Behavioral Health Considerations in Transgender and Gender Non Binary Youth

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Disclosures

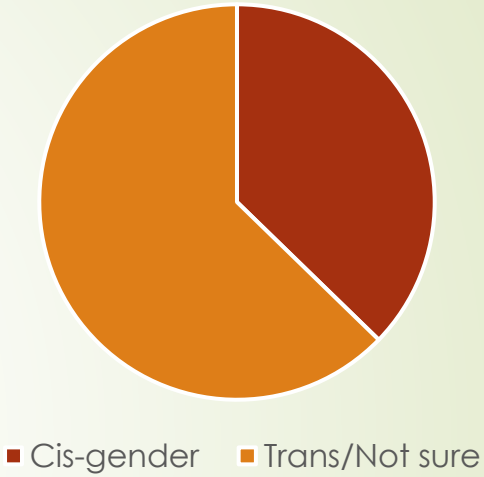
- I have no relevant financial disclosures to disclose to learners.

Objectives:

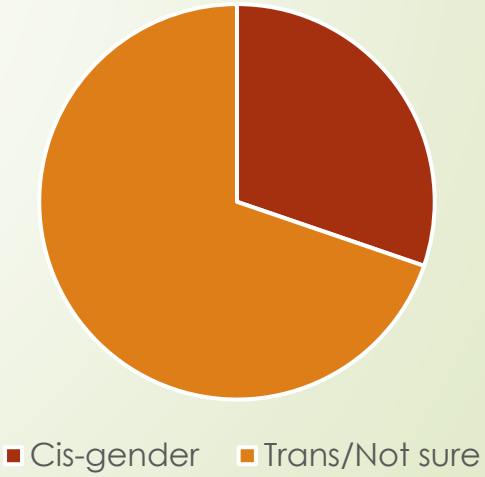
- Understand the behavioral health concerns in TGNC youth and family systems
- Recognize the importance of routine screening for Behavioral Health concerns in gender affirming primary care practice
- Develop an understanding of trauma informed care practices to improve engagement and empowerment of youth seeking gender affirming care
- Identify potential interventions to support TGNC folx in gaining access to appropriate levels of care for behavioral health conditions

YRRS: Safety

Student Identity	Carried a weapon in the last 30 days?
All student	21.4 %
Cis-gender	20.2 %
Trans-gender	31.9 %
Not sure	36.3 %
Transgender or Not sure	34 %

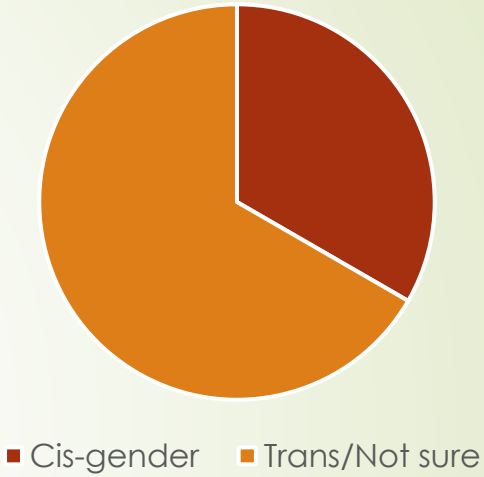


Student Identity	Skipped school because of safety issues in the last 30 days?
All student	13.7 %
Cis-gender	12.1 %
Trans-gender	28.4 %
Not sure	27.2 %
Transgender or Not sure	27.9 %

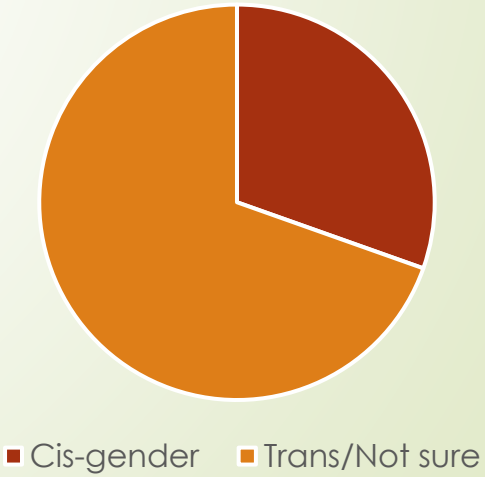


NM YRRS: Bullying

Student Identity	Bullied on school property in the last 12 months?
All student	17.4 %
Cis-gender	16.1 %
Trans-gender	32.8 %
Not sure	31.5 %
Transgender or Not sure	32.2 %

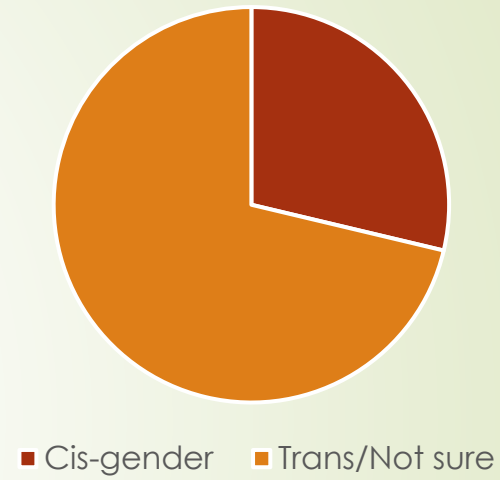


Student Identity	Electronically bullied in the last 12 months?
All student	13.3 %
Cis-gender	12.2 %
Trans-gender	27.5 %
Not sure	28.2 %
Transgender or Not sure	27.9 %

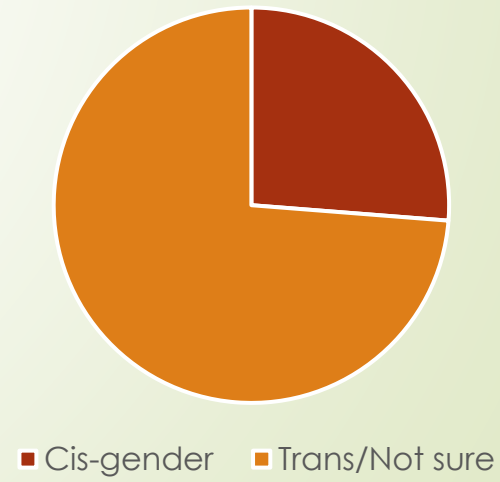


YRRS: Sexual violence

Student Identity	Ever physically forced to have sexual intercourse?
All student	9.1 %
Cis-gender	8.3 %
Trans-gender	21 %
Not sure	20.1 %
Transgender or Not sure	20.6 %



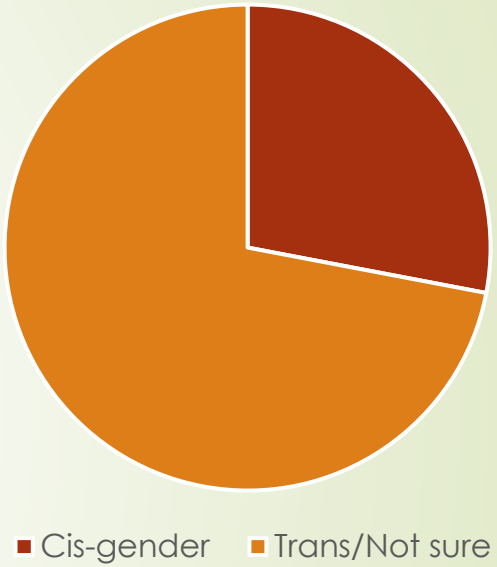
Student Identity	Experienced sexual violence in the past 12 months?
All student	11.3 %
Cis-gender	10 %
Trans-gender	27.9 %
Not sure	28.4 %
Transgender or Not sure	28.1 %

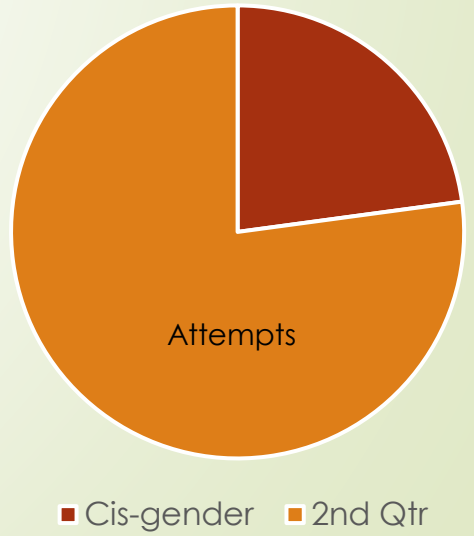


YRRS: Self-Harm

Student Identity	Engaged in nonsuicidal self-injurious behaviors (NSSIB) in the last 12 months?
All student	21.8 %
Cis-gender	20.1 %
Trans-gender	52.9 %
Not sure	50.3 %
Transgender or Not sure	51.7 %

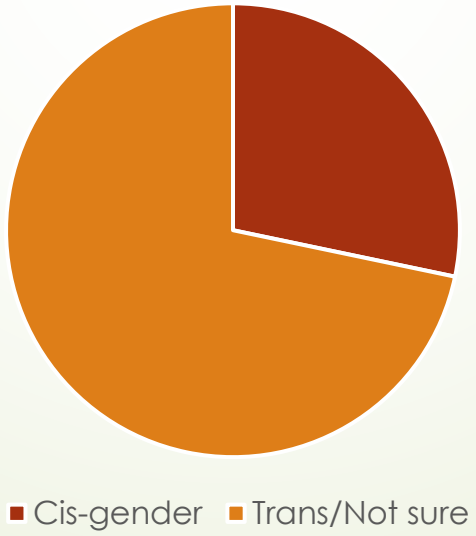
Student Identity	Seriously considered attempting suicide in the last 12 months? / Attempted suicide in 12 months?
All student	18.9 % / 9.9 %
Cis-gender	17.8 % / 8.3 %
Trans-gender	43.2 % / 32.5 %
Not sure	37.8 % / 34.4 %
Transgender or Not sure	40.6 % / 33.4 %





YRRS: Alcohol Use

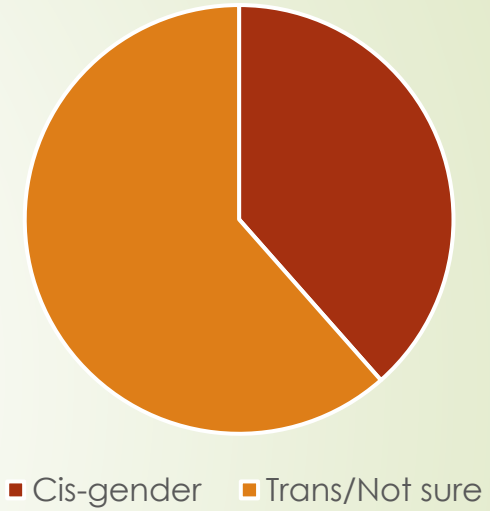
Student Identity	Drank 10 or more drinks on a single occasion in the last 30 days?
All student	3.2 %
Cis-gender	2.8 %
Trans-gender	8.9 %
Not sure	4.9 %
Transgender or Not sure	7.1 %

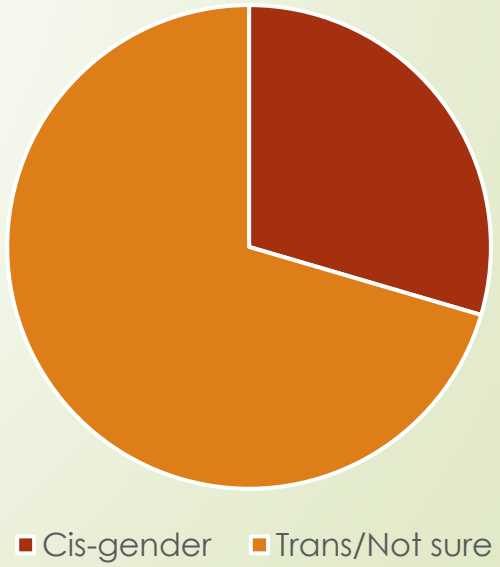


YRRS: Drug Use

Student Identity	Current cannabis use?
All student	28.4 %
Cis-gender	27.1 %
Trans-gender	40.9 %
Not sure	46.1 %
Transgender or Not sure	43.3 %

Student Identity	Ever used a prescription pain medicine without a prescription?
All student	17.8 %
Cis-gender	16.1 %
Trans-gender	32.8 %
Not sure	44.8 %
Transgender or Not sure	38.4 %





TGNC Youth, Mental Health, and the role of BH assessment

- Population tends to internalizing disorders/distress: specifically, rates of depression and anxiety are higher than CGY (Cis-Gender Youth), higher than sexual minority peers as well
- Findings are cross cultural
- Many findings are both in the general population and clinical sub-populations, suggesting that behavioral health care is vital to gender diverse youth

Mental Health Considerations cont'

- In the Wanta study, 10 % had ADHD as a diagnosis, while 1.5% included Autism
- In 2016, in a survey of transgender adults reported psychological distress (40%) in the previous month, significantly more than 5% in nongender diverse individuals
- Isolation, shame, stigma, and violence continue to cause significant stress for TGNC people
- TGNC people with mental illness also tend to experience more serious symptoms such as suicide
- 15% report alcohol or drug use disorder
- 40% report they have attempted suicide

- SCREENING and INTERVENTION are a vital part of gender affirming care

Routine Screening in Pediatrics/Family Practice/Internal Medicine

- Depression
- Anxiety
- Substance use/sampling
- Hx of traumatic events/current PTSD symptoms
- Bullying (school, work, other environments)
- Social supports
- Isolation
- Experiencing chronic stigma/discrimination
- Family dynamics/conflicts

Routine Behavioral Health Assessment to support Gender Affirming care

- Following Trauma Informed Care, the assessment can also be intervention
- Focus is on empowerment to share information as is important to the youth
- Focus on whole person health, identify patterns of behaviors where support can be offered
- Identifying patterns is often more helpful to the young person and family than diagnosis

Screening instruments

- PHQ-9 or PHQ-A
- GAD-7 or SCARED
- PTSD-PC
- CAGE-AID
- Columbia Suicide Screen (routine for endorsing #9 or score of 12 or greater on PHQ-9)
- NIAAA recommendation to ask "do any of your friends…" then proceed to patient's experience with tobacco use, substance use, alcohol use etc.
  - https://www.niaaa.nih.gov/sites/default/files/publications/YouthGuide.pdf
- ADHD assessment can be done with the ASRS, clinical interview, and collateral scales (BAARS or Vanderbilt), Connors Continuous Task

Social History/Current Social situation

- Sleep behavior
- Eating behavior
- Exercise behavior
- Grade in school
- Grades accomplished
- Social supports
- Extracurricular activities
- Friendships/acquaintances
- Who do you live with? Is your environment supportive of your gender?

Psychiatric History/Family History

- Past concerns for psychiatric conditions
- Any family members with psychiatric conditions (first degree relatives most important if known)
- Past medications
- Past hospitalizations
- Past suicide statements/ideation
  - If yes, describe your safety plan
- Past fights/physical conflict
  - If yes, describe how you reduce likelihood of recurrence

Eating Disordered Behavior

- Higher rates of disordered eating often reported
- Function is primarily to slow or halt development of secondary sex characteristics
- This can have direct negative impacts on growth trajectory and affect mental health
- Rates of disordered eating are potentially higher in TGD youth and far more common in those assigned female at birth to suppress menstration
- Common mechanisms of control included: fasting, diet pills, and laxatives

Autism Spectrum

- Not typically evaluated by behavioral health clinicians
- Recently there has been much attention to rates of autism as higher in TGD than CGY
- It appears there may be more communication difficulties noted in TGD youth that does not meet diagnostic criteria
- Additionally, recommendations for management of autism include the following:
  - CBT to address concerns for depression or anxiety
  - Social Skills Training
  - Employment support and accommodations at work
- And above all, ensure the person is central to all decision making

Hx of Gender Dysphoria

- Childhood experiences of gender expression/gender self-identification
- Experience of pubertal onset
- "Tell me about your experience in your family of sharing your gender"
- "Tell me some of the most challenging things you have experienced related to gender expression"
- Tell me when this started, what made it better or worse, one or two things you do now to manage dysphoria.

Gender Dysphoria Criteria-DSM-5-TR

- A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two or more of the following:
  - A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
  - A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
  - A strong desire for the primary and/or secondary sex characteristics of the other gender
  - A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
  - A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
  - A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)
- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

First steps for care

- Use treatment algorithms to provide medications for co-occurring mental illness
  - Engage patient in shared decision making
  - Offer behavioral interventions and/or medication based on patient preference/family support for intervention
  - Follow up on any recommendations to monitor adherence
- Treat gender dysphoria following WPATH guidelines/Endocrine Society Guidelines
- Assess and treat comorbid mental health conditions that are best treated with behavioral interventions
- Develop skills in Trauma Informed Care

What is Trauma? Considerations for Trauma Informed Care

- Events:
  - Circumstances cause trauma
- Experience:
  - Varies from person to person
- Effects:
  - Broad or narrow and may be disguised as symptoms or behaviors
- Abuse, loss, chronic stress can all be a potential traumatic event

SAMHSA Trauma Informed Care Approach Improving Care, 2014

Effect of Trauma

- Reactions to trauma are reasonable
- Is commonly thought of as a reasonable reaction to an abnormal experience
- When stress response cycle is unable to complete, person may develop longer term reactions that may interfere in function
- Trauma can affect coping, learning, development
- It can alter a person's behavior

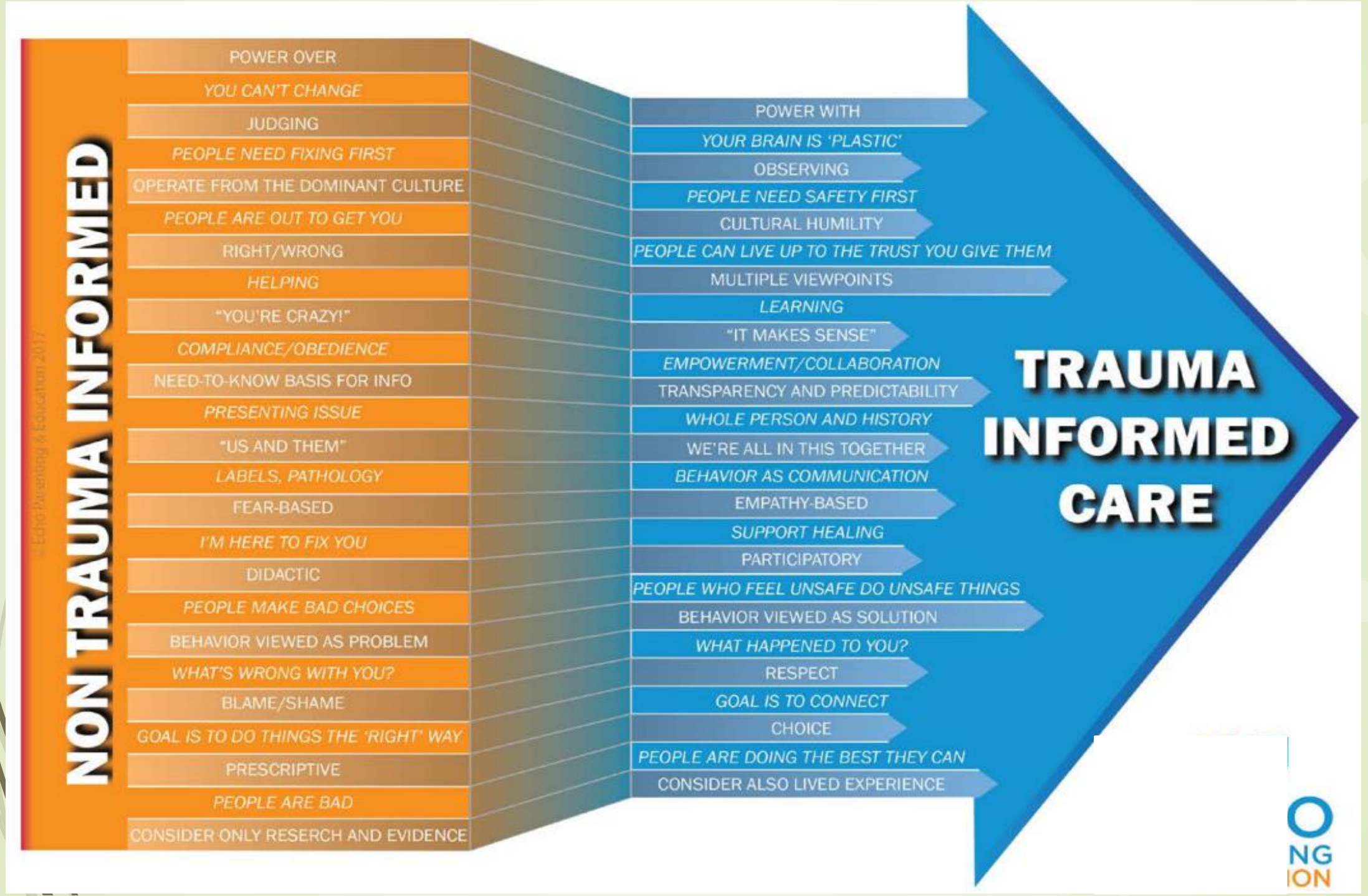
- Affects physiology, mental, spiritual, relational experiences

SAMHSA Trauma Informed Care Approach Improving Care, 2014

Factors Increasing the impact of Trauma

- When in life trauma (developmental age, maturation)
- If person experienced blame or shame (internalizing responsibility)
- Person was silenced; ability to process stressful experience was suppressed
- Abuser was a trusted person/caregiver, closer relational proximity

SAMHSA Trauma Informed Care Approach Improving Care, 2014


NON TRAUMA INFORMED
POWER OVER
YOU CAN'T CHANGE
JUDGING
PEOPLE NEED FIXING FIRST
OPERATE FROM THE DOMINANT CULTURE
PEOPLE ARE OUT TO GET YOU
RIGHT/WRONG
HELPING
"YOU'RE CRAZY!"
COMPLIANCE/OBEDIENCE
NEED-TO-KNOW BASIS FOR INFO
PRESENTING ISSUE
"US AND THEM"
LABELS, PATHOLOGY
FEAR-BASED
I'M HERE TO FIX YOU
DIDACTIC
PEOPLE MAKE BAD CHOICES
BEHAVIOR VIEWED AS PROBLEM
WHAT'S WRONG WITH YOU?
BLAME/SHAME
GOAL IS TO DO THINGS THE 'RIGHT' WAY
PRESCRIPTIVE
PEOPLE ARE BAD
CONSIDER ONLY RESERCH AND EVIDENCE
POWER WITH
YOUR BRAIN IS 'PLASTIC'
OBSERVING
PEOPLE NEED SAFETY FIRST
CULTURAL HUMILITY
PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM
MULTIPLE VIEWPOINTS
LEARNING
"IT MAKES SENSE"
EMPOWERMENT/COLLABORATION
TRANSPARENCY AND PREDICTABILITY
WHOLE PERSON AND HISTORY
WE'RE ALL IN THIS TOGETHER
BEHAVIOR AS COMMUNICATION
EMPATHY-BASED
SUPPORT HEALING
PARTICIPATORY
PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS
BEHAVIOR VIEWED AS SOLUTION
WHAT HAPPENED TO YOU?
RESPECT
GOAL IS TO CONNECT
CHOICE
PEOPLE ARE DOING THE BEST THEY CAN
CONSIDER ALSO LIVED EXPERIENCE
TRAUMA INFORMED CARE

Trauma-informed Service Provider

- Understanding how being a gender minority may increase isolation, stress, fears, shame, and stigma
- Understanding how people who have experienced trauma engage with healthcare differently due to past experiences (i.e. misgendering, not using name, pressure to educate provider)
- Understand that gender diverse people may experience ongoing traumatic experiences in their lives (i.e. family life, work, school, community)

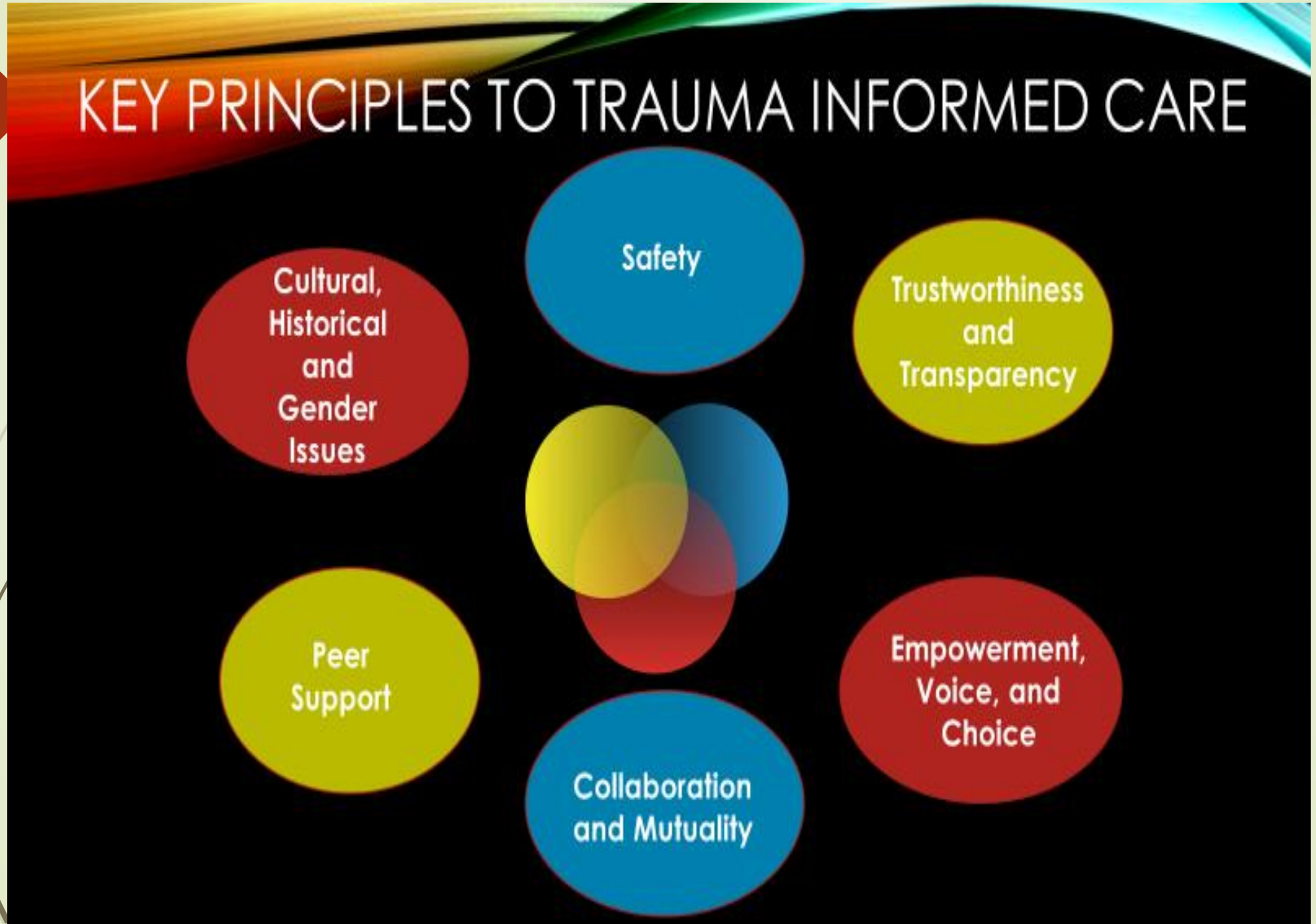
- Understand the structural factors such as racism, homophobia, and transphobia, that continue to be pervasive in health care settings
- Use clear communication, set reasonable, meetable expectations for the patient's experience in care with you
- Understand how trauma reactions may manifest in clinical encounters, may affect how you interact with the patient, which may inadvertently undermine patient autonomy

SAMHSA Trauma Informed Care Approach Improving Care, 2014

Trauma Informed Program, organization or system

- Realize widespread impact of trauma and the pathways for recovery
- Pay attention to what is hanging in your waiting areas, what reading materials are available
- Recognize signs and symptoms of trauma in patients, families, staff, and others in the system
- Respond by integrating knowledge of trauma into policies, procedures, and practices
- Resist possible re-traumatization with intentional care and engagement of each other

SAMHSA Trauma Informed Care Approach Improving Care, 2014


KEY PRINCIPLES TO TRAUMA INFORMED CARE
Safety
Trustworthiness and Transparency
Cultural, Historical and Gender Issues
Peer Support
Empowerment, Voice, and Choice
Collaboration and Mutuality

Trauma Informed Care is a bigger training

- And really vital
- Important to remember that people, including children, can heal from the negative effects of traumatic stress
- There are important components that everyone can do:

STAGES OF COMPLEX TRAUMA RECOVERY

Based on Judith Herman's model

Recovery is not linear. Your journey will likely not follow a straight line, but instead might be circular moving in and out of stages until you feel you are ready to move forward and reconnect with your goals and dreams.

STAGE 1: Education, Stabilization & Safety

Education helps normalize doubts. Your nervous System and brain are responding exactly the way it was designed to respond after having survived repeated traumatic experiences.

Two sets of goals that are typically worked on in this stage with the help of a counselor, case worker, or other helping professional are:

- Basic Health Needs

Regulation of Sleep, Eating, Exercise, Drugs & Alcohol, Destructive Behavior

- Basic Environment Needs

Physical Self Protection, Work and Money, Secure Living Situation

Therapeutic Task: Safety
Time Orientation: Present
Focus: Self-Care
Time Limit: Limited, Repeating
Boundaries: Flexible, Inclusive
Conflict Tolerance: Low

"Trust people in support network. Lead a full life at a reasonably high level of functioning"

STAGE 2: Processing – Remembering & Mourning

Inner healing practitioner or counselor works on going through all the traumatic memories and taking the incoherent pieces and working it into a more coherent whole.

Cognitive based approaches associated with Somatic are best to release body memories and make it less triggering

- Uncovering proceeds in small steps
- Memories evoke intense grief
- Goal is integration, not catharsis

Memories of several representative traumatic events and periods are processed but not every single memory as the emotional content is often the same.

Therapeutic Task: Integration
Time Orientation: Past
Focus: Trauma
Time Limit: Fixed Limit
Boundaries: Closed
Conflict Tolerance: Low

"No new traumatic memories to process"

STAGE 3: Meaning & Reconnection

This stage is where inner healing is especially helpful in identifying faulty coping mechanisms and lies that were believed and dealing with existential questions like *"Why did God allow this to happen to me? Why am I here? And What does it all mean for me?"*

- Expanded peer relationships
- Intimate relationships
- Family relationships
- Reintegration at successive stages
- Social action and survivor mission

Therapeutic Task: Reconnection
Time Orientation: Present & Future
Focus: Interpersonal
Time Limit: Ongoing
Boundaries: Slow Turnover
Conflict Tolerance: High

"Have authority over traumatic memories, be able to control traumatic symptoms, and have a coherent system of meaning and belief that integrates the trauma"

Duration & Continuity: *Each of these stages can last months to years depending on the severity, duration, and age of onset of the trauma. The stages also may not follow one another directly, with breaks taken between the stages, and sometimes relapses occur to previous stages of recovery. People may be done with recovery after stage one or after stage two based on personal comfort level and goals.*

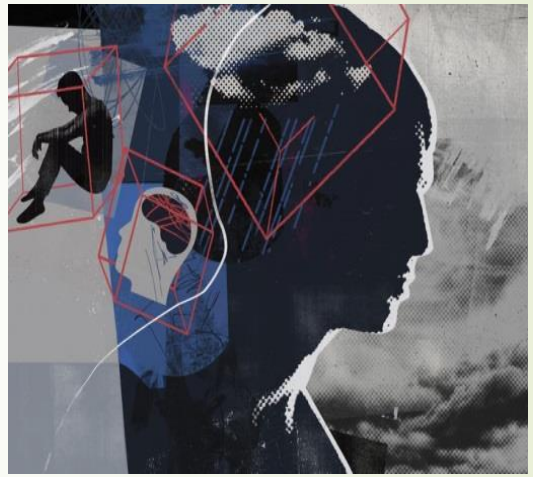
Support after trauma is critical for recovery. *"Recovery can take place only within then context of relationships; it cannot occur in isolation. In her renewed connection with other people, the survivor re-creates the psychological facilities that were damaged or deformed by the traumatic experience. The first principle of recovery is empowerment of the survivor. She must be the author and arbiter of her own recovery." – Judith Herman*

Stage 1: Safety and Stabilization

- Environmental
  - Safe, simple (limited stimulation), predictable
    - *Help to establish physical Safety and life resources*
- Interpersonal
  - Rapport, consistency, appropriate boundaries
    - *Help to access healthy social supports*
  - Skills for interpersonal effectiveness
    - *Help with advocating for what they need*
- Personal- Self care and coping
  - *Help to tap into Resilience and strengths*
- Education
  - *Help to find Hope & Optimism that they can get better*

Stage 2:Remembrance & Mourning

- Trauma Processing
- Safely taking the Person *Into and Through* what they've *Avoided*.
- Facilitates a cognitive and physiological experience that desensitizes the trauma and puts in its rightful place in the context of one's life.
  - Desensitizes the body to memories and reminders.
  - Brings the facts to light and in a realistic context– the "true, full story."
  - Corrects meanings and judgments about the self, the world, and the future.
  - Lets go of unnecessary guilt.
  - Allows healthy mourning for what was lost.



*this is only done in evidence-based psychotherapies – you should never push people to go into their traumas if you are not trained to do this work

Stage 3:Reconnection & Reintegration

- Building Healthy Relationships:
  - *Help to understand and explore new ways to build trust and intimacy*
- Challenging Avoidance
  - *Help to go outside of their comfort zone (not outside the safe zone)*
- Pursuing Opportunities that are Valued by the Patient – meaningful activity
  - *Work*
  - *Recreation*
  - *Spirituality*
  - *Education*
  - *Health, etc.*
- Living in the Moment

Why is Trauma Informed care Important ?

"Exposure to abuse, neglect, discrimination, violence, and other adverse experiences increase a person's lifelong potential for serious health problems and engaging in health-risk behaviors." *Adverse Childhood Experiences (ACEs) study*

- √ Traumatic experiences have a direct impact on your patients' health and on how they engage in care.
- √ Knowing about the impact of trauma can improve ALL patient outcomes.
- √ If a patient discloses current or past trauma, you need to know how to respond.
- √ Understanding trauma can help you better manage risk for re-traumatization.
- √ Recognizing that *our own personal traumatic experiences or the stress of our work* may impact our physical and emotional well-being, success, and work satisfaction.

How Trauma Affects Your Patients

Any experience of violence and untreated trauma can affect patients' engagement in health care.

- Repeatedly missed or cancelled appointments
- Avoiding preventive care
- Poor adherence to medical / BH recommendations
- Chronic unexplained pain
- Anxiety about certain medical or psychosocial interventions
- Negative responses to physical contact by providers
- Suspicion regarding the intentions of providers /system

Why are we talking about this?

- Pay attention to the experience of your patients
- Use your voice to support gender affirming experiences across all settings
- There is power in community, find ways to advocate for gender affirming environments, routine training, willingness to acknowledge challenges in the environments in which we have some influence

When to consult using internal resources

- If you have embedded BH clinician, use warm handoff to establish relationship/reduce stigma for BH engagement
- Integrated BH consultants can assist in clarifying diagnoses and make recommendations on treatment options
- If presentation has multiple facets that make it more difficult to complete a differential diagnosis, consultation may be helpful

When to make a referral to BH clinician/psychiatry

- When gender is affirmed and individual still experiencing symptoms of any mental health condition
- If presenting problem is consistent with early psychosis (in adolescents and young adults)
- If the presenting problem is consistent with bipolar disorder (evidence of mania/depression)
- If patient has a condition that has persisted and would benefit from behavioral therapy for a targeted intervention
- If medication trials have not successfully relieved symptoms (3 for depression)
  - Depression, ADHD, anxiety, bipolar disorder, psychosis can be improved with medications when patients are interested

Referrals

- Be mindful of trans-identified providers and allies in the community and help patients find good matches for their care
- Create a network of resources in your colleagues who can provide gender affirming, trauma informed care
- Empower patients to ask questions about what type of care is offered and how they will benefit from the care, encourage them to be the experts on their health
- Foster hope that they will be supported, and provided evidence based interventions for more severe concerns

Resources

- https://www.autism.org.uk/advice-and-guidance/topics/strategies-and-interventions
- https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

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