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Behavioral Health Integration for Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) People



Alex S. Keuroghlian, MD MPH

The National LGBT Health Education Center at The Fenway Institute

Continuing Medical Education Disclosure

- Program Faculty: Alex Keuroghlian, MD, MPH
- Current Position: Director of Education and Training Programs
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

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Learning Objectives

This module will enable participants to:

- Recognize unique mental health and substance use disorder concerns for LGBTQ adolescents and their impact on HIV risk.
- Increase their capacity to appropriately screen for mental health and substance use disorders in high risk adolescents and make timely linkages to treatment.



Minority Stress Framework

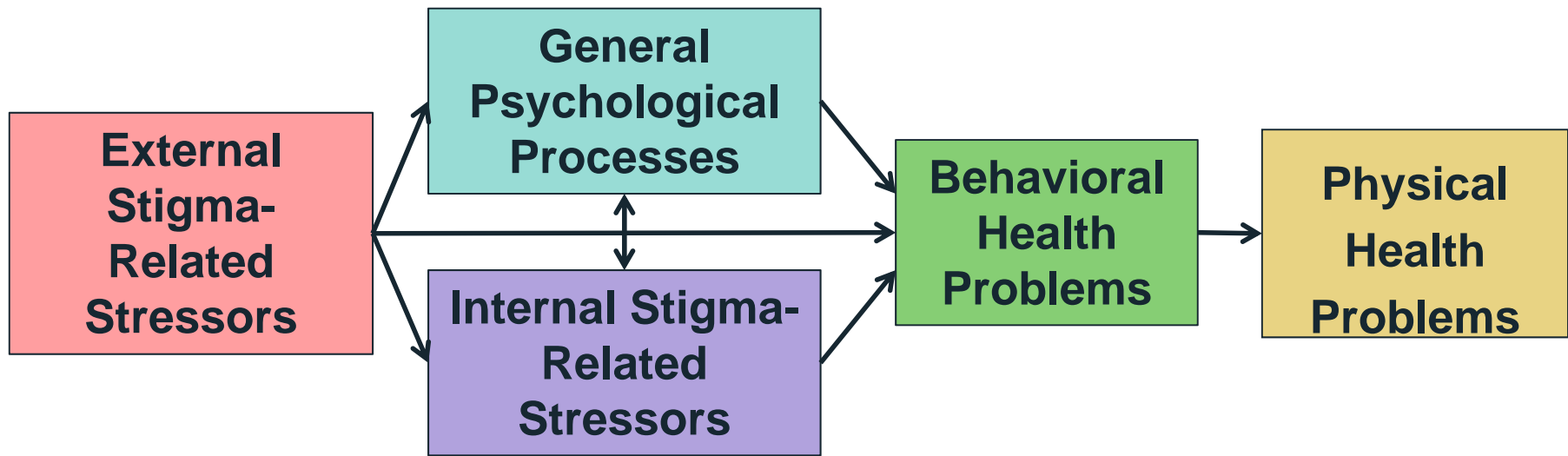


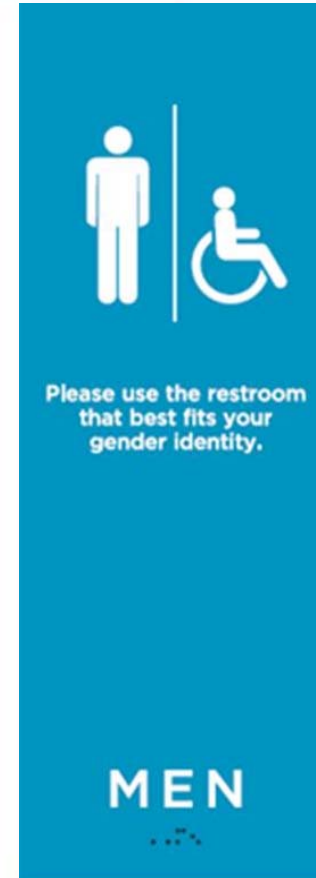
Fig. 1. Diagram from “How does sexual minority stigma get “under the skin?””¹

Interpersonal Stigma



Structural Stigma

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



Intrapersonal Stigma:

“...And to the degree that the individual maintains a show before others that they themselves does not believe, they can come to experience a special kind of alienation from self and a special kind of wariness of others.”⁴



Anti-Transgender Discrimination and Victimization

- The 2015 U.S. Transgender Survey found that:⁵
 - 10% reported that a family member was violent towards them because they were transgender
 - 8% were kicked out of the house because they were transgender
 - Many experienced serious mistreatment in school, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender
 - 17% experienced such severe mistreatment that they left a school

Disparities among Gay and Bisexual Males

- Gay and bisexual males are more likely to meet criteria for:²
 - major depressive disorder (x 3)
 - panic disorder (x 5)
 - at least 2 co-occurring disorders (x 4)



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Disparities among Lesbian and Bisexual Females

- Lesbian and bisexual females are more likely to meet criteria for:
 - generalized anxiety disorder (x 3)
 - at least 2 co-occurring disorders (x 3)



Depression and Anxiety among Transgender People

- Prevalence of clinically significant depressive symptoms:³
 - 51% of trans feminine people
 - 48% of trans masculine people
- Prevalence of clinically significant anxiety symptoms:
 - 40% of trans feminine people
 - 48% of trans masculine people



Suicidality among LGBTQ Youth

- Compared with peers, LGBTQ youth are more likely to:^{8,9}
 - report suicidal ideation (x 3)
 - attempt suicide (x 4, with 30-40% prevalence)
- Questioning youth more likely to experience depression or suicidality than LGBTQ peers



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, Sandy E., et al. "The report of the 2015 US Transgender Survey." *Washington: National Center for Transgender Equality* (2016).

Suicide Evaluation

- *Thoughts that life is too difficult, may not be worthwhile anymore?*
- *Thoughts of wanting to be dead?*
- *Thoughts of ending your own life?*
- *When/why did you start feeling this way?*
- *Do you have a way you've thought about ending your life?*



Suicide Evaluation

- Suicide plan: *What method? How much have you prepared/rehearsed? When do you plan to attempt? Any contingencies?*
- Past attempts: *Have you attempted in the past? How close did you come?*
- Thinking of others: *Have you written a note? Said goodbye? Made other preparations for people in your life?*
- Protective factors: *What keeps you going (e.g. family, partners, pet)? Hopeful for the future?*



Suicide Evaluation

- Engagement in behavioral health care: *Do you have a psychiatrist and/or therapist?*
 - If not, referral to care is necessary
- Safety plan: *Who would you call if you felt unsafe (e.g. friend, provider, 911)? Go to ER?*
 - Develop safety plan together and document it
- If suicide attempt is imminent, consider this a psychiatric emergency



Minority Stress and Substance Use Disorders

- LGBTQ people have disproportionate substance use disorder (SUD) prevalence as a downstream effect of minority stress.¹⁰⁻¹²
- Substance use mediates the relationship between life stress and sexual risk.¹³



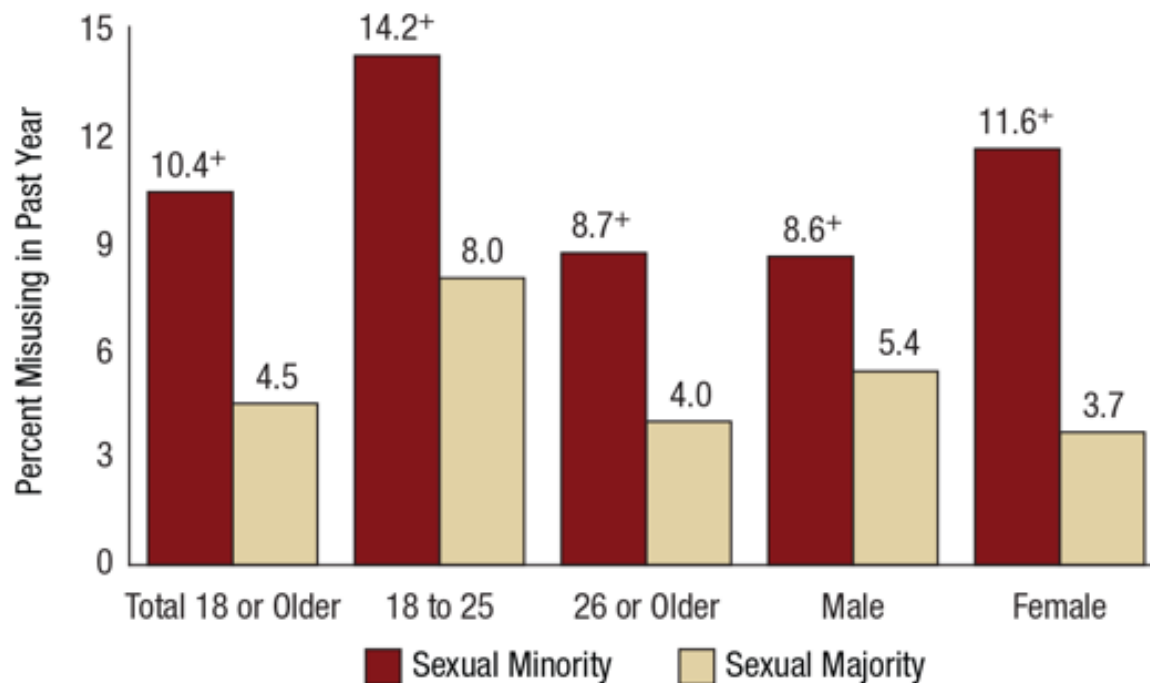
Minority Stress and Substance Use Disorders

- SUDs are associated with condom-less intercourse and HIV infection.^{14,15}
- SUDs are barriers to HIV pre-exposure prophylaxis (PrEP) adherence in populations at high risk for HIV.¹⁶



2015 National Survey on Drug Use and Mental Health

Figure 5. Past Year Misuse of Prescription Pain Relievers among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Age Group and Sex: Percentages, 2015



D

+ Difference between this estimate and the sexual majority estimate is statistically significant at the .05 level.

Note: Sexual minority adults identified as being lesbian, gay, or bisexual. Sexual majority adults identified as being heterosexual or straight.

Opioid Use Disorders among Sexual Minority Groups

- Sexual minority youth aged 16 to 25 are more likely to initiate prescription opioid misuse early in life compared with their sexual majority counterparts (Kecojevic et al., 2012).
- Among young men who have sex with men (MSM) aged 18 to 29, higher perceived stress is associated with higher opioid misuse (Kecojevic et al., 2015).

Opioid Use Disorders among Sexual Minority Groups

- Higher life stress among young Black MSM in Chicago was associated with greater odds of prescription opioid use (Voisin et al., 2017).
- Nonmedical opioid use among MSM is associated with increased risk of condomless sexual intercourse and sharing syringes (Zule et al., 2016).

A Closer Look: Addictions among Transgender People

- Studies examining substance use disorders (SUDs) among transgender people are rare.¹⁹
- 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.^{20,21}



Gender Minority Stress and Substance Use among Transgender People

- Psychological abuse among transgender women as a result of nonconforming gender identity or expression is associated with:²²
 - 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 use²³



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.²⁴
- 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.



Substance Use Disorders among Transgender Adults

- Among 452 transgender adults, increased odds of SUD treatment history plus recent substance use were associated with:²⁵
 - intimate partner violence
 - PTSD
 - public accommodations discrimination
 - low income
 - unstable housing
 - sex work
- SUDs increasingly viewed as downstream effects of chronic gender minority stress



Substance Use and Posttraumatic Stress

- Co-occurrence of SUDs with posttraumatic stress symptoms is highly prevalent:²⁶
 - Associated with increased treatment costs, decreased treatment adherence, and worse physical and mental health outcomes
- Substance use is a common avoidance strategy for posttraumatic stress



Integrated Treatment for Addictions and Trauma

- Recent shift in focus toward trauma-informed care created a favorable environment in community SUD treatment settings for evidence-based integrated therapies that also target trauma and stress.²⁷⁻³⁰
- Integrated treatments for SUDs and posttraumatic stress are well tolerated and improve both SUDs and PTSD.



Minority Stress Treatment Principles for Behavioral Health Clinicians

- Normalize adverse impact of minority stress³¹
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of LGBTQ people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender



Cognitive-behavioral Therapy for Substance Use Disorders

- Adapting selected topics and practice exercises from the manual by Carroll³²
- 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

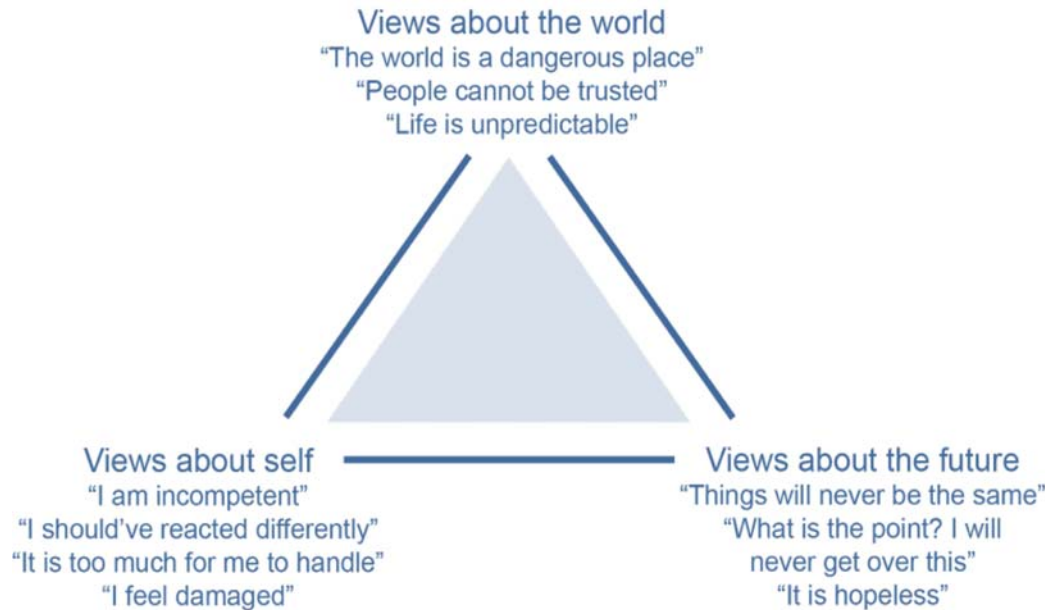
- Possible tailoring for LGBTQ adolescents:
 - Minority stress-specific triggers for cravings (e.g. nonconformity-related discrimination and victimization, expectations of rejection, identity concealment, and internalized homophobia/transphobia)
 - SUDs as barriers to personalized goals of adequate PrEP adherence or consistent condom use
 - For transgender patients: assertive substance refusal with non-transgender sex partners; HIV risk from hormone and silicone self-injections; SUDs as barriers to personalized goal of successful gender affirmation

Cognitive Processing Therapy for PTSD

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

Cognitive Triad of Traumatic Stress

Exhibit 1.3-2: Cognitive Triad of Traumatic Stress



SAMHSA, 2014

Cognitive Processing Therapy for Minority Stress

- Possible tailoring for LGBTQ adolescents:
 - Focus on how transgender-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 homophobia/transphobia);
 - Decreasing avoidance (e.g. isolation from LGBTQ community or medical care);
 - Impact of minority stress on PrEP adherence or condom use.



Minority Stress Impact on Antiretroviral Adherence

- Young transgender women and men who have sex with men are the two subpopulations with the greatest HIV incidence and prevalence in the U.S.³⁹⁻⁴¹
- Antiretroviral medications for HIV treatment and pre-exposure prophylaxis require adequate adherence for effectiveness.⁴²⁻⁴⁴



Minority Stress Impact on Antiretroviral Adherence

- Studies of antiretroviral adherence emphasize population-specific contextual barriers.
- Sexual and gender minority stress (e.g. discrimination, victimization) both adversely impact HIV self-care.⁴⁵⁻⁴⁹



PTSD and Antiretroviral Adherence

Interaction Effect of PTSD and Dissociation
On Antiretroviral Medication Adherence

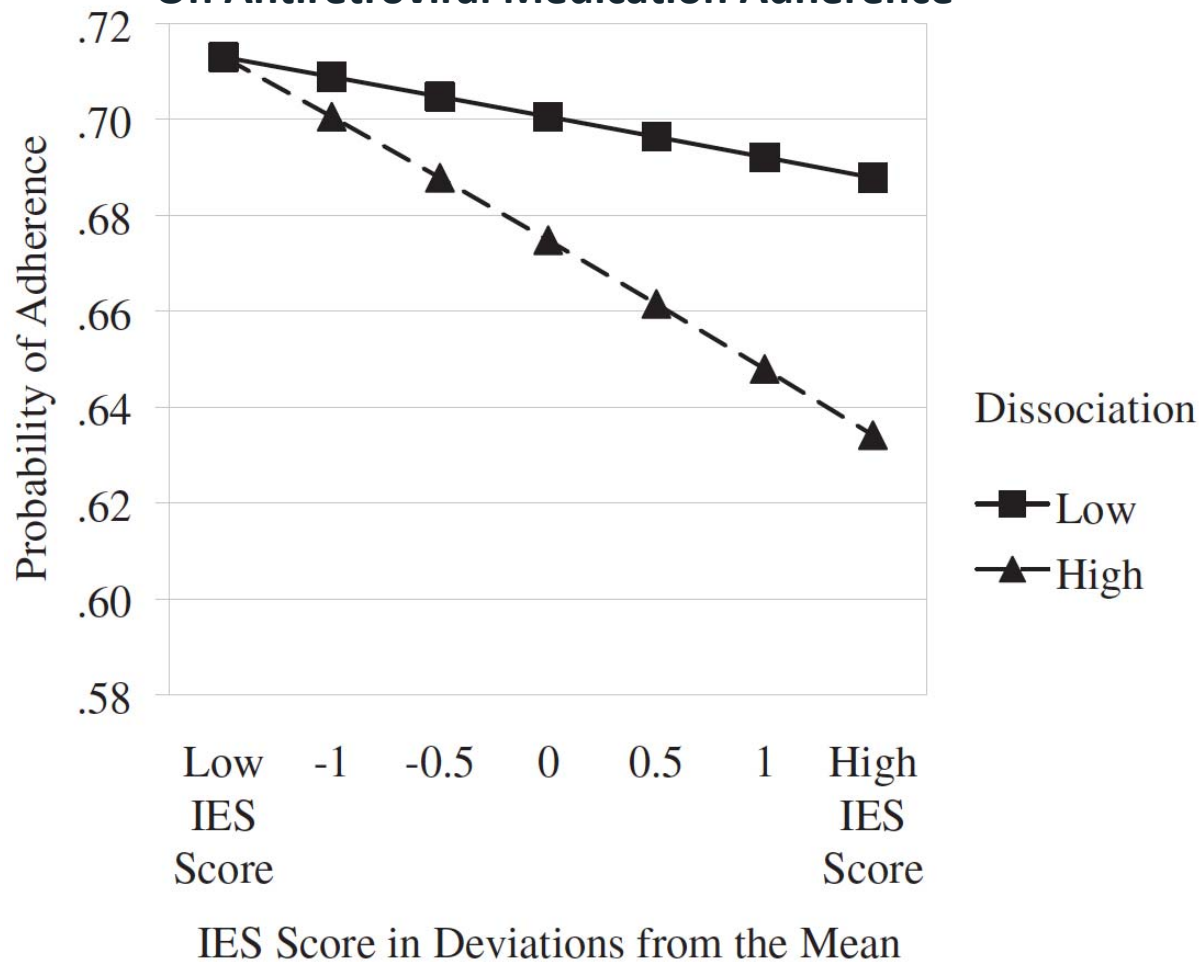


Fig. 2: Graph from "Trauma, dissociation and antiretroviral adherence among persons living with HIV/AIDS."⁵⁰

PTSD and Antiretroviral Adherence

- Importance of psychosocial interventions that target posttraumatic stress symptoms to maximize antiretroviral adherence in community populations.^{51,52}
- Integration of trauma-focused treatment services into antiretroviral medication management may effectively improve adherence.



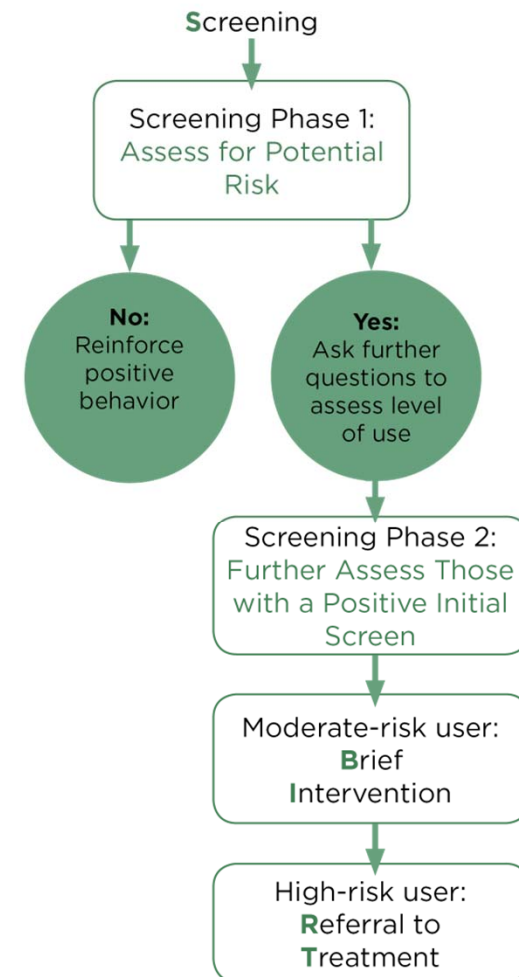
Bio-behavioral HIV Care

- Tailored behavioral interventions exist for antiretroviral adherence (e.g. Life-Steps).⁵³
- Combined biomedical and behavioral HIV treatment and prevention strategies are optimal.
- Behavioral health treatments that restructure minority stress cognitions can improve self-care and physical health outcomes.⁵⁴



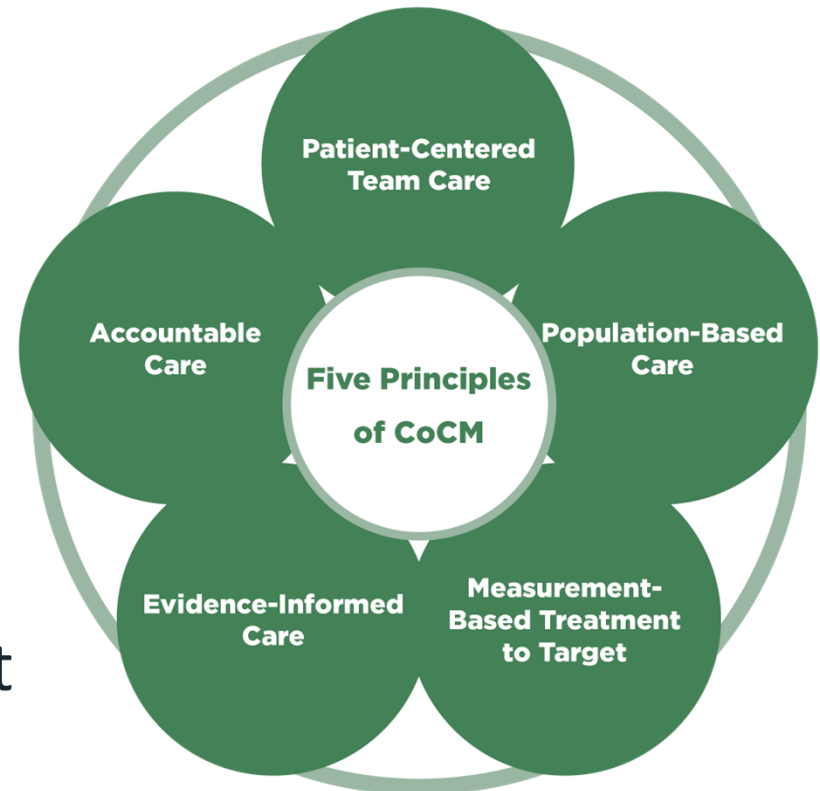
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- **Description:**
- Substance use screening
 - Alcohol & other drugs
- Behavioral health integration



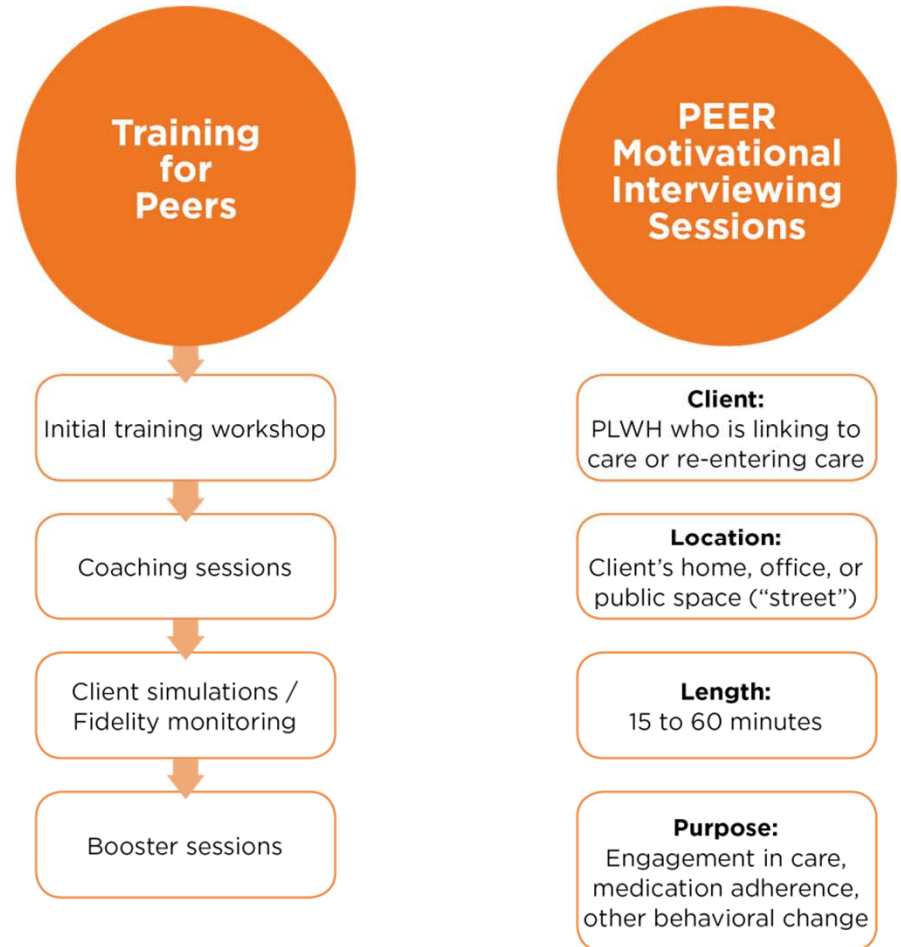
Collaborative Care Management for Behavioral Health (CoCM)

- **Description:**
- Team-based approach
 - Medical provider
 - Behavioral health provider
 - Consulting psychiatrist
- Treatment for wide range of psychiatric disorders



Peer Motivational Interviewing (PEERS MI)

- **Description:**
- Brief single sessions
- Black MSM deliver MI
- Focus on medication adherence



Promoting Resilience in Trauma-Informed Care

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

SAMHSA, 2014

Promoting Resilience through Strengths-oriented Questions

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

SAMHSA (2014)



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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)





The National LGBT 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, and transgender (LGBT) people.

The Education Center is a 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 LGBT-focused health centers.



Advice from one health care provider to another.

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617.927.6354

lgbthealtheducation@fenwayhealth.org

www.lgbthealtheducation.org

www.acponline.org/fenway



TRANSGENDER TRAINING FOR HEALTHCARE PROVIDERS

