTQIA+ Health 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.

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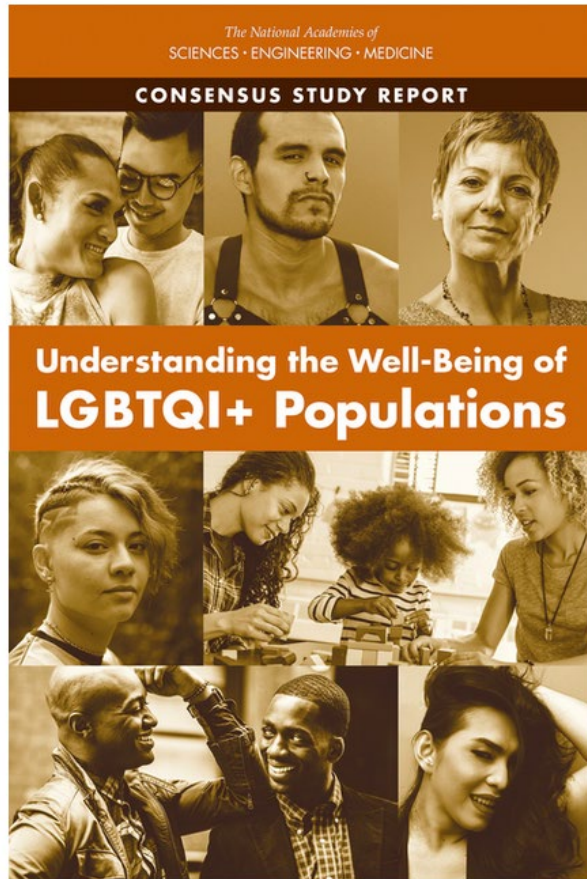
**Creating a Transgender Health Program
at Your Health Center:**

From Planning to Implementation

SEPTEMBER 2018



Health Considerations for Transgender and Gender Diverse People



BOX 1-1 Statement of Task

The Committee on Population (CPOP) of the National Academies of Sciences, Engineering, and Medicine will undertake a consensus study that will review the available data and future research needs on persons of diverse sexualities and genders (e.g., LGBTQ+ and MSM), as well as persons with differences in sex development (sometimes known as intersex), along multiple intersecting dimensions across the life course. Areas of focus will include, but are not limited to, the following:

- Families and social relationships
- Patterns of stigma, violence, and victimization
- Role of community, cultural, educational, healthcare, and religious organizations and institutions
- Civic engagement, political participation, and military service
- Socioeconomic status/stratification, housing, and workforce issues
- Justice and legal systems
- Social change and geographic variations in public attitudes and public policies
- Population health and well-being

From NASEM Consensus Study Report: Understanding the Well-Being of LGBTQI+ Populations (2020)

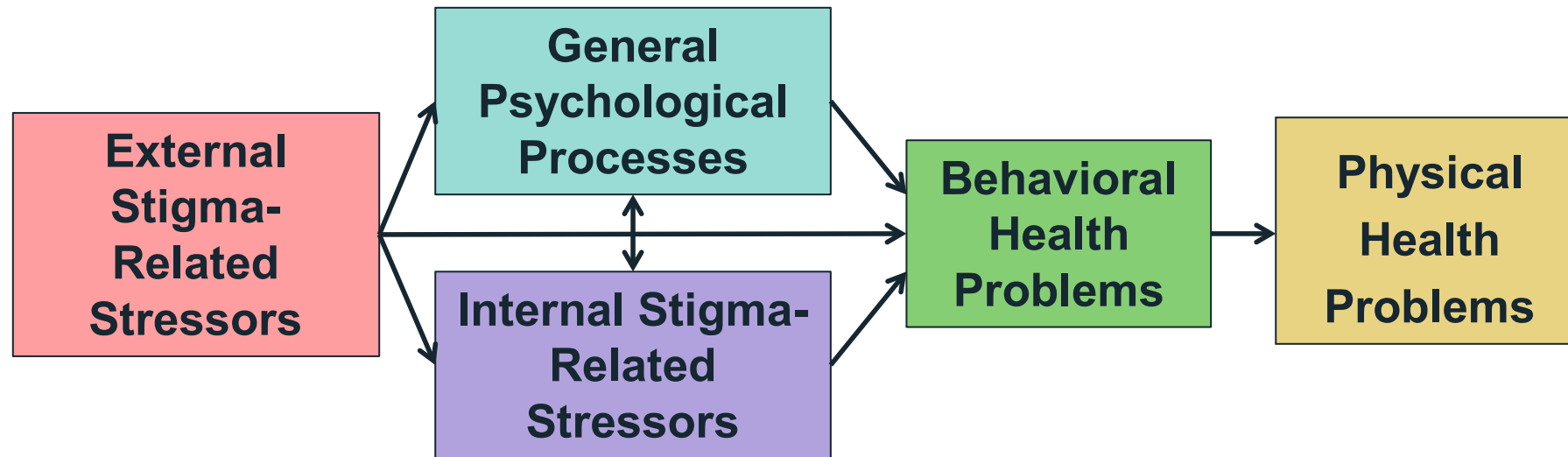


Understanding Gender Affirmation

- The process of undergoing changes to live in greater alignment with one's own gender identity and/or expression, rather than with society's expectations based on the sex assigned at birth. This process can vary widely across the community, but it can include:
 - Psychological affirmation
 - Social affirmation
 - Legal/document changes
 - Medical affirmation
 - Surgical affirmation



Gender Minority Stress Framework



Adapted from Hatzenbuehler (2009)

Minority Stress Care Principles for Clinicians

- Normalize adverse impact of 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

Adapted from Pachankis (2015)



Training All Staff To Mitigate Implicit Bias Against TGD People



Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios

September 2018

 NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

Psychosomatics 2020; ■:■-■

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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.

McDowell et al. (2015)





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

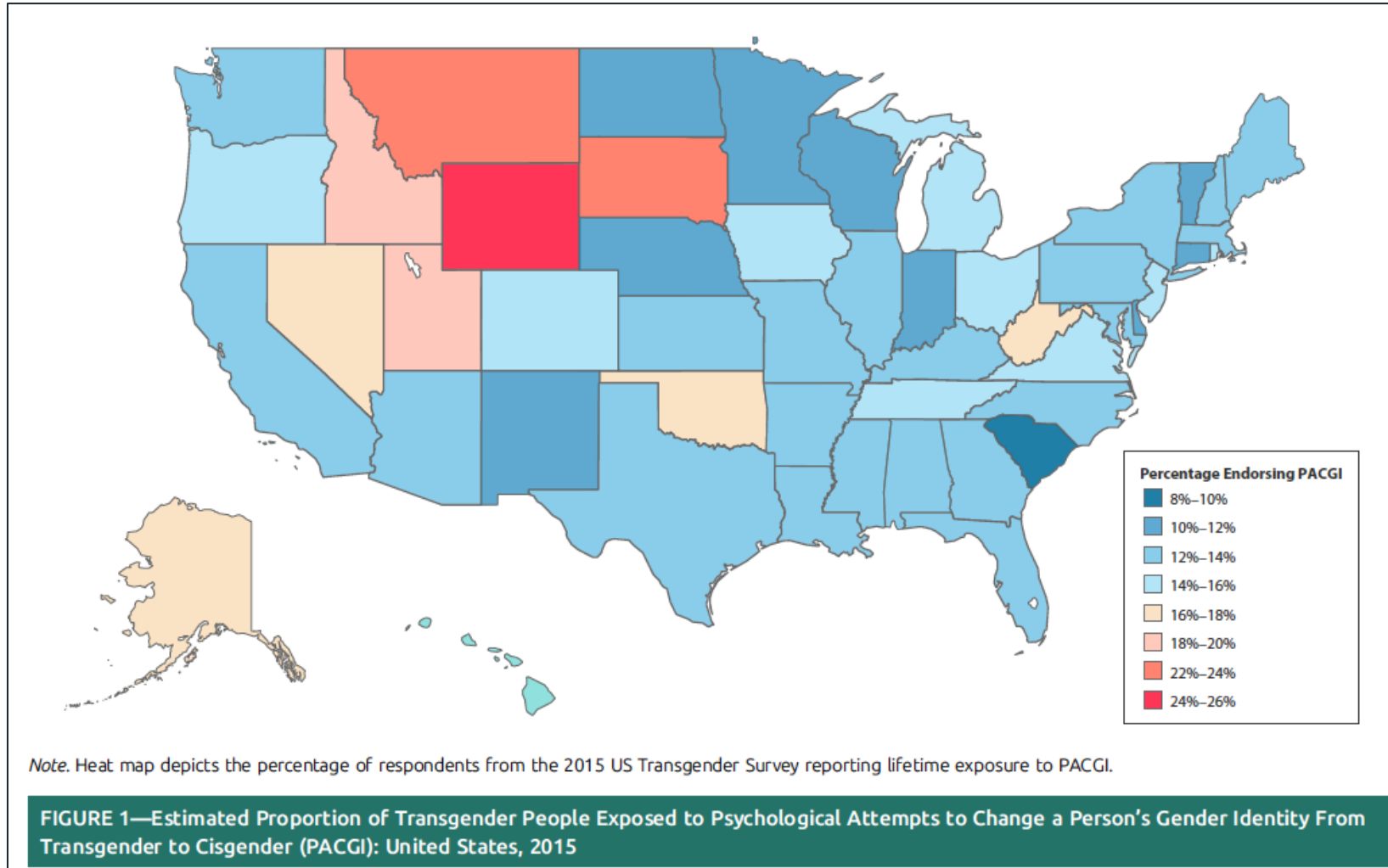
AJPH OPEN-THEMED RESEARCH

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



Conversion Efforts Associated with Increased Odds of Suicide Attempts

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

- 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. Almazan³, Virginia Vedilago¹, Brooke Stott¹, Sari L. Reisner^{1,3,4,5}, Alex S. Keuroghlian^{1,3,6}✉


PATH

Plan and Act for Transgender Health



The context, science and practice of gender-affirming care

Alex S. Keuroghlian, JoAnne Keatley, Simran Shaikh & Asa E. Radix

 Check for updates

Gender-affirming care for transgender and gender diverse people should be inclusive, community led and evidence informed to support mental health and wellbeing.

develop secondary sex characteristics, such as facial hair or breast growth. By the 1960s, several clinics provided hormonal care, including clinics at the University of California Los Angeles and the University of Minnesota⁹. During this period, there was also increased interest at American academic medical centers in gender-affirming surgical interventions, with the first dedicated surgical center established at

nature medicine



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Anti-trans bills targeting gender-affirming healthcare

The United States saw more bills targeting gender-affirming healthcare in 2023 than the last 5 years combined.



Bills targeting access to gender-affirming care by year.



Clinician-Level Implications of Bans on Gender-Affirming Medical Care for Youth in the US

Allysa Warling, BA
Harvard Medical School, Boston, Massachusetts.

Alex S. Keuroghlian, MD, MPH
Department of Psychiatry, Massachusetts General Hospital/Harvard Medical School, Boston; and The National LGBTQIA+ Health Education Center at The Fenway Institute, Boston, Massachusetts.

JAMA Pediatrics

Table. Summary of Proposed Legislation as of July 5, 2022^a

State	Legislation	Bans prescription of gonadotropin-releasing hormone analogues	Bans prescription of exogenous estradiol or testosterone	Bans gender-affirming surgeries	Bans referrals	Bans public funds for gender-affirming care	Gender-affirming care considered child abuse or genital mutilation	Violation
Alabama	HB 266/SB 184	Yes	Yes	Yes	No	No	No	Felony
Alabama	HB 150/SB 5	Yes	Yes	Yes	No	No	No	Felony
Arizona	SB1045	Yes	Yes	Yes	No	No	No	Felony
Arizona	SB 1130	Yes	Yes	Yes	No	No	No	Felony
Arizona	SB1138/HB2608	Yes	Yes	Yes	Yes	Yes	No	Civil
Florida	H0211	Yes	Yes	Yes	No	No	No	Misdemeanor
Idaho	H0675	Yes	Yes	Yes	No	No	Yes	Felony
Indiana	SB0034	Yes	Yes	Yes	No	No	Yes	Misdemeanor or felony
Kentucky	SB84	Yes	Yes	Yes	Yes	Yes	No	Civil
Louisiana	HB570	Yes	Yes	Yes	Yes	Yes	No	Civil
Missouri	HB 2649	Yes	Yes	Yes	Yes	Yes	No	Civil
Missouri	SB843	Yes	Yes	Yes	No	No	Yes	Civil
Mississippi	SB2111	Yes	Yes	Yes	No	No	No	Civil
Mississippi	SB2728	Yes	Yes	Yes	Yes	Yes	No	Civil
New Hampshire	HB1651	Yes	Yes	Yes	No	No	Yes	Varies
Oklahoma	SB676	Yes	Yes	Yes	No	No	No	Felony
Oklahoma	HB 3240	Yes	Yes	Yes	Yes	Yes	No	Civil
South Carolina	H4047	Yes	Yes	Yes	Yes	No	No	Felony
South Carolina	SC S1259	Yes	Yes	Yes	No	No	No	Civil
Tennessee	HB2835/SB2696	Yes	Yes	Yes	Yes	Yes	No	Civil
Utah	HB0127	Yes	Yes	Yes	No	No	No	Civil
Wisconsin	AB977/SB915	Yes	Yes	Yes	Yes	Yes	No	Civil

^a Texas Attorney General Ken Paxton's Opinion KP-0401 does not appear in the table as this does not constitute proposed legislation.

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}

^a *Division of Child & Adolescent Psychiatry, Stanford University School of Medicine, Palo Alto, California*

^b *The Fenway Institute, Boston, Massachusetts*

^c *Department of Psychiatry, Harvard Medical School, Boston, Massachusetts*

^d *Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts*

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.



Gender-affirming Surgeries Associated with Decreased Odds of Suicide Attempts

Research

JAMA Surgery | **Original Investigation**

Association Between Gender-Affirming Surgeries and Mental Health Outcomes

Anthony N. Almazan, BA; Alex S. Keuroghlian, MD, MPH



The screenshot shows the top portion of a news article. At the top left is the NBC News logo. To its right is the article title: "Gender-affirming surgery linked to better mental health, study finds". Further right are social media sharing icons for Facebook, Twitter, and Email, along with a "SHARE THIS" label and a three-dot menu icon. Below this is a dark blue banner with the text "OUT HEALTH AND WELLNESS" on the left and the main headline "Gender-affirming surgery linked to better mental health, study finds" in large white font. Below the headline is a quote: "We should be expanding gender-affirming care, not limiting it," the report's lead author said.



Gender-affirming Hair Removal Associated with Decreased Suicidal Ideation



Dermatology

Hair removal in gender-affirming care not covered by most Medicaid, ACA policies

Letters

RESEARCH LETTER

Association Between Gender-Affirming Hair Removal and Mental Health Outcomes

Michelle S. Lee, BA
Anthony N. Almazan, BA
Vinod E. Nambudiri, MD, MBA
Alex S. Keuroghlian, MD, MPH

JAMA
Dermatology



Countering the Health Disinformation Machine

Alex S. Keuroghlian, M.D., M.P.H.

On the morning of August 31, 2022, a staff member of the Fenway Institute's National LGBTQIA+ Health Education Center in Boston, which I direct, checked the office voicemail system. One voice message was anything but routine. "You sick [expletives], you're all gonna burn. There's a group of people on their way to handle [victim]. You signed your own warrant, [victim]. Castrating our children. You've woken up enough people. And upset enough of us. And you signed your own ticket. Sleep well, you [expletive]." The staff member reported this message to the organization's leaders and the security department, which notified law enforcement. Three months later, on December 2, the U.S. Attorney's Office announced that the Federal Bureau of Investigation had arrested a 38-year-old owner of an ammunition business from Comfort, Texas, who was charged with transmitting interstate threats.¹ At the time, I hoped naively that coverage of the arrest by the *New York Times*, the *Washington Post*, *CNN*, and other news organizations might deter threats against transgender and gender-diverse young people, their families, the clinicians who care for them, and the educators who teach clinicians how to do so. Little did I

1256

N ENGL J MED 389;14 NEJM.ORG OCTOBER 5, 2023

NEJM
@NEJM

When extremists home in on a Harvard Medical School course on caring for patients with diverse sexual orientations, gender identities, and sex development, its director receives a crash course on the health disinformation machine. Read the full Perspective:

"This media ecosystem enables the advancement of an anti-LGBTQIA+ political agenda with devastating consequences."

PERSPECTIVE

Alex S. Keuroghlian, M.D., M.P.H.

nejm.org

The NEW ENGLAND
JOURNAL of MEDICINE

11:00 AM · Oct 8, 2023 · 49.7K Views



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

2023 IND510M.3 Disinformation Campaign

Harvard med class focuses on LGBTQIA+ 'infants' Harvard Medical School offers course about healthcare for LGBTQIA+ 'infants'

'From Infants To Older Adults': Harvard Medical School Offers Class On Transgender Medicine 'Across The Lifespan'

'Absurd': Harvard med course teaches students about LGBTQ+ infants

Harvard Medical Course Explores 'Sexual Identities of LGBTQIA+ Infants'

Transgender Takeover Underway: Harvard Trying to Rewrite Core Medical Facts on Gender

LGBT babies

Harvard Medical School offers course about healthcare for LGBTQIA+ 'infants' with curriculum offering lessons in areas including OBGYN, pediatrics and plastic surgery



Fact-checking Response by Reputable Journalists

Harvard med school class isn't about 'trans infants'

By The Associated Press January 18, 2023

Is Harvard Medical School Teaching Students to Treat 'LGBTQIA+' Infants?

The treatments in question are only for intersex babies.

Harvard med school class isn't about 'trans infants'

Conservatives Thought a Harvard Class Was About Trans Infants. They Were Wrong

A Harvard Medical School class about treating people of diverse genders and sexual orientations became fodder for the right-wing outrage machine.

[FACT CHECK](#)

Gender Issues

[Add Topic +](#)

Fact check: Harvard course teaches infant sex development, not gender identity



[Molly Stellino](#)

USA TODAY

Published 5:41 p.m. ET Jan. 25, 2023

Is Harvard Medical School offering a course on gay infants? No, not really.

REUTERS

[World](#) [Business](#) [Markets](#) [Breakingviews](#) [Video](#) [More](#)

REUTERS FACT CHECK MARCH 14, 2023 / 11:37 AM / UPDATED 2 MONTHS AGO

Fact Check-Harvard course teaches sex development in children, not gender identity or sexual orientation

By Reuters Fact Check

3 MIN READ



Understanding “Detransition” and Dynamic Gender Presentations



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}



Adolescent Realization of Gender Identity Is Common among Transgender Adults; Disclosure Usually Takes Years

Original article

Age of Realization and Disclosure of Gender Identity Among Transgender Adults

Jack L. Turban, M.D., M.H.S. ^{a,b,*}, Brett Dolotina, B.S. ^c, Thomas M. Freitag, M.P.P. ^d, Dana King, A.L.M. ^e, and Alex S. Keuroghlian, M.D., M.P.H. ^{d,e,f}

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Developing Guidelines for Gender-affirming Health Care

Psychopharmacological Considerations for Gender-Affirming Hormone Therapy

Hyun-Hee Kim, MD, Teddy G. Goetz, MD, MS, Victoria Grieve, PharmD, and Alex S. Keuroghlian, MD, MPH

JAMA Network Insights

Psychopharmacologic Considerations for Transgender and Gender Diverse People

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


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; 01–3; doi: 10.1176/appi.ps.201800232



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

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



Substance Use Disorders among TGD Adults



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}

^a The Fenway Institute, Fenway Health, 1340 Boylston Street, Boston, MA 02215, USA

^b Department of Psychiatry, Harvard Medical School, 25 Shattuck Street, Boston, MA 02115, USA

^c Department of Epidemiology, Harvard School of Public Health, 677 Huntington Avenue, Boston, MA 02115, USA

^d Chronic Disease Epidemiology, Yale School of Public Health, 333 Cedar Street, New Haven, CT 06510, USA

^e Division of Alcohol and Drug Abuse, McLean Hospital, 115 Mill Street, Belmont, MA 02478, USA

- 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

Keuroghlian *et al.* (2015)



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



Unhealthy Alcohol Use Guidelines Often Exclude TGD People

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 screening tools and guidelines do not distinguish between sex- and gender-related characteristics developed without accounting for natal sex-based physiology, effects of gender-affirming gendered drinking behavior among TGD people. More research on how sex- and gender-relatedly influence alcohol use can help validate gender-inclusive screening protocols and develop guidelines meaningful for people of all genders. In the interim, clinicians must be mindful of engage in transparent, collaborative discussions when screening for and counseling about

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

TABLE 1. SELECTED DEFINITIONS AND GUIDELINES FOR UNHEALTHY ALCOHOL USE AND THEIR LIMITATIONS FOR TRANSGENDER AND GENDER-DIVERSE POPULATIONS

<i>Term</i>	<i>Agency</i>	<i>Definition</i>	<i>Limitations for TGD populations</i>
Gendered			
Moderate drinking	HHS and USDA	One drink per day for women and up to two drinks per day for men. ²	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	HHS and USDA	Alcohol consumption of 8 or more drinks a week for women and 15 or more drinks a week for men. ²	
	NIAAA	Alcohol consumption by men who drink more than 4 standard drinks in a day (or more than 14/week) and women who drink more than 3 in a day (or more than 7/week). ¹	
Binge drinking	NIAAA	A pattern of drinking that brings blood alcohol concentration to 0.08 gram percent or above, specified as typically occurring after four or more drinks for women and five or more drinks for men—in about 2 hours. ⁵	



Opioid Use Disorders among TGD People

SUBSTANCE ABUSE
<https://doi.org/10.1080/08897077.2018.1544963>



Check for updates

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

- 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

Girouard et al. (2019)



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)



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 and Discussing Body Image

- 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
- 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

Vankim et al. (2014); Goldhammer et al. (2019)



Affirming Gender Identity in the Setting of Serious Mental Illness

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

- 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, Goldhammer and Keuroghlian (2019)



Cognitive Processing Therapy for PTSD

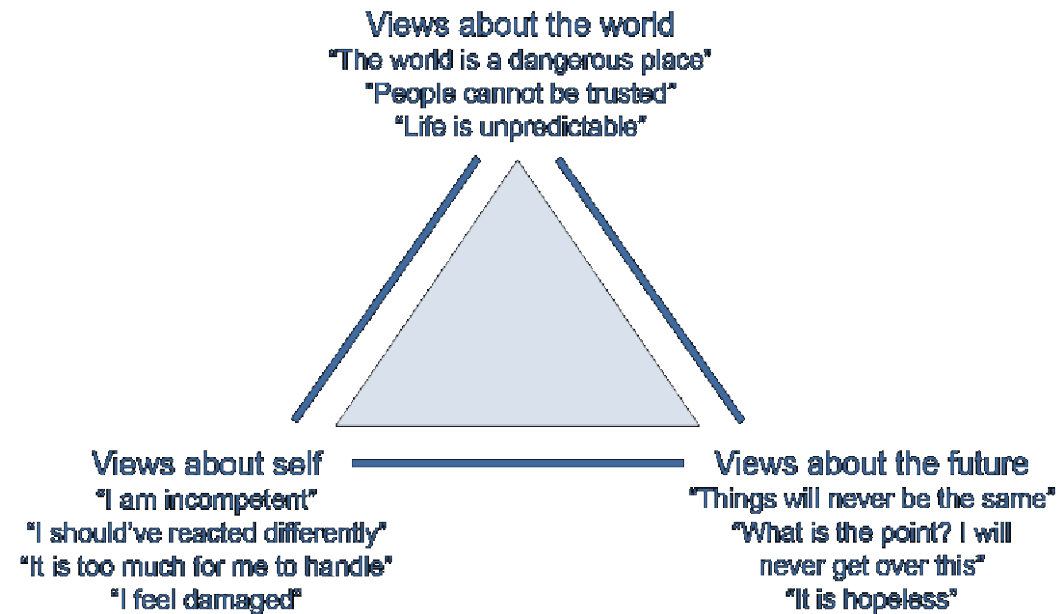
- Adapting selected components of cognitive processing therapy for PTSD by Resick
- Focus:
 - Education about posttraumatic stress;
 - Writing an Impact Statement to help understand how trauma influences beliefs;
 - Identifying maladaptive thoughts about trauma linked to emotional distress;
 - Decreasing avoidance and increasing resilient coping.

Girouard et al. (2019)



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)



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)



Psychopharmacologic Considerations

JAMA Network Insights

Psychopharmacologic Considerations for Transgender and Gender Diverse People

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

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

Turban, Kamceva, Keuroghlian (2022)



Psychopharmacological Considerations for Gender-Affirming Hormone Therapy

Hyun-Hee Kim, MD, Teddy G. Goetz, MD, MS, Victoria Grieve, PharmD, and Alex S. Keuroghlian, MD, MPH

Main Classes of Medications Used in Gender-Affirming Hormone Therapy Regimens			
Main sex steroids	Pubertal suppressants, i.e., GnRHAs	Anti-androgens	Other
Estradiol and testosterone	Leuprolide (Lupron, Eligard) Triptorelin (Decapeptyl) Histerelin (Supprelin LA) Goserelin (Zoladex)	Spirolactone GnRHAs Cyproterone acetate (internationally)	Progesterone (often in conjunction with estradiol) Norethindrone, norethisterone (for menstrual suppression)

Cytochrome P450 (CYP) and Drug-Drug Interactions for Estradiol

Medications that may increase estradiol levels	Medications that may decrease estradiol levels	Medication levels that estradiol may decrease
CYP3A4 inhibitors buprenorphine, fluvoxamine, nefazodone CYP1A2 inhibitor fluvoxamine	CYP3A4 inducers modafinil, St. John's wort, tobacco, topiramate CYP1A2 inducers modafinil, tobacco Enzyme-inducing AEDs carbamazepine, oxcarbazepine, phenobarbital, topiramate	Lamotrigine

CYP and Drug-Drug Interactions for Testosterone

Medications that may increase testosterone levels	Medications that may decrease testosterone levels
CYP3A4 inhibitors buprenorphine, fluvoxamine, nefazodone CYP2C19 inhibitors progesterone, fluvoxamine CYP2C9 inhibitor fluoxetine CYP2C6 inhibitors bupropion, fluoxetine, paroxetine	CYP3A4 inducers modafinil, St. John's wort, tobacco, topiramate CYP2C19 inducer carbamazepine CYP2C9 inducer carbamazepine Enzyme-inducing AEDs carbamazepine, oxcarbazepine, phenobarbital, topiramate



Harnessing Patient Gender Identity Data in Electronic Health Records

Planning and implementing sexual orientation and gender identity data collection in electronic health records

Chris Grasso,^{1,*} Michal J McDowell,^{2,4,*} Hilary Goldhammer,³ and Alex S Keuroghlian^{2,3,4}

Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems

Chris Grasso,¹ Hilary Goldhammer,² Julie Thompson,³ and Alex S. Keuroghlian^{4,5}

Perspective

Pediatric sexual orientation and gender identity data collection in the electronic health record

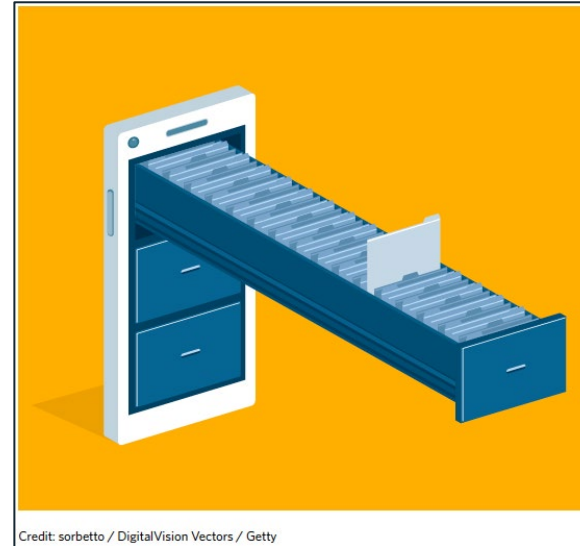
Hilary Goldhammer¹, Chris Grasso¹, Sabra L. Katz-Wise^{2,3,4}, Katharine Thomson^{5,6}, Allegra R. Gordon^{2,3,7}, and Alex S. Keuroghlian^{1,6,8}

Electronic health records as an equity tool for LGBTQIA+ people

Collection of data on sexual orientation, gender identity and intersex status will help to reduce health disparities that affect people from sexual and gender minority communities.

Alex S. Keuroghlian

NATURE MEDICINE | www.nature.com/naturemedicine



Required Sexual Orientation and Gender Identity Reporting by US Health Centers: First-Year Data

Chris Grasso, MPH, Hilary Goldhammer, SM, Danielle Funk, MA, Dana King, ALM, Sari L. Reisner, ScD, Kenneth H. Mayer, MD, and Alex S. Keuroghlian, MD, MPH

Objectives. To assess the performance of US health centers during the first year of required sexual orientation and gender identity (SOGI) data reporting and to estimate the baseline proportion of lesbian, gay, bisexual, and transgender patients accessing health centers.

Methods. We conducted a secondary analysis of SOGI data from 2016. These data were reported by 1367 US health centers caring for 25 860 296 patients in the United States and territories.

Results. SOGI data were missing for 77.1% and 62.8% of patients, respectively. Among patients with data, 3.7% identified as lesbian, gay, bisexual, or something else; 0.4% identified as transgender male or female; 27.5% did not disclose their sexual orientation; and 9.3% did not disclose their gender identity.

Conclusions. Although health centers had a high percentage of missing SOGI data in the first year of reporting, among those with data, the percentages of lesbian, gay, bisexual, and transgender people were similar to national estimates, and disclosure was more than 70%. Future data collection efforts would benefit from increased training for health centers and improved messaging on the clinical benefits of SOGI data collection and reporting. (*Am J Public Health.* 2019;109:1111–1118. doi:10.2105/AJPH.2019.305130)

challenges are diminishing. Studies have revealed that most patients, regardless of their SOGI, understand the health benefits of disclosure and feel comfortable doing so.¹⁰ Since January 1, 2018, all EHR systems certified under the federal Meaningful Use Stage 3 Incentive Program are required to have the capacity to record SOGI data.⁹ In addition, there are now several training resources and guidelines available that help equip organizations to collect these data and that educate clinicians in understanding sexual orientation and gender identity as distinct yet interconnected concepts.^{3,6,11}

Recognizing the value and urgency of SOGI data collection for population health management and equity, the US Bureau of Primary Health Care, Health Resources and Services Administration (HRSA) began requiring their Health Center Program grantees (HCs) to collect and report SOGI data in

Sexual Orientation and Gender Identity Data Collection at US Health Centers: Impact of City-Level Structural Stigma in 2018

Anthony N. Almazan, BA, Dana King, ALM, Chris Grasso, MPH, Sean Cahill, PhD, Micah Lattanner, PhD, Mark L. Hatzenbuehler, PhD, and Alex S. Keuroghlian, MD, MPH

Objectives. To examine the relationship between city-level structural stigma pertaining to sexual orientation and gender identity (SOGI) and completeness of patient SOGI data collection at US federally qualified health centers (FQHCs).

Methods. We used the Human Rights Campaign's Municipal Equality Index to quantify city-level structural stigma against sexual and gender minority people in 506 US cities across 49 states. We ascertained the completeness of SOGI data collection at FQHCs from the 2018 Uniform Data System, which describes FQHC patient demographics and service utilization. We included FQHCs in cities captured by the structural stigma index in multinomial generalized linear mixed models to examine the relationship between city-level structural stigma and SOGI data completeness.

Results. FQHCs in cities with more protective sexual orientation nondiscrimination policies reported more complete patient sexual orientation data (adjusted odds ratio [AOR] = 1.6; 95% confidence interval [CI] = 1.2, 2.1). This association was also found for gender identity nondiscrimination policies and gender identity data collection (AOR = 1.7; 95% CI = 1.3, 2.2).

Conclusions. Municipal sexual and gender minority nondiscrimination laws are associated with social and municipal environments that facilitate patient SOGI data collection. (*Am J Public Health.* 2021;111(11):2059–2063. <https://doi.org/10.2105/AJPH.2021.306414>)

Sexual Orientation and Gender Identity Data Completeness at US Federally Qualified Health Centers, 2020 and 2021

Michael Liu, MPH, Dana King, ALM, Kenneth H. Mayer, MD, Chris Grasso, MPH, and Alex S. Keuroghlian, MD, MPH

Objectives. To assess the performance of US federally qualified health centers (FQHCs) after 6 years of required sexual orientation and gender identity (SOGI) data reporting and update estimated proportions of sexual and gender minorities cared for at FQHCs.

Methods. We conducted secondary analyses of data reported to the 2020 and 2021 Uniform Data System from 1297 FQHCs caring for nearly 30 000 000 patients annually. We used multivariable logistic regression to explore FQHC-level and patient-level factors associated with SOGI data completeness.

Results. SOGI data were missing for 29.1% and 24.0% of patients, respectively. Among patients with reported SOGI data, 3.5% identified as sexual minorities and 1.5% identified as gender minorities. Southern FQHCs and those caring for more low-income and Black patients were more likely to have above-average SOGI data completeness. Larger FQHCs were more likely to have below-average SOGI data completeness.

Conclusions. Substantial increases in SOGI data completeness at FQHCs over 6 years reflect the success of reporting mandates. Future research is needed to identify other patient-level and FQHC-level factors contributing to residual levels of SOGI data missingness. (*Am J Public Health.* Published online ahead of print June 15, 2023:e10. <https://doi.org/10.2105/AJPH.2023.307323>)

RESEARCH & ANALYSIS 



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

SOGI Patient Pamphlet Translations



- Arabic
- Brazilian Portuguese
- English
- Farsi
- Haitian Creole
- Polish
- Russian
- Simplified Chinese
- Somali
- Spanish
- Tagalog
- Tigrinya
- Vietnamese



Pronouns

She/Her/Hers

- She is picking up a chart
- Her chart is ready now
- That chart is hers

They/Them/Theirs
(singular usage)

- They are picking up a chart
- Their chart is ready now
- That chart belongs to them

He/Him/His

- He is picking up a chart
- His chart is ready now
- That chart is his

Ze/Hir/Hirs

- Ze is picking up a chart
- Hir chart is ready now
- That chart is hirs

No Pronouns

- [Name] is picking up a chart
- [Name's] chart is ready now
- That chart is [Names]



Staff Pronouns

- Introducing your pronouns
 - This is an important first queue to indicate that you are offering inclusive services
 - “Hello, my name is [NAME], my pronouns are [PRONOUNS], my role here is [ROLE].”



Avoiding Assumptions

- You cannot assume someone's gender identity or sexual orientation based on how they look or sound.
- To avoid assuming gender identity or sexual orientation:
 - *Instead of:* "How may I help you, Ma'am/Sir?"
 - *Say:* "How may I help you?"
 - *Instead of:* "She/He is here for the visit."
 - *Say:* "The new patient is here for the visit."



Anticipating and Managing Expectations

- TGD people have a history of experiencing stigma and discrimination in diverse 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



Inclusive Registration and Health History Forms

Avoid these terms...	Replace with...
Mother/Father	Parent/Guardian
Husband/Wife	Spouse/Partner(s)
Marital Status	Relationship Status
Family History	Blood Relatives
Nursing Mother	Currently Nursing
Female Only/Male Only	Allow patients to choose <i>not applicable</i> .



Focus on Forms and Policy:
**Creating an Inclusive Environment
for LGBT Patients**

 NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE



Accountability

- Creating an environment of accountability and respect requires everyone to work together
- Don't be afraid to politely correct your colleagues if they make insensitive comments
 - *“I wanted to let you know that Jesse’s pronouns are they/them. I heard you say she/her, and I wanted to make sure you know for the future.”*
 - *“Those kinds of comments are hurtful to others and do not create a respectful work environment.”*
- Remember your organization’s mission and vision



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

VIEWPOINT

Moving Beyond Psychiatric Gatekeeping for Gender-Affirming Surgery **JAMA Surgery**

Catherine A. Wu, MD
University of California,
Irvine Medical Center,
Irvine.

**Alex S. Keuroghlian,
MD, MPH**
Harvard Medical
School, Boston,
Massachusetts; and
Massachusetts General
Hospital, Boston.

Gatekeeping in gender-affirming care refers to unnecessary and harmful barriers to gender-affirming hormone therapy (GAHT) or gender-affirming surgery (GAS). What constitutes gatekeeping vs reasonable precautions to ensure surgical candidacy has been controversial. The previous World Professional Association for Transgender Health (WPATH) "Standards of Care for the Health of Transsexual, Transgender, and Gender Non-conforming People, Version 7" (SOC 7) required 1 assessment letter from a qualified mental health professional

Which requirements for GAS are ethical and appropriate? A brief look at the history of GAHT can shed light on this question. Gender-affirming hormone therapy is partially reversible, with some systemic, irreversible effects, including breast and clitoral enlargement, voice deepening, hair growth, and fertility reduction. While GAHT previously required MHP assessment, there has been increasing adoption of an approach in which the GAHT professional alone explains GAHT and its potential effects, elicits informed consent, and then initiates

COMMENTARY ►

Why Must We Keep Diagnosing Trans People as Ill?



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

BY ALEX KEUROGLIAN



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

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

Perlson *et al.* (2020)





THANK YOU!

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**

 **www.lgbtqiahealtheducation.org**

 **www.acponline.org/fenway**

