



Gender-Affirming Behavioral Healthcare 101

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Learning Objectives

1. Define various terms and acronyms related to gender-non-binary individuals
2. Explain the differences between gender identity, gender expression, sex, and sexuality
3. Discuss gender identity in the context of mental health diagnosis
4. Explore the unique needs and barriers of the gender-non-binary population
5. Apply best practices for gender-affirming behavioral healthcare



Agenda / Contents

- 1 Understanding Gender Identity
- 2 Gender Identity and Mental Health
- 3 Barriers and Best Practices
- 4 Resources and Conclusion

Behavioral Health



Chapter 1

Understanding Gender Identity



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Key Terminology

Gender identity | an individual person's internally felt sense of being male, female, both, or something else

Gender expression | how a person publicly expresses or presents their gender

Sex | the anatomical classification of people as male, female or intersex, usually assigned at birth

Cisgender | individuals whose gender identity or expression aligns with their assigned sex at birth

Non-binary | a person who does not identify exclusively as a man or a woman

Transgender | people whose gender identity / expression is different from what they were assigned at birth

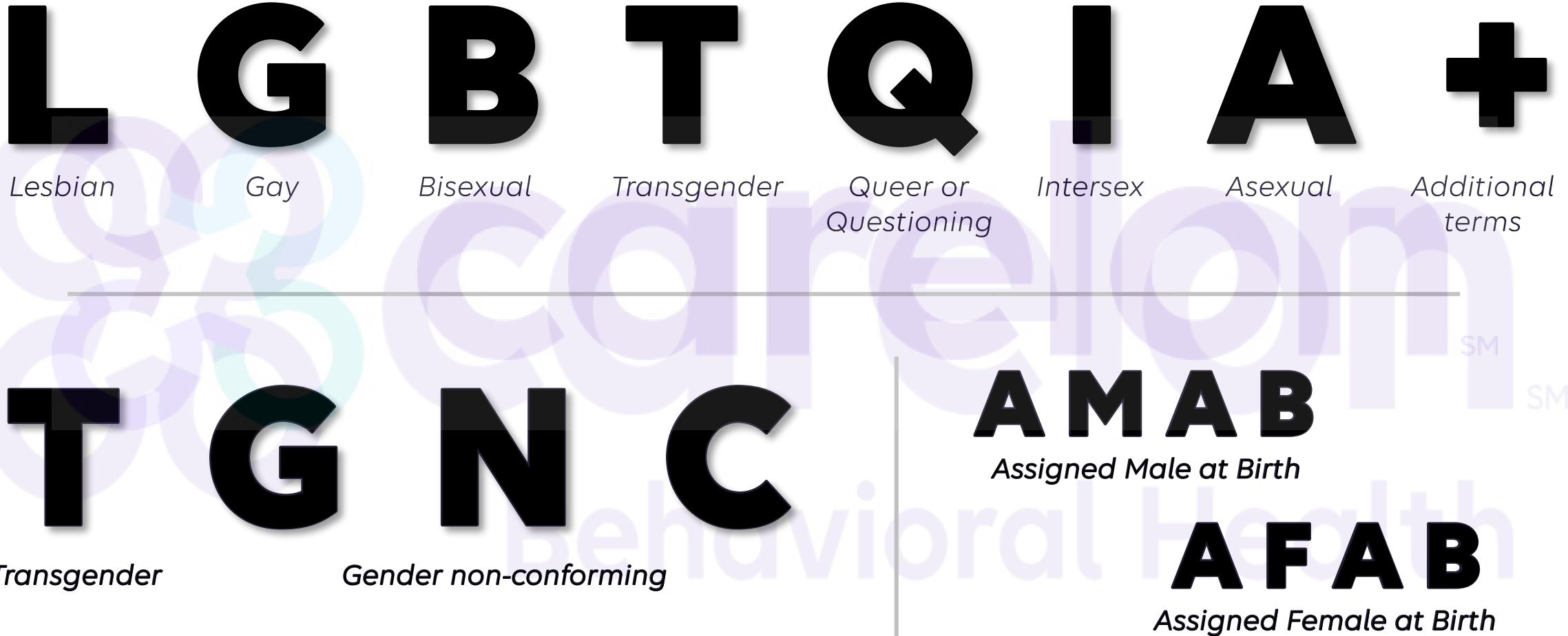
Intersex | a person born with reproductive anatomy that doesn't fit the typical definitions of female or male

Sexual Orientation | An inherent and enduring pattern of emotional, romantic or sexual attraction

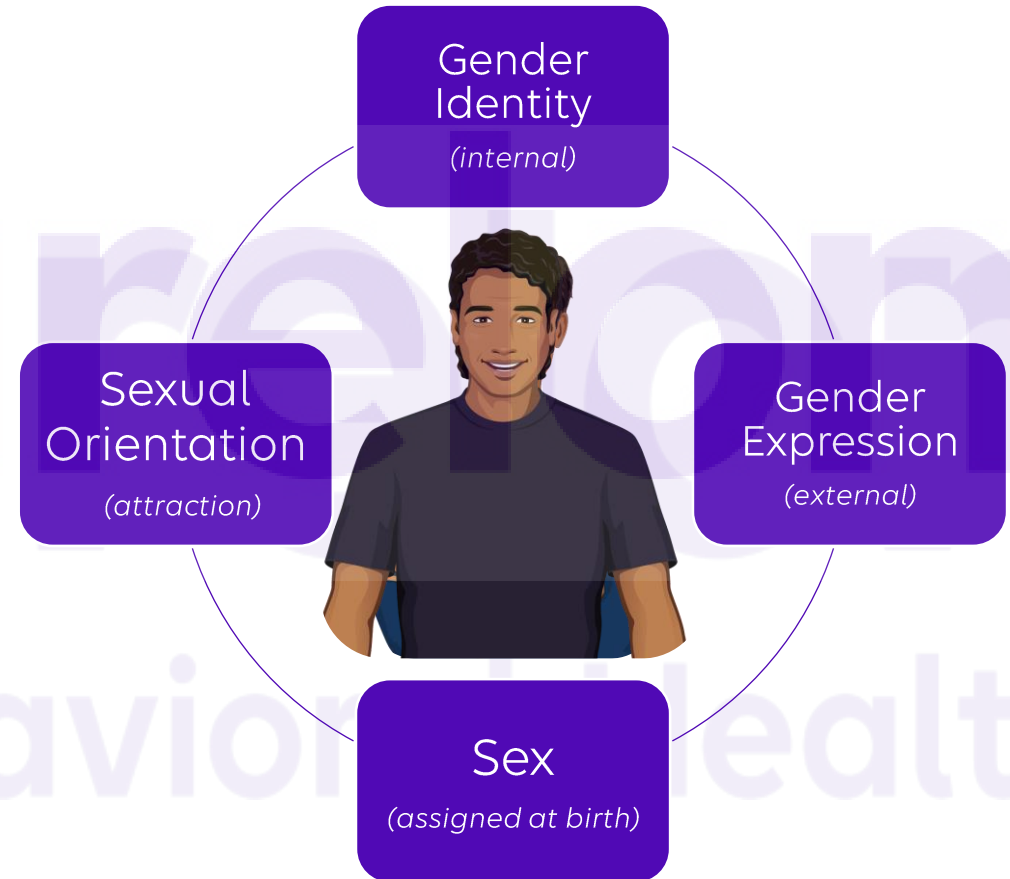
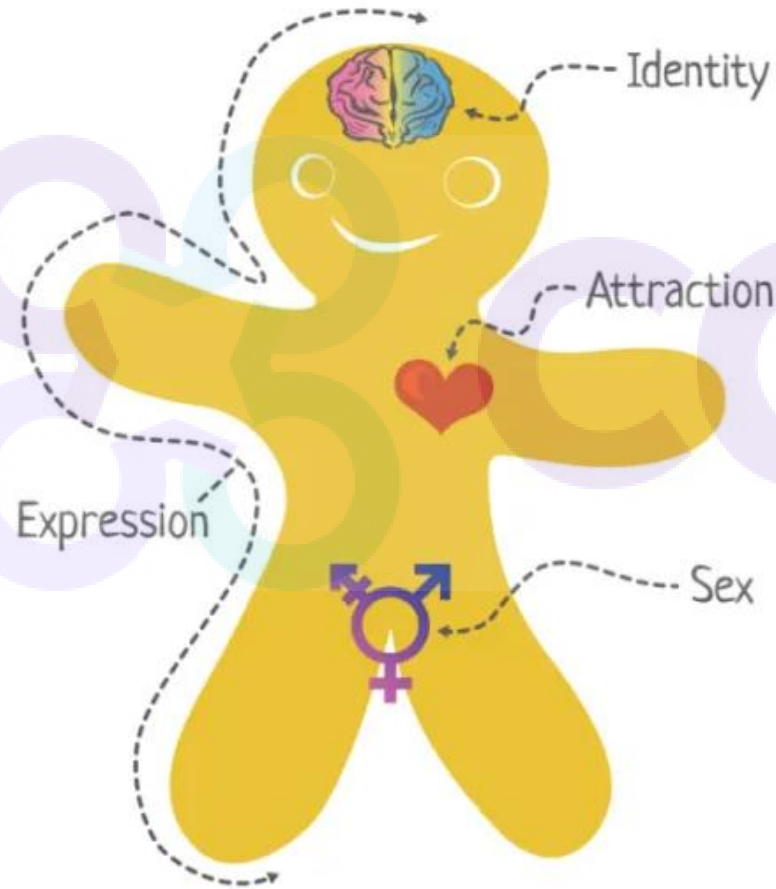
Queer | a sexual or gender identity that does not correspond to established ideas of sexuality and gender



Key Terminology: Acronyms



The Genderbread Person v4 by its pronounced [METROsexual.com](https://www.metrosexual.com/)



Pronouns: A Part of Gender Expression

May or may not “match” gender presentation

Can change over time



May be different with different people

It's OK to ask, and it's OK to mess up



Why Pronouns Matter

Sam Brinton

Head of Advocacy
and Gov't Affairs,
The Trevor Project



[Click here to
view video via
YouTube](#)



building a safer,
more-inclusive world

Chapter 2

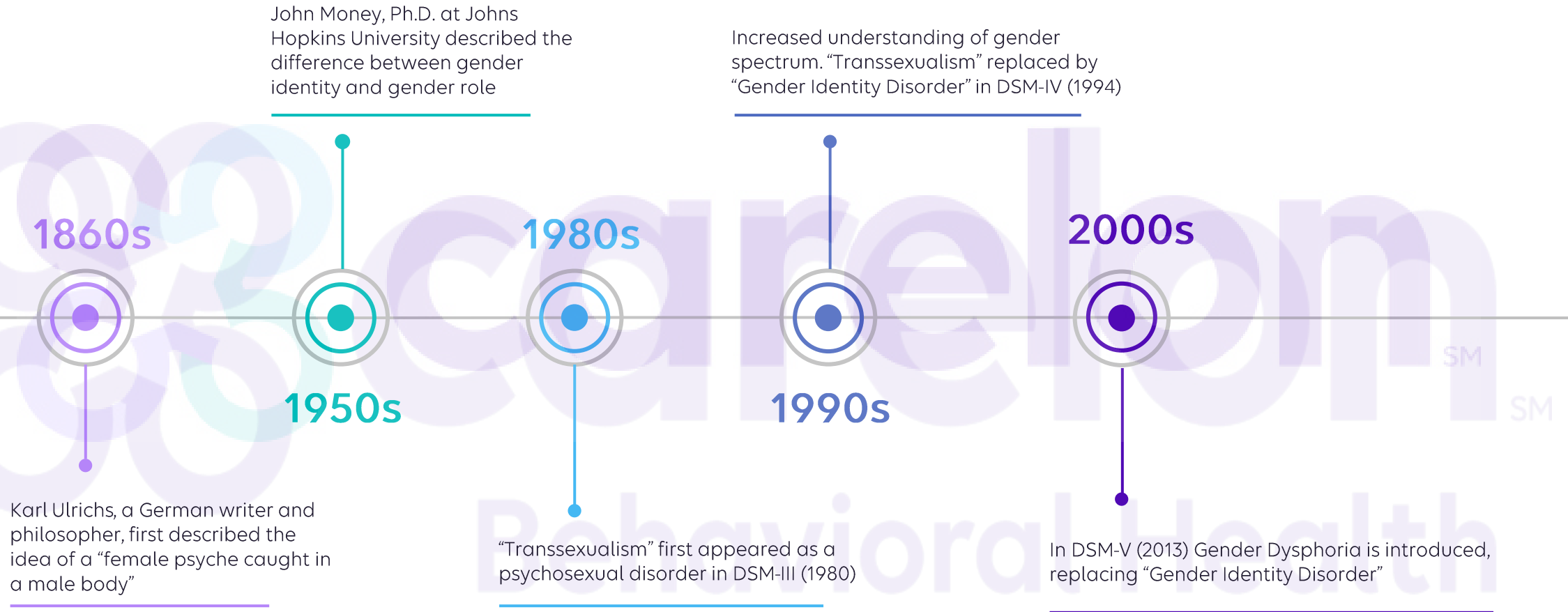
Gender Identity and Mental Health



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History of Gender in Mental Healthcare



Fighting Stigma with Language

Disorder *(Noun)*

an abnormal physical or mental condition

Dysphoria *(Noun)*

a state of feeling very unhappy, uneasy, or dissatisfied

- Gender nonconformity is not in itself a mental disorder.
- The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition
- Removing gender identity diagnoses from the DSM would jeopardize access to insurance coverage for certain medical and psychiatric treatments
- Changing wording from “disorder” to “dysphoria” is more appropriate and respectful, while retaining the need for a diagnostic label
- ICD-10 Medical coding currently uses “Gender Incongruence”, listed in the Sexual Health section rather than under mental disorders



Gender Dysphoria (DSM-V-TR)

A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by two or more of the following:

- I. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
- II. 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
- III. A strong desire for the primary and/or secondary sex characteristics of the other gender
- IV. A strong desire to be of the other or an alternative gender than one's assigned gender
- V. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- VI. 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.



Gender Dysphoria and Mental Distress

Transgender and gender-non-conforming (TGNC) people have increased rates of mental illness and mental distress



The Minority Stress Model

Certain oppressed groups experience unique, chronic, hostile stressors leading to negative effects on their health.

Distal (External) Stressors

- Stigmatization
- Prejudice
- Discrimination
- Rejection / Exclusion
- Victimization

Proximal (Internal) Stressors

- Internalized Transphobia
- Shame / Guilt
- Rejection sensitivity
- Identity concealment
- Fear



The U.S. Transgender Survey (2015) – Mistreatment & Victimization

31 % experienced mistreatment in the past year in a place of public accommodation

20 % did not use some type of public accommodation during the previous year due to fear of mistreatment

46 % were verbally harassed during the previous year

9 % were physically attacked during the previous year

47 % were sexually assaulted during their lifetime (1 in 10 during the previous year)

57 % would feel uncomfortable asking the police for help if they needed it



The U.S. Transgender Survey (2022) – Healthcare Disparities

1 in 4 experienced insurance problems related to trans status

48% reported discrimination by a healthcare professional

1 in 4 did not visit a doctor when needed due to fear of mistreatment

“

Multiple medical professionals have misgendered me, denied to me that I was transgender or tried to persuade me that my trans identity was just a misdiagnosis of something else, have made jokes at my expense in front of me and behind my back, and have made me feel physically unsafe. I often do not seek medical attention when it is needed, because I'm afraid of what harassment or discrimination I may experience in a hospital or clinic.

- Anonymous survey participant

”



The U.S. Transgender Survey (2015) – Mental Health

44% of respondents were currently experiencing serious psychological distress*
(2022)

40% have attempted suicide at some point in their life,
7% attempted within the past year
(vs. 4.6% and 0.6% of the general population, respectively)
(2015)

13% reported that one or more professionals, such as a psychologist, counselor, or religious advisor, tried to stop them from being TGNB
(2015)

More than **75%** said they wanted counseling or therapy for their gender identity or transition at some point in their life, but only **58%** have ever received counseling or therapy
(2015)

* Serious psychological distress includes mental health problems severe enough to cause moderate-to-serious impairment in social, occupational, or school functioning and to require treatment

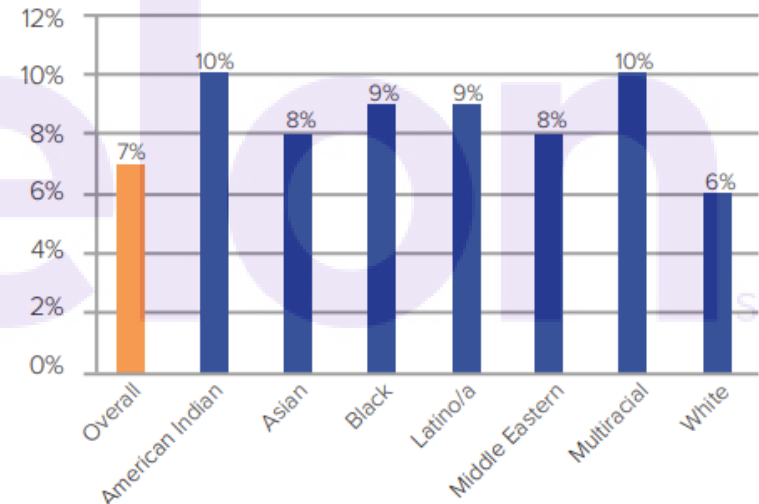


Intersecting Marginalized Identities

Intersecting marginalized identities
=
belonging to two+ marginalized populations

- i.e., a Black trans woman
- LGBTQIA+ people of color have
 - Significantly increased risk of discrimination based on gender or sexual identity
 - Increased difficulty interacting with legal, political, and workforce systems
 - Higher risk of exclusion from family, ethnic & religious communities

Figure 7.29: Attempted suicide in the past year
RACE/ETHNICITY (%)



In Their Own Words

TGNB people speak about their gender identity and experiences of discrimination and aggression.



[Click here to
view video via
YouTube](#)

Chapter 3

Barriers & Best Practices

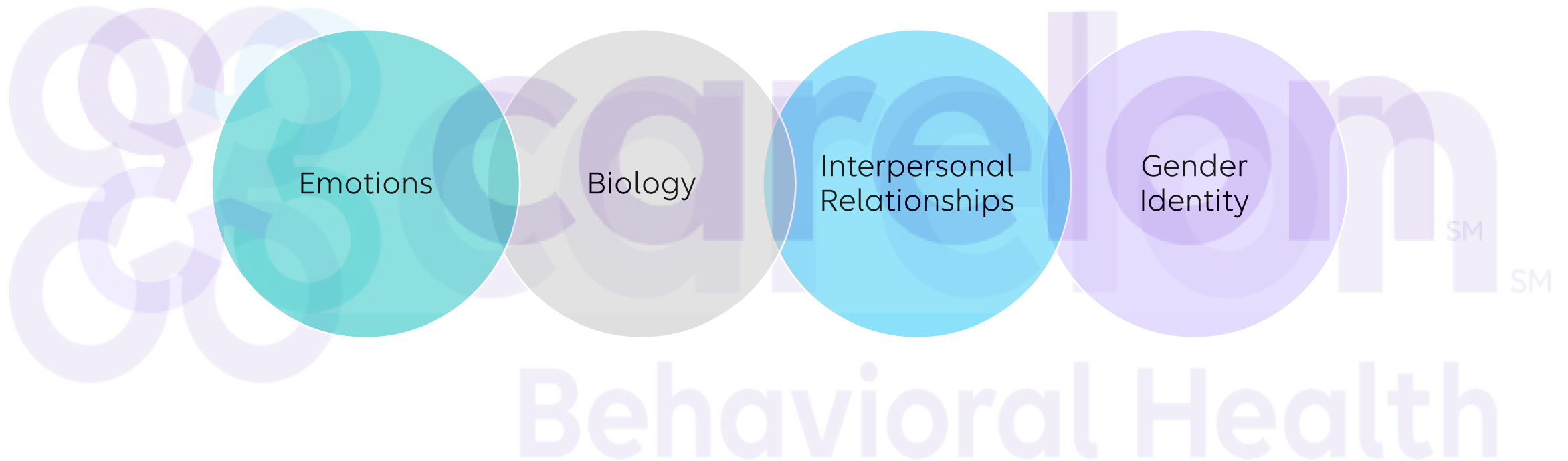


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Defining “Gender-Affirming Care”

A range of social, psychological, behavioral, and medical interventions designed to support and affirm an individual’s gender identity when it conflicts with the gender they were assigned at birth



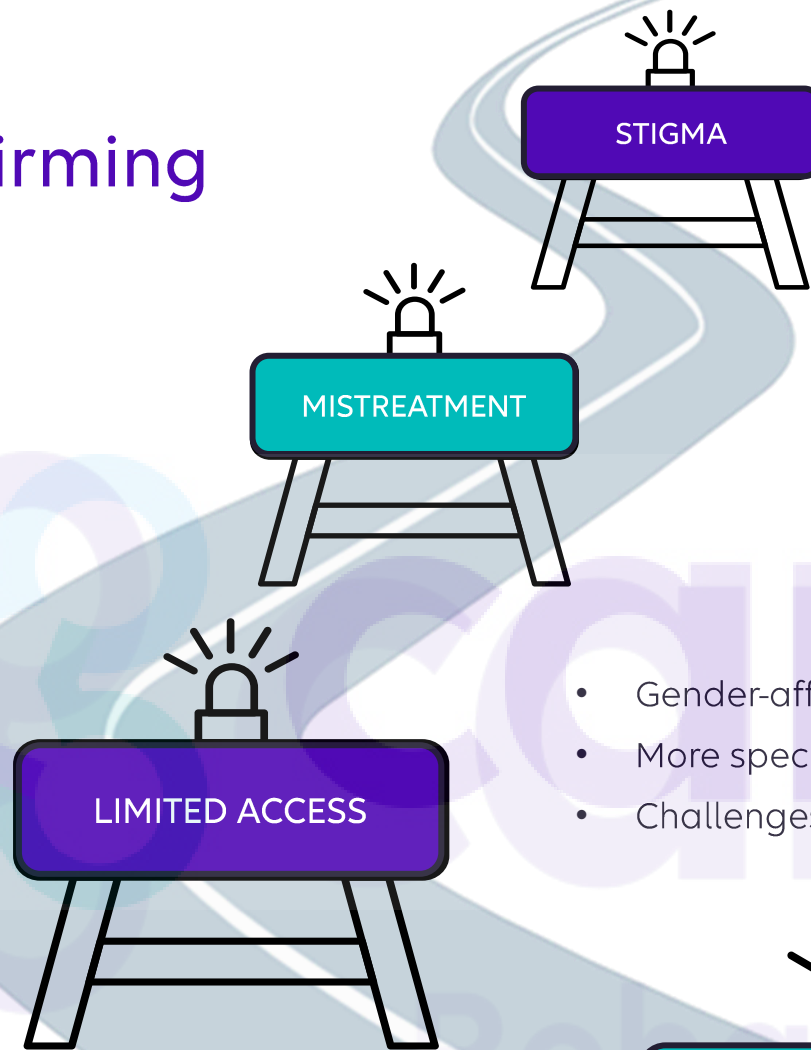
Better Outcomes Research

Some outcomes of gender-affirming care include:

- ↑ Improved quality of life
- ↑ Greater relationship satisfaction
- ↑ Higher self-esteem & confidence
- ↓ Reductions in:
anxiety, depression,
suicidality & substance use



Barriers to Gender-Affirming Care



- Interpersonal – discriminatory actions by others due based on attributes
- Structural – devaluation of TGNC people through policies and norms
- Individual– internalized negative beliefs about self

- Conscious or subconscious discrimination
- Refusal of services or coverage, abusive treatment
- Conversion “therapy”

- Gender-affirming care mostly found in big cities
- More specialized = less accessible
- Challenges with residential /inpatient programs

- Lack of skilled providers
- “friendly” vs. trained
- Even fewer providers trained in intersecting identities



Training Deficits in LGBTQ+ Healthcare

In 4 years of medical school, students received an average of **5 hours** of LGBTQ+ specific training

Obedin-Maliver et. al. (2011)

40% of medical residents received NO exposure to transgender patients during their residency.

Park and Safer (2018)

More exposure to TGNC people during medical training led to higher levels of comfort with the population

Park and Safer (2018)

Literature suggests many counseling Students graduate feeling underprepared to meet the needs of LGBTQ+ clients

(Lindsay, 2018; Troutman & Packer-Williams, 2014).



Best Practices in Gender-Affirming Behavioral Healthcare

- Being “tolerant” or “friendly” is not enough
- TGNC people deserve providers willing to invest in ongoing learning
 - Understanding current and historical discrimination and barriers
 - Working against systematic discrimination
 - Challenging implicit bias
 - Practicing cultural humility
 - What not to do / say with TGNC clients
 - Trauma-informed care



Best Practices: Challenging Implicit Bias

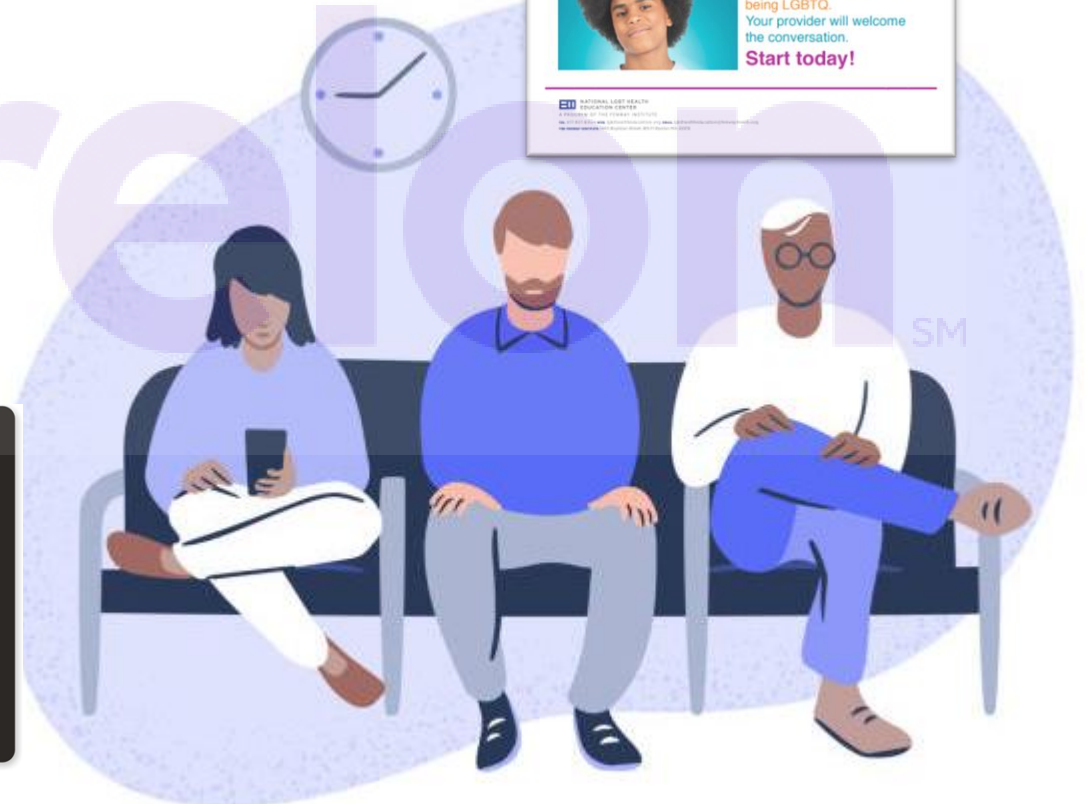
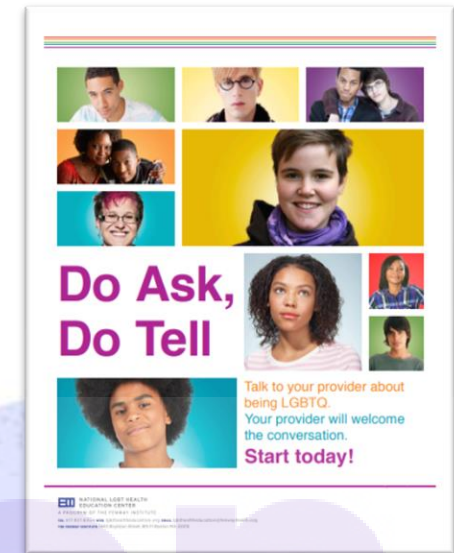
Implicit bias: personal or societal beliefs that *unconsciously* affect a person's perception, behavior, and decisions.

Cultural humility: an ongoing process of self-exploration and self-critique combined with a willingness to learn from others.



Best Practices: Create an Affirming Environment

- Gender-inclusive greetings via phone
- Diverse décor and materials in waiting room
- Are intake forms inclusive and representative of different identities and family types?
- How will the person be greeted / called in the waiting room?
- Is there an all-gender restroom?
- How are people directed to the restroom?



Best Practices: Ask, Don't Assume

Never assume a client's gender identity, pronouns, or name

Hello! Let's start with some introductions. My name is Meagan, my pronouns are she/her. And you?

Do you mind if I ask a few more questions around your identity and demographics?

How would you describe your gender identity?

If this information ever changes, please feel free to share that with me.



Best Practices: Effort and Respect

- You will make mistakes with pronouns or assumptions
- Perfection is not expected – effort and respect are



Best Practices: How to Handle an Assumption or Pronoun Error

- Don't overreact – mistakes happen, overreaction can make the client feel uncomfortable
- Don't ask the client to make you feel better about your error
- Sincerely apologize, correct your error
- Make effort to not make the same error again



A
Darn it, I can't believe I did that. I am so sorry. Can you forgive me?

B
Right, I apologize for getting that wrong. So, have you discussed this with your partner?

C
Mhmm, "partner". Okay so did you discuss it?

They're not my wife, they're my partner.



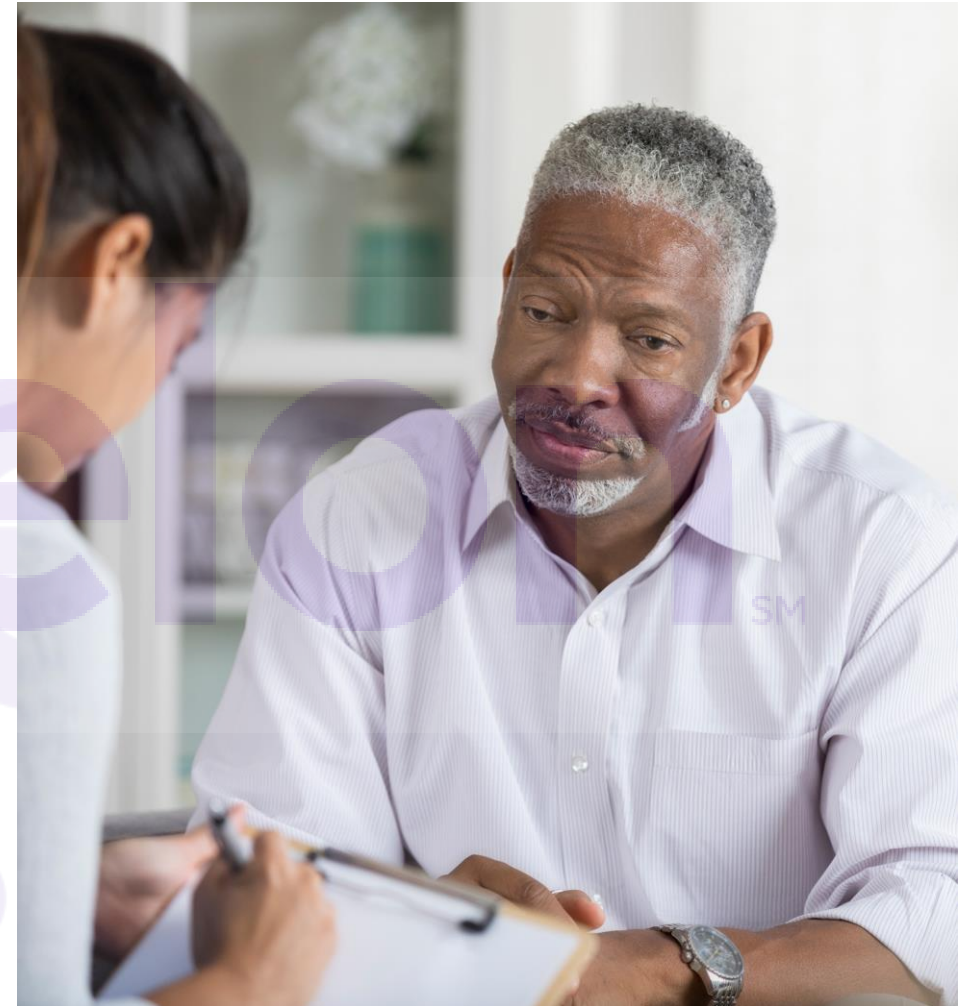
Best Practices: Avoid Reason Seeking

- Exploring “reasons” for the client’s identity or orientation

So you started thinking you might be non-binary around age 15 ... did you experience any sexual trauma around that time?

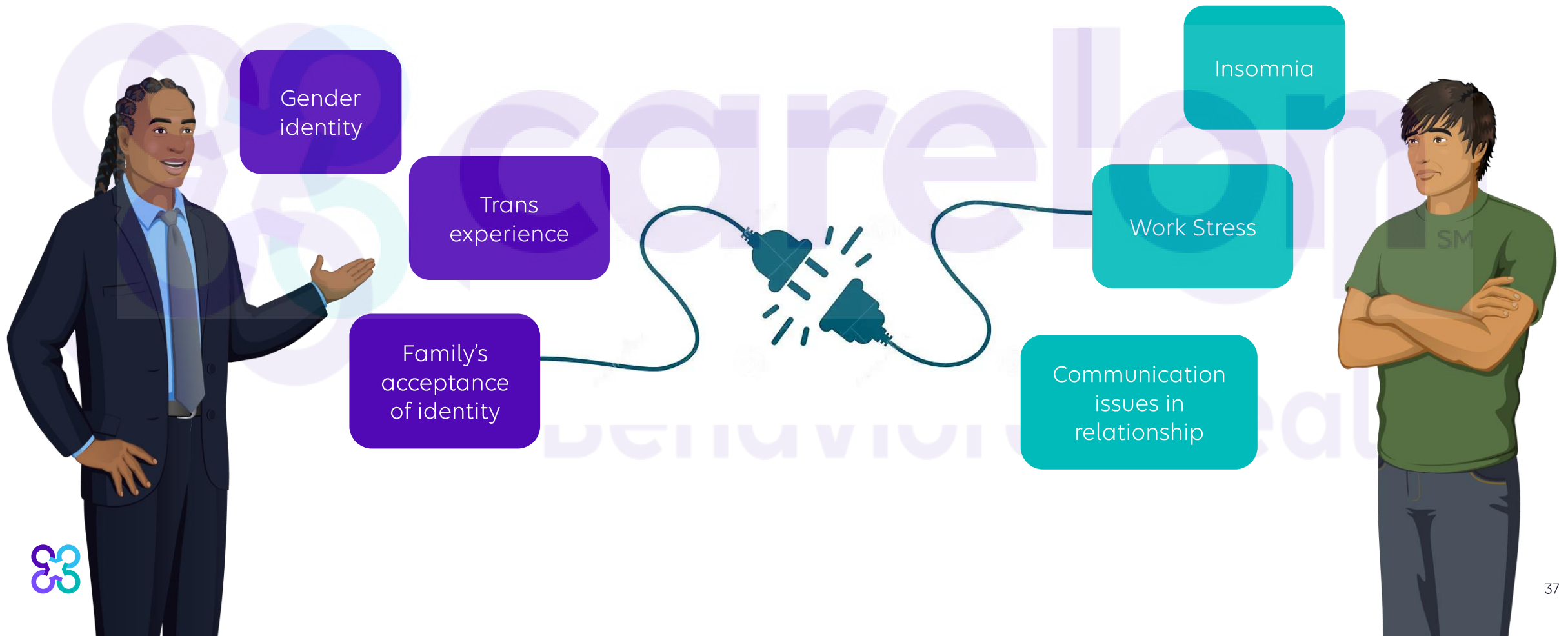
I understand you identify as a trans man... can you tell me about your relationship with your father?

- Suggests it is abnormal, preventable, “fixable”
- Implies that their identity was *caused* by trauma or a bad relationship

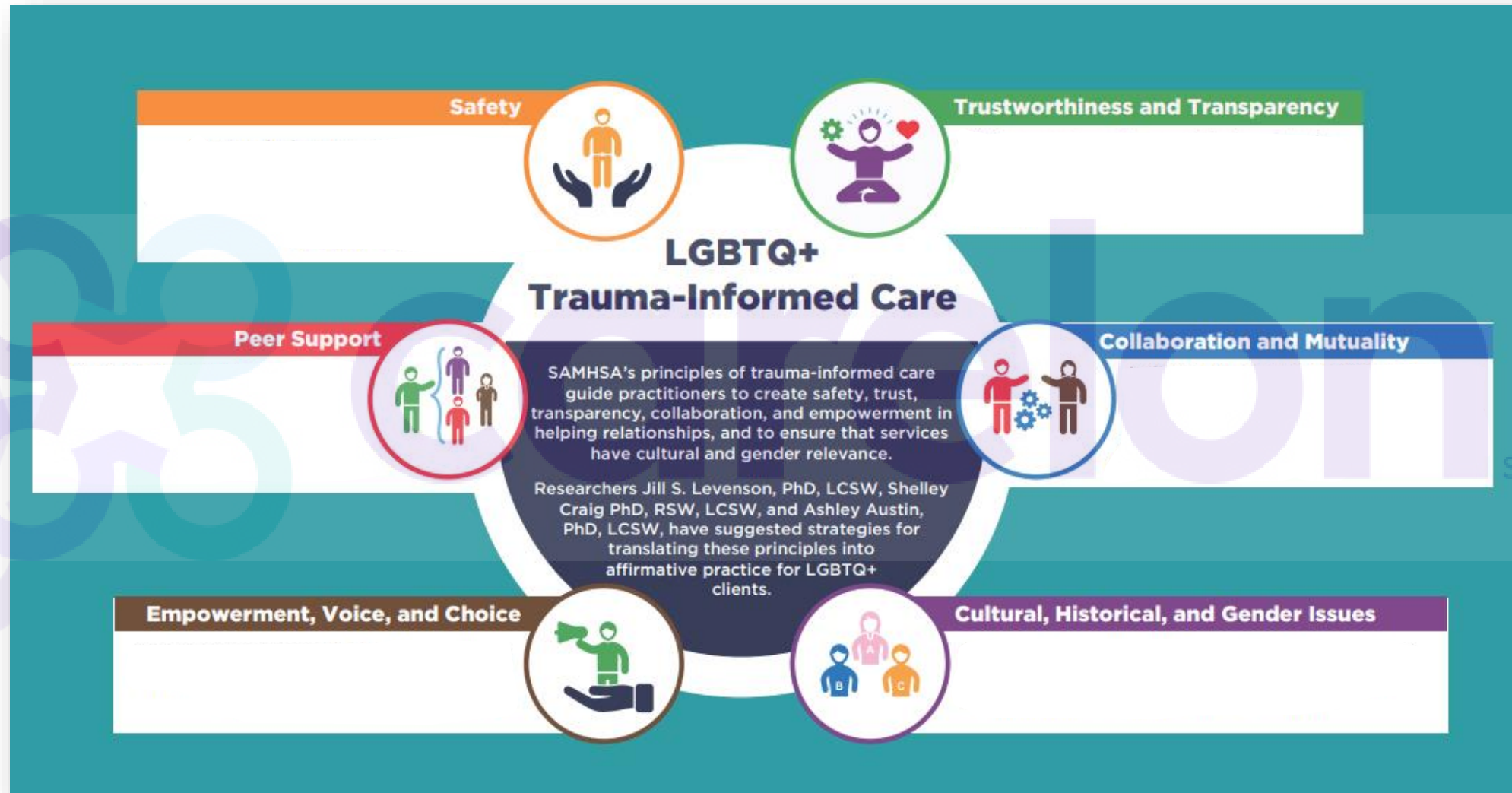


Best Practices: Not Neglecting Other Needs

- TGNC identity or related issues are not necessarily the primary concern in therapy
- Be intentional with your focus: what is the client's presenting problem or priority?



Best Practices: Trauma-Informed Care



Best Practices: Responding to Disclosure of Trauma

Communicate belief	That must have been frightening for you.
Validate the decision to disclose	I understand it could be very difficult for you to talk about this.
Acknowledge injustice	Violence is unacceptable. I'm sorry that happened, that should not have happened.
Be clear that the patient is not to blame	What happened is not your fault.
Help the patient contain their story to reduce the risk of retraumatization	This information is really important and I wonder if telling it right now might be overwhelming to you or your body? Let's take a moment to breathe and then tell me what you think.
Let the patient know that help is available	A next step that might be useful is to give you some referral options to (people) (programs) that specialize in healing and recovery. Do you feel this would be helpful to you right now?
Collaborate with and empower the patient	Are there resources you know of that you would like my help accessing? The next steps in referral are entirely up to you.



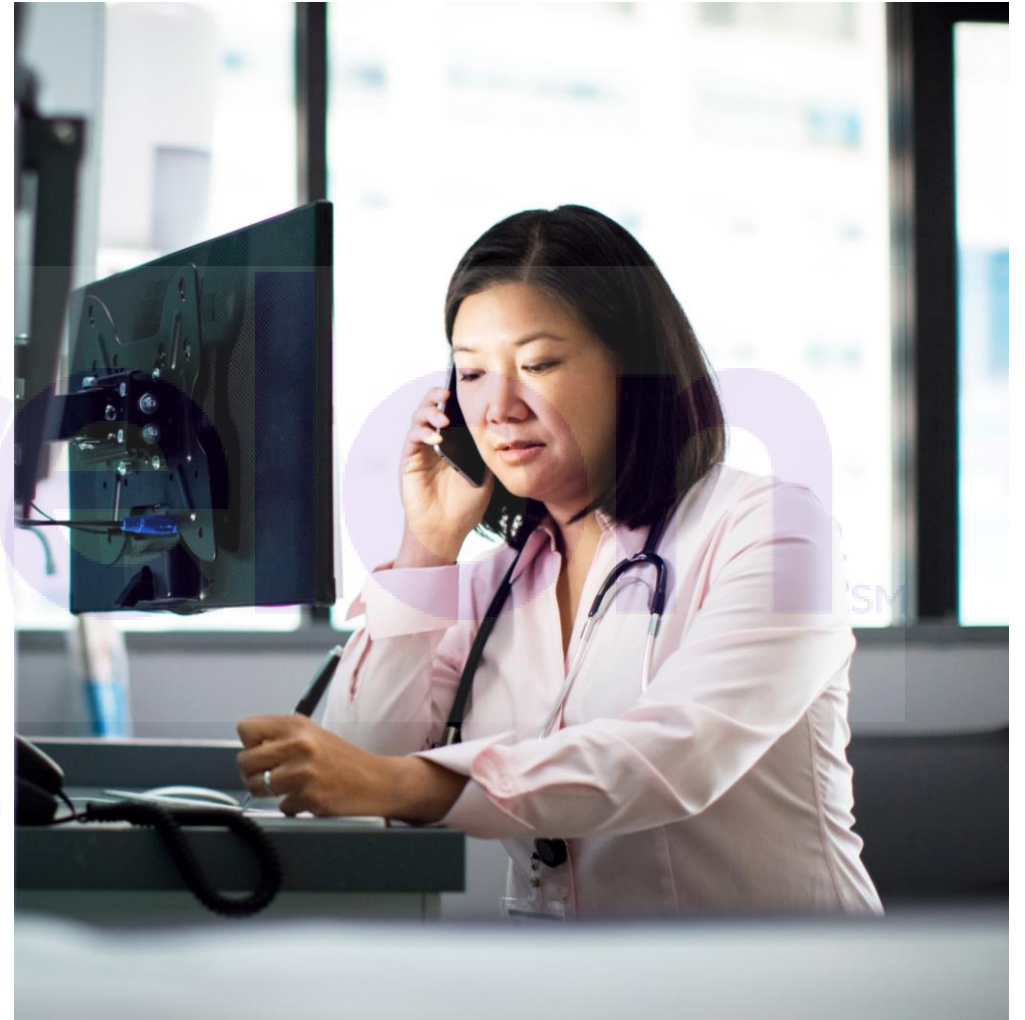
[Key Ingredients for Successful Trauma-Informed Care Implementation \(SAMHSA, 2016\)](#)



Jennifer Potter, MD (2020). Trauma-Informed Care for Trans and Gender Diverse Individuals Harvard Medical School The Fenway Institute

Best Practices: Promoting Integrated Care

- TGNC clients often have complex clinical needs
- Behavioral health providers often must refer out to other types of care
- It's important to maintain a network of trauma-informed, gender-affirming providers for referral
- Verify safe and affirming environments, staff, etc.
- Maintain ongoing communication and treatment collaboration wherever possible



Chapter 4

Resources and Conclusion



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Resources

National Center for Transgender Equality

- Information & resources for understand TGNC people and the issues they face

2015 U.S. Transgender Survey Report

- 2022 report coming soon! **Sign up to see the Early Findings Report in February 2024**

National LGBTQIA+ Health Education Center: Learning Resources

- Registration required to access materials (no cost)
- CEUs available via some trainings

The Trevor Project

- 24 / 7 / 365 support and information for LGBTQIA+ young people



Resources *continued...*

SAMHSA LGBTQI Behavioral Health Equity Resources

- Resources & toolkits

Human Rights Campaign: LGBTQ Mental Health Resources

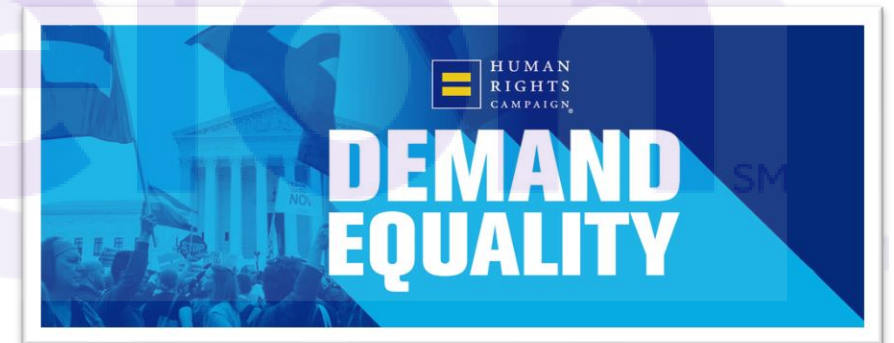
- List of LGBTQ Crisis / Suicide Prevention Helplines

Mental Health America: BIPOC LGBTQ Mental Health

- Infographic and resources regarding intersecting marginalized identities

APA Toolkit for Working with TGNC Patients

OutCare: LGBTQ Healthcare Resources & Provider Database





Thank You!

All attendees will receive a copy of the slide deck & a link to view webinar recording within 24 hours

Please contact

BH_ClinicalTrainingDepartment@carelon.com

with questions or concerns.



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References

- <https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions>
- Paz-Otero M, Becerra-Fernández A, Pérez-López G, et al. (2021) A 2020 Review of Mental Health Comorbidity in Gender Dysphoric and Gender Non-Conforming People. J Psychiatry Treat Res 3(1):44-55
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.
- Boyle, Patrick. Association of American Medical Colleges (2022). What is gender-affirming care? Your questions answered. <https://www.aamc.org/news/what-gender-affirming-care-your-questions-answered>
- Antonio D. Garcia and Ximena Lopez, MD (2022). How Cisgender Clinicians Can Help Prevent Harm During Encounters With Transgender Patients. AMA J Ethics. 2022;24(8):E753-761. doi: 10.1001/amajethics.2022.753.
- Obedin-Maliver J, Goldsmith ES, Stewart L, White W, Tran E, Brenman S, Wells M, Fetterman DM, Garcia G, Lunn MR. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. JAMA. 2011 Sep 7;306(9):971-7. doi: 10.1001/jama.2011.1255. PMID: 21900137.
- Lindsay, P. (2018). Counselor education and addressing the needs of the LGBT community: Are we doing enough? Alabama Counseling Association Journal, 42(2), 73-89.
- Levenson, J. S., Craig, S. L., & Austin, A. (2021). Trauma-informed and affirmative mental health practices with LGBTQ+ clients. Psychological Services.
- Jennifer Potter, MD (2020). Trauma-Informed Care for Trans and Gender Diverse Individuals Harvard Medical School The Fenway Institute
- Scientific American (2022) What the Science on Gender-Affirming Care for Transgender Kids Really Shows. <https://www.scientificamerican.com/article/what-the-science-on-gender-affirming-care-for-transgender-kids-really-shows/>
- Pauline, V. (2023). Integrated Care Strategies to Address the Unique Needs of LGBTQ+ Populations. <https://www.thenationalcouncil.org/integrated-care-strategies-to-address-the-unique-needs-of-lgbtq-populations/>

