Mid-America (HHS Region 7)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

IC-Telehealth Behavioral Health Consultation:

Gender Affirming Practices in Primary Care

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UNMC MUNROE-MEYER INSTITUTE

NEBRASKA PARTNERSHIP FOR MENTAL HEALTHCARE ACCESS IN PEDIATRICS

A Good State of Mind

www.dhhs.ne.gov/NEPMAP

SAMHSA

Substance Abuse and Mental Health Services Administration

Disclaimer

At the time of this publication, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered/ trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Announcements

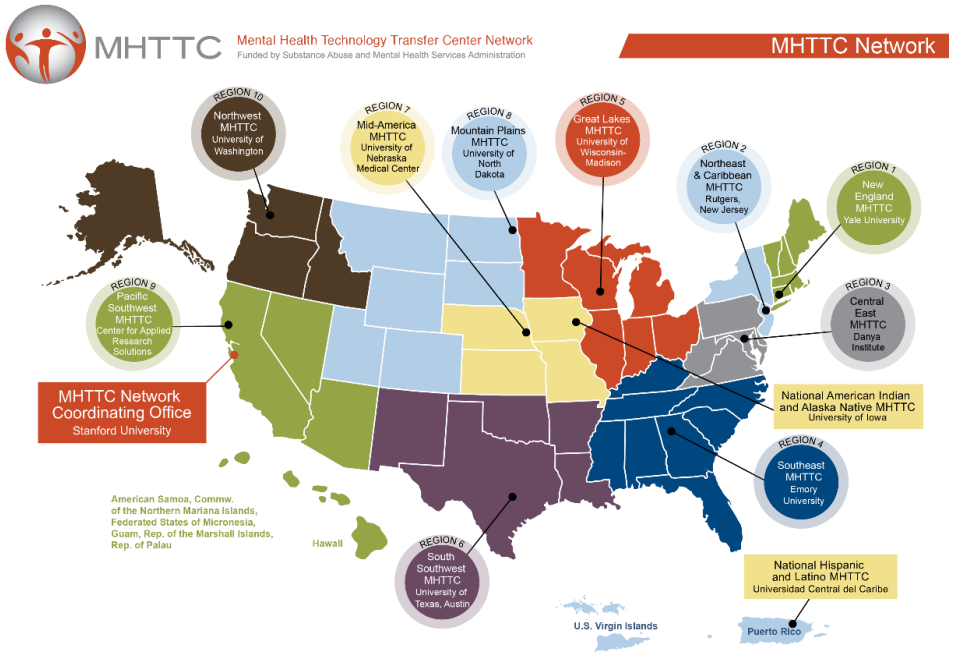
- This webinar is being recorded.

https://mhttcnetwork.org/centers/mid-america-mhttc/tele-behavioral-health-consultation-tbhc-primary-care-webinar-series

Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center.
  (5 years, $3.7 million, grant number: H79SM081769)



Nebraska Mental Health Access Grant

- 5-year, $2.2 million HRSA grant through maternal and child health bureau
- Designed to improve timely access to behavioral healthcare for children in rural Nebraska
- The main goal is to provide primary care providers access to behavioral health supports

Goals

- Enhance **early screening** of behavioral health disorders
- Conduct a clinical demonstration project in a network of providers to **expand and diversify integrated behavioral health provision in PC** pediatric and family medicine practices, with a focus upon **rural** communities
- Evaluate the overall **effectiveness of increasing access to PCP's to behavioral health consultation**

https://www.unmc.edu/mmi/services/psychology/teleproviderconsult.html?msclkid=77c12956b5f311ec8c21922c759e3b30

Tele-Behavioral Health Consultation (TBHC)

- Behavioral health providers or case managers on-site at primary care clinics
- Behavioral health/care managers determine need for consultation with psychiatry
- Consultant consults with PCP (audio or audio-visual) on the same day
  - Child Psychiatry
  - Developmental Medicine
  - Psychiatric Nurse Practitioner

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Behavioral Health Consultation for Primary Care Providers

The UNMC Tele-Behavioral Health Consultation Team (TBHC) provides psychiatry support to primary care providers in Nebraska who are managing pediatric patients with behavioral health problems. Providers are available to offer guidance on diagnosis, medications, and psychotherapy interventions to assist primary care providers in better managing patients in their practices. Support is available through phone and synchronous audio/video teleconference consultations to referring primary care providers.

How Does it Work?

1. The participating provider or representative initiates a request to Dani Porter at (402) 559-3838 or through the website at unmc.edu/mmi/departments/psychology/psych-patientcare/teleproviderconsult.html
2. A member of the TBHC team will contact the provider within the same business day to offer guidance.
3. The TBHC is not an emergency service. Emergencies will be routed to local emergency services.
4. The UNMC TBHC team does not prescribe medication. They provide support for prescribers.

Team Members

Terri Mathews, Ph.D., APRN-NP
Psychiatric Nurse Practitioner

Ryan Edwards, M.D.
Psychiatrist

Cindy Ellis, M.D.
Developmental-Behavioral Pediatrician

Scan me

Scan with your smartphone for more information!

University of Nebraska Medical Center

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The (UNMC Tele-Behavioral Health Consultation Team) is supported by an award from Nebraska Department of Health and Human Services (NEDHHS). The award is made possible by the Health Resources and Services Administration's (HRSA) Pediatric Mental Health Care Access Program, Grant No. U4CMC32322, with NEDHHS as lead state agency. The contents of the project are the responsibility of UNMC MMI and do not necessarily represent official views of, or endorsement by, HRSA or NEDHHS.

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Primary Care Providers (PCPs)

- PCPs can request a consultation three ways:

  1) Visit our website:
  https://www.unmc.edu/mmi/services/psychology/teleproviderconsult.html

  2) QR Code

  3) Call 402-559-38

Learning Objectives

- Gender developmental models
- Defining terms
- Current perspectives on treatment
- Gender affirmative model
- Interdisciplinary care
- Legal and Ethical considerations

Typical Models of Gender Development

1. Biological

→ This approach to gender development concerns itself with a factors related to biology.

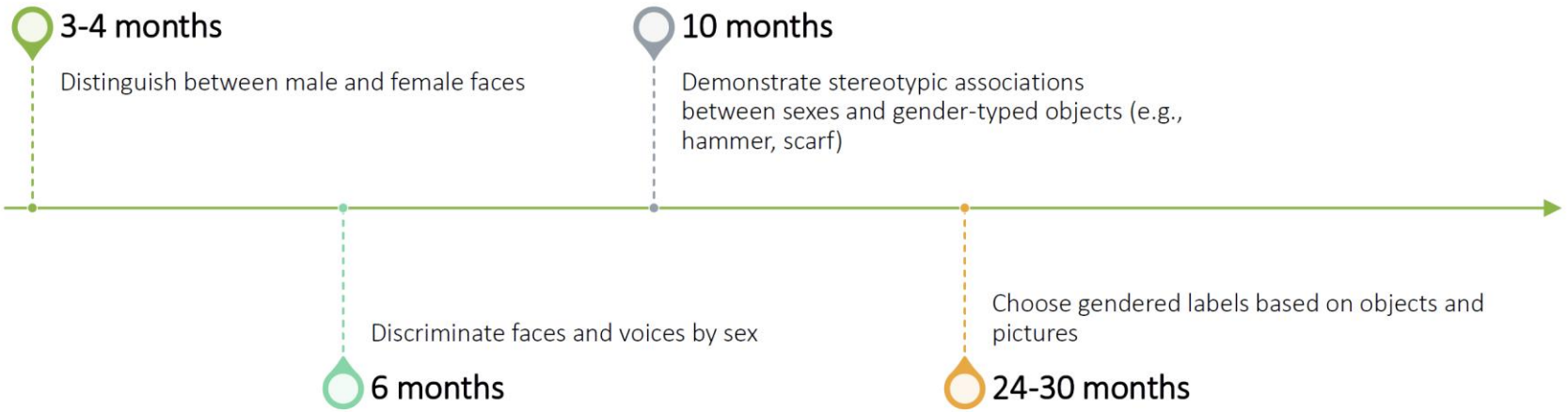
2. Social

→ Socialization approaches and learning theory and reinforcement paradigms.

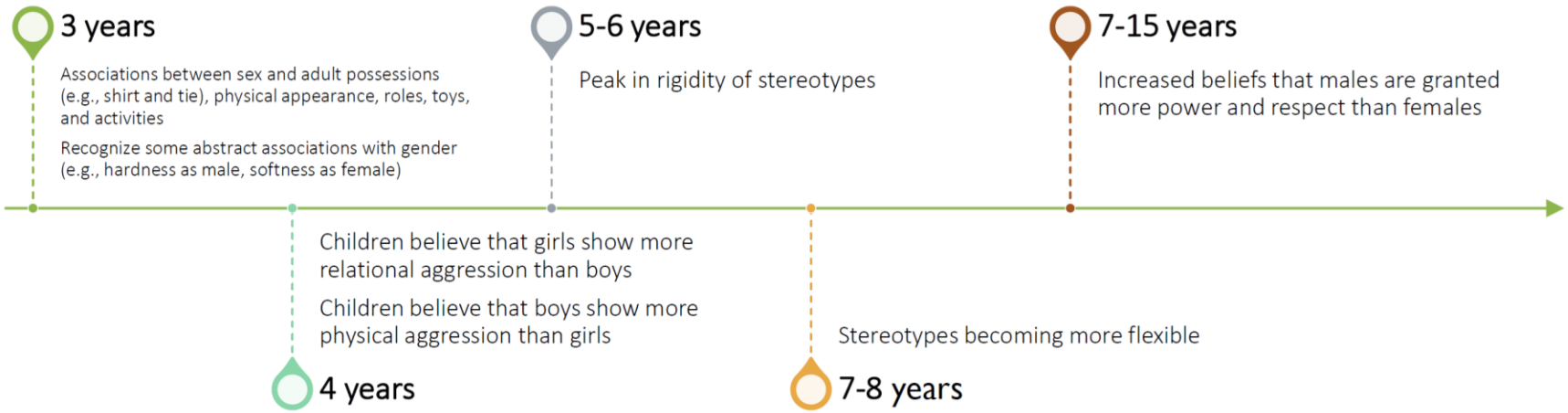
3. Cognitive

→ Children are active constructors of knowledge who see, interpret, and act on information in an effort to match their behavior to their knowledge of gender.

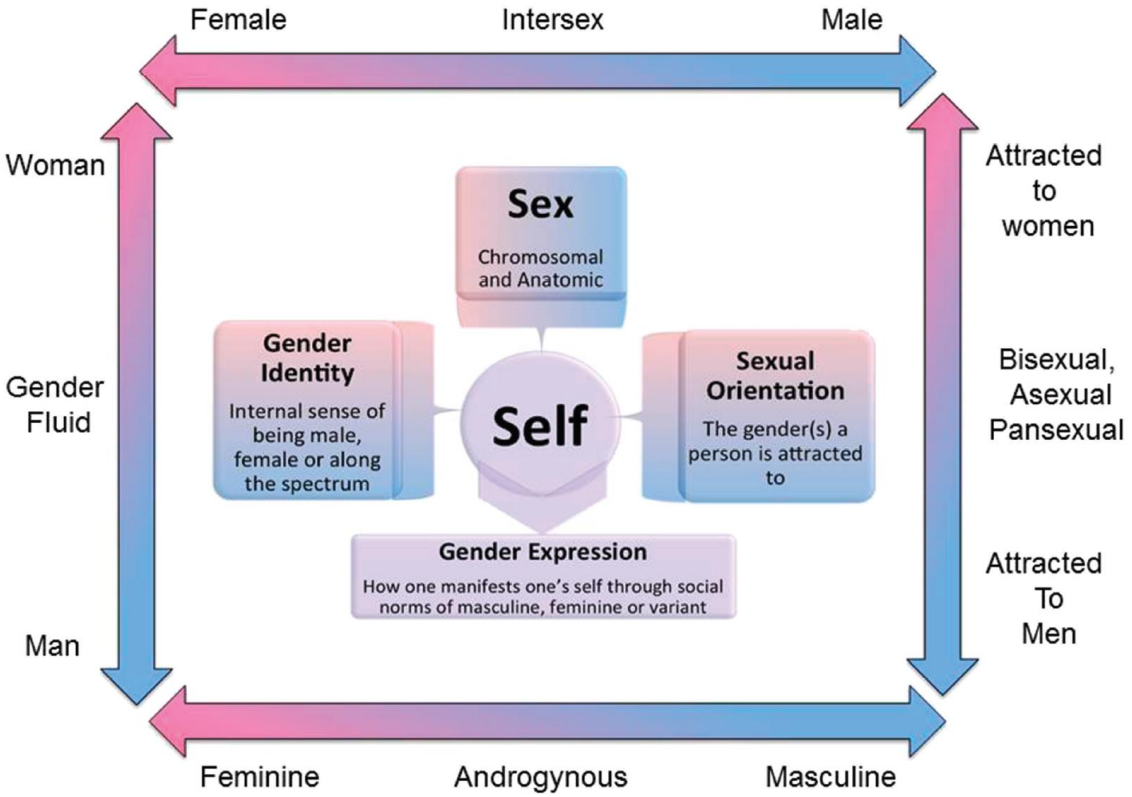
Gender Development (0-15)



Gender Development (0-15)



Gender Diversity



Transgender Identity Development

Number	*Stage*	*Some Characteristics*	*Some Actions*
1	Abiding anxiety	Unfocussed gender and sex discomfort	Preference for other gender activities and companionship
2	Identity confusion about originally assigned gender and sex	First doubts about suitability of originally assigned gender and sex	Reactive gender and sex conforming activities
3	Identity comparisons about originally assigned gender and sex	Seeking and weighing alternative gender identities	Experimenting with alternative gender consistent identities
4	Discovery of transsexualism or transgenderism	Learning that transsexualism exists	Accidental contact with information about transsexualism
5	Identity confusion about transsexualism or transgenderism	First doubts about the authenticity of one's own transsexualism	Seeking more information about transsexualism
6	Identity comparisons about transsexualism or transgenderism	Testing transsexual identity using a transsexual reference group	Start to disidentify with women and females; start to identify as transsexed
7	Identity tolerance of transsexual or transgender identity	Identify as probably transsexual	Increasingly disidentify as originally assigned gender and sex
8	Delay before acceptance of transsexual or transgender identity	Waiting for changed circumstances; looking for confirmation of transsexual identity	Seeking more information about transsexualism; reality testing in intimate relationships and against further information about transsexualism
9	Acceptance of transsexual or transgender identity	Transsexual identity established	Tell others about one's transsexual identity
10	Delay before transition	Transsexual identity deepens; final disidentity as original gender and sex; anticipatory socialization	Learning how to do transition; saving money; organizing support systems
11	Transition	Changing genders and sexes	Gender and sex reassignments
12	Acceptance of posttransition gender and sex identities	Posttransition identity established	Successful posttransition living
13	Integration	Transsexuality mostly invisible	Stigma management; identity integration
14	Pride	Openly transsexed	Transsexual advocacy

- Devor, A. H. (2004). Witnessing and mirroring: A fourteen stage model of transsexual identity formation. Journal of Gay & Lesbian Psychotherapy, 8(3–4), 41–67. doi:http://dx.doi.org/10.1300/J236v08n01_05

- The American College of Obstetrics and Gynecology Committee Opinion published in March 2021 estimated 150,000 youth and 1.4 million adults living in the U.S. identify as transgender (Bonnington A, Dianat S, Kerns J, Hastings J, Hawkins M, De Haan G, et al. Society of Family Planning clinical recommendations: Contraceptive counseling for transgender and gender diverse people who were female sex assigned at birth. *Contraception.* (2020) 102:70–82. doi: 10.1016/j.contraception.2020.04.001)

Defining terms

- **Cisgende**r-refers to the majority of the population-individuals whose gender identity aligns with the sex they were assigned at birth, that is, everyone else has told you that you are a boy and that matches how you know yourself.
- **Gender expansive** -refers to anyone whose gender expression differs from what is expected, typically based on their gender identity. AKA gender creative, gender nonconforming, or gender independent.
- **Gender expression** refers to readily visible sets of norms, including behaviors, clothing, hairstyle, mannerisms, roles, activities, and so on that are ascribed to one gender or another.
- **Gender fluid children-** refers to children who defy the norms of binary gender and either slide along a gender spectrum or weave their own intricate individual patterns along the gender web.
- **Gender smoothies-** a variation of gender fluid—a teenager vividly described it "you see, you take everything about gender, throw it in a the blender, press the button, and you've got me—a gender smoothie)
- **Gender hybrids-** children who combine or alternate between genders, often in a binary way.
- **Gender prius**-half girl/half boy- gender label invented by a school age child who from the front looked like any b oy in basketball shorts, tank top, and basketball sneakers and from the back had a long blond braid tied at the end with a bright pink bow.
- **Gender minotaur-** children who explain that they are one gender on the top and another on the bottom. This usually is to account for genitals at odds with the gender they know themselves to be.
- **Gender-by-season**- children who freely express their authentic gender (identity, expression, or both) during summer and school vacations but never at school
- **Gender-ambidextrous children-** children who use both their girl self and their boy self interchangeably.
- **Agender youth/genderqueer youth/nonbinary-** devoid of gender

- ***Some terms related to transgender and gender expansive process:***
- **Cisnormativity-** assumption that everyone is cisgender
- **Heteronormativity-** the assumption that everyone is heterosexual
- **Passing-** being perceived by others as the gender one knows oneself to be, regardless of sex assigned at birth.
- **Gender dysphoria versus gender dysphoria-** Gender dysphoria capitalized is a diagnosis in the DSM-5, and gender dysphoria lowercase is the experience that something is not right regarding one's gender.
- **Clueing in versus coming out-** clueing in is the experience of coming to an understanding of one's gender and/or sexual orientation as being different than expected (internal process).COMING out- is the experience of sharing one's gender and/or sexual orientation with others (an interpersonal process)
- **Gender transition-** and individual process that may consist of social, legal, medical, and/or surgical changes in gender.
- **Binding-** when a person, typically postpubertal and assigned female at birth, attempts to flatten their chest to present the appearance of a masculine chest
- **Tucking-** when a person, typically assigned male at birth attempts to minimize their genital bulge. Several online companies sell gaff panties to assist in tucking that are safer for use.

Mental Health Concerns Associated with TGE

- **Depression, anxiety, suicidality, and suicide attempts**
- Minority stress, lack of support, stigma, and discrimination are directly linked to the increased rates of mental health concerns.
- Even more concerning is the high rate of suicidality and suicide attempts.
- We also recommend screening for intimate partner violence and any history of childhood trauma or abuse.

- **Prevalence**
- 33.6% reported non suicidal self injury (NSSI) only during the previous year
- 18.0% reported NSSI + a suicide attempt during the previous year
- Trans males significantly more likely to report NSSI

- **Risk factors**
- Common risk factors for negative mental health outcomes include physical and verbal abuse, exposure to discrimination, social isolation, poor peer relations, low self-esteem, weight dissatisfaction, and age.

- **Increase in referrals**
- Outpatient clinics that specialize in working with transgender and gender expansive children have seen a threefold rise in the amount of child referrals they have received over the past 30 years.

Barriers to healthy gender development

- Lack of safety
- Failure to identify differences in threat/danger between private and public spaces
- Lack of consensus among professionals
- Disparities in the acceptance of transgender and gender expansive children in the larger community
- Rejecting the gender affirmative mode as disruptive to society
- Refusing timely medical intervention for adolescents may prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization.
- Nontreatment associated with poverty, homelessness, violence, sexual exploitation and poor mental health outcomes and suicide.

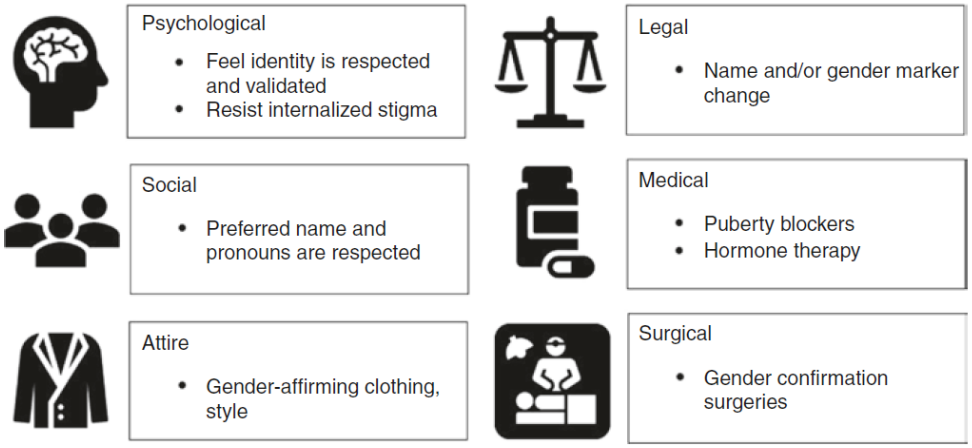
Current perspectives and Treatment

- World Professional Association for Transgender Health
- "The overall goal of the SOC is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment. This assistance may include primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments. While this is primarily a document for health professionals, the SOC may also be used by individuals, their families, and social institutions to understand how they can assist with promoting optimal health for members of this diverse population."

Standards of Care and Clinical Guidelines

- World Professional Association for Transgender Health 2012

- Social Transition
- Puberty Suppression
- Gender-Affirming Hormone Treatment
- Gender Affirming Surgery
  - Informed consent and/or Assent
  - Dual Parental Consent



American Psychological Association (2015)

- Guideline 1. Psychologists understand that gender is a non-binary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth.
- Guideline 2. Psychologists understand **that gender identity and sexual orientation are distinct but interrelated** constructs.
- Guideline 3. Psychologists seek to understand how gender identity intersects with the other cultural identities of Transgender and Gender Nonconforming People.
- Guideline 4. Psychologists are aware of how their attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TGNC people and their families.
- Guideline 5. **Psychologists recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC people**.
- Guideline 6. Psychologists strive to recognize the influence of institutional barriers on the lives of TGNC people and to assist in developing TGNC-affirmative environments.
- Guideline 7: Psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people.
- Guideline 8. Psychologists working with gender questioning and TGNC youth understand the different developmental needs of children and adolescents and that not all youth will persist in a TGNC identity into adulthood.
- Guideline 9. Psychologists strive to understand both the particular challenges that TGNC elders experience and the resilience they can develop.
- Guideline 10. Psychologists strive to understand how mental health concerns may or may not be related to a TGNC person's gender identity and the psychological effects of minority stress.
- Guideline 11. Psychologists **recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care.**
- Guideline 12. Psychologists strive to understand the effects that changes in gender identity and gender expression have on the romantic and sexual relationships of TGNC people.
- Guideline 13. Psychologists seek to understand how parenting and family formation among TGNC people take a variety of forms.
- Guideline 14. Psychologists recognize the potential benefits of an interdisciplinary approach when providing care to TGNC people and strive to work collaboratively with other providers.
- Guideline 15. Psychologists respect the welfare and rights of TGNC participants in research and strive to represent results accurately and avoid misuse or misrepresentation of findings.
- Guideline 16. **Psychologists seek to prepare trainees in psychology to work competently with TGNC people.**

American Academy of Pediatrics (2018)

- Providing youth with access to comprehensive gender-affirming and developmentally appropriate health care.
- Providing family-based therapy and support be available to meet the needs of parents, caregivers and siblings of youth who identify as transgender.
- Making sure that electronic health records, billing systems, patient-centered notification systems and clinical research are designed to respect the asserted gender identity of each patient while maintaining confidentiality.
- Supporting insurance plans that offer coverage specific to the needs of youth who identify as transgender, including coverage for medical, psychological and, when appropriate, surgical interventions.
- Advocacy by pediatricians within their communities, for policies and laws that seek to promote acceptance of all children without fear of harassment, exclusion or bullying because of gender expression.

Gender Affirmative Model

- **Theoretical basis:**
  - (a) no gender identity or expression is pathological;
  - (b) gender presentations are diverse and vary across cultures, requiring our cultural sensitivity;
  - (c) according to current knowledge, gender involves an integration of biology, development and socialization, and culture and context, with all of these bearing on any individual's gender self;
  - (d) gender may be fluid, and is not binary, both at a particular time point and if and when it changes within an individual over time; and
  - (e) any pathology that is present is more often caused by cultural reactions to gender diversity (e.g., transphobia, homophobia, sexism) than by internal psychological disturbances within the child

- In the model the role of the mental health provider is a facilitator in helping a child discover and live in their authentic gender with adequate supports

- Implicit in this model is a focus on resilience, coping, and wellness. The GAM serves to assist in facilitating gender health, not labeling any part of gender as an illness.

Gender Affirmative Model: Key Considerations

- Following a clinical interview that considers a thorough developmental history, distress identified as related to gender dysphoria is addressed first

- Following interventions to ease gender dysphoria or symptoms distress, other symptomatic conditions (e.g., depression, anxiety, eating disturbances, interpersonal problems) are re-evaluated and addressed

- Parents are not pathologized in the face of their child's gender diversity but are offered support

- Closer clinical investigation is considered when a child's gender expression and/or identification may be the symbolic representation of a psychological problem.

Interdisciplinary Care

- Gender-affirming care is primary care.
- The World Professional Association for Transgender Health (WPATH) supports primary care providers (PCPs) as a cornerstone in healthcare delivery
- PCPs are charged with providing a holistic, comprehensive assessment, and longitudinal approach to care plans.
  - → Interdisciplinary teams are the community-centered, patient-responsive care, in that they promote and ensure physical and emotional health as well as social well-being.

Integration of Medical and Mental Health Care

Role of Primary Care Physician (PCP)

- Address adolescent development and puberty.
- Offer referrals to mental health professionals and medical persons who specialize in gender care.
- Initiate hormone therapy themselves, given an increase in education and training opportunities in medical school, residence and CME.

Role of Mental Health Provider within primary care

- Weigh in on:
  - the authentic gender identity of the youth or level of gender dysphoria exhibited by the youth;
  - level of maturity and ability to assent to and follow through on the recommended hormonal treatment;
  - the evidence of any coexisting psychological conditions; and
  - the level of family support and willingness to consent to the treatment.
- Help families:
  - educate themselves about gender diversity and understanding that support contributes to their child's well-being;
  - allow themselves time to integrate the new reality and to adapt to it;
  - obtain support from other parents; and
  - obtain support from professionals.
- Facilitate the necessary discussion of fertility implications for each of these interventions.

Educators

- **Pedagogical Best Practices**
- Incorporate LGBTQ+ inclusive curricula, comprehensive policies against bullying
- Nothing in FERPA prevents school personnel, including providers, from respecting students' gender identity, using gender-affirming names and pronouns, and providing access to appropriate facilities on school grounds.

Gender Support Plan for Schools

gender spectrum

– Confidential –

Gender Support Plan

The purpose of this document is to create shared understandings about the ways in which the student's authentic gender will be accounted for and supported at school. School staff, caregivers and the student should work together to complete this document. Ideally, each will spend time completing the various sections to the best of their ability and then come together to review sections and confirm shared agreements about using the plan. Please note that there is a separate document to plan for a student formally communicating information about a change in their gender status at school.

School/District _____ Today's Date _____
Name Student Uses: _____ Name on Birth Certificate: _____
Student's Gender Identity _____ Assigned Sex at Birth _____ Student Grade Level _____
Date of Birth _____ Sibling(s)/Grade(s) _____ / ____ _____ / ____
Parent(s), Guardian(s), or Caregiver(s) /relation to student
_____ / _____ _____ / _____
_____ / _____ _____ / _____
Meeting participants: _____

PARENT/GUARDIAN INVOLVEMENT

Guardians aware of student's gender status? Yes/No Level of Support: (none) 1 2 3 4 5 6 7 8 9 10 (High)

If support level is low what considerations must be accounted for in implementing this plan? _____

CONFIDENTIALITY, PRIVACY AND DISCLOSURE

How public or private will information about this student's gender be (check all that apply)?

___ District staff will be aware (Superintendent, Student Support Services, District Psychologist, etc.)
Specify the adult staff members:

___ Site level leadership/administration will know (Principal, head of school, counselor, etc.)
Specify the adult staff members:

___ Teachers and/or other school staff will know
Specify the adult staff members:

___ Student will not be openly "out," but some students are aware of the student's gender

How will a teacher/staff member respond to any questions about the student's gender from:

Other students? _____

Staff members? _____

Parents/community? _____

STUDENT SAFETY

Who will be the student's "go to adult" on campus? _____
If this person is not available, what should student do? _____
What, if any, will be the process for periodically checking in with the student and/or family? _____

What are expectations in the event the student is feeling unsafe and how will student signal their need for help:

During class _____
On the yard _____
In the halls _____
Other _____
Other safety concerns/questions: _____

What should the student's parents do if they are concerned about how others are treating their child at school?

NAMES, PRONOUNS AND STUDENT RECORDS

What name and gender marker are listed on the student's identity documents? _____ _____
Name/gender marker entered into the Student Information System _____
Name to be used when referring to the student _____ Pronouns _____
Can the student's name/gender marker be reflected in the SIS? _____ If so, how? If not, why not?

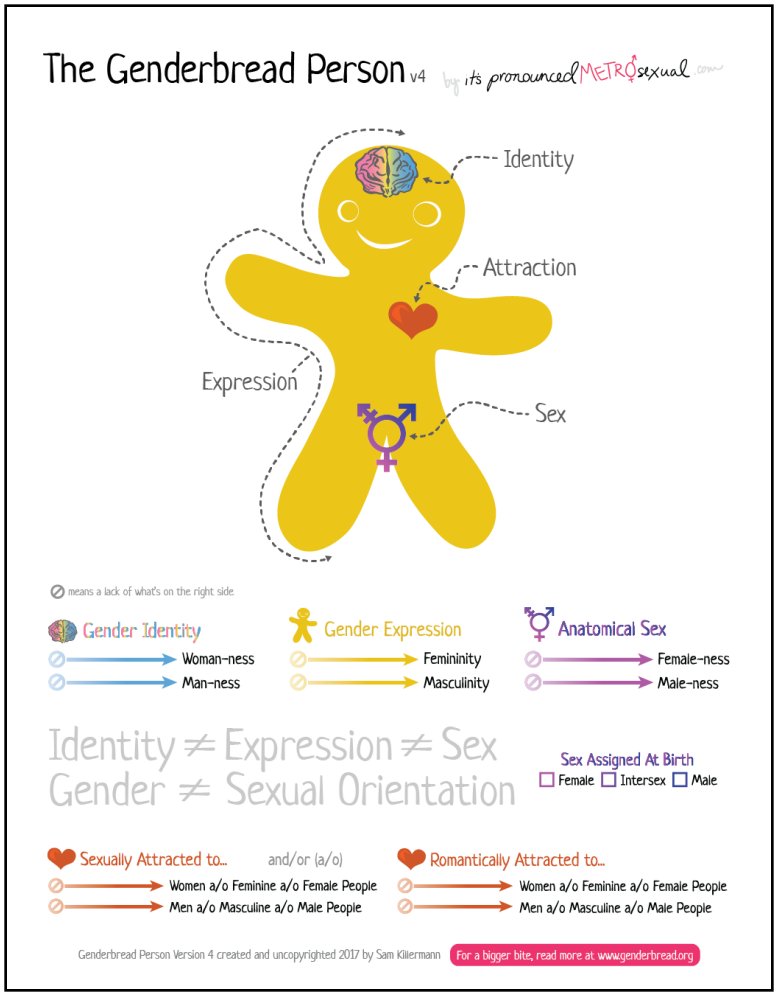
Assessment

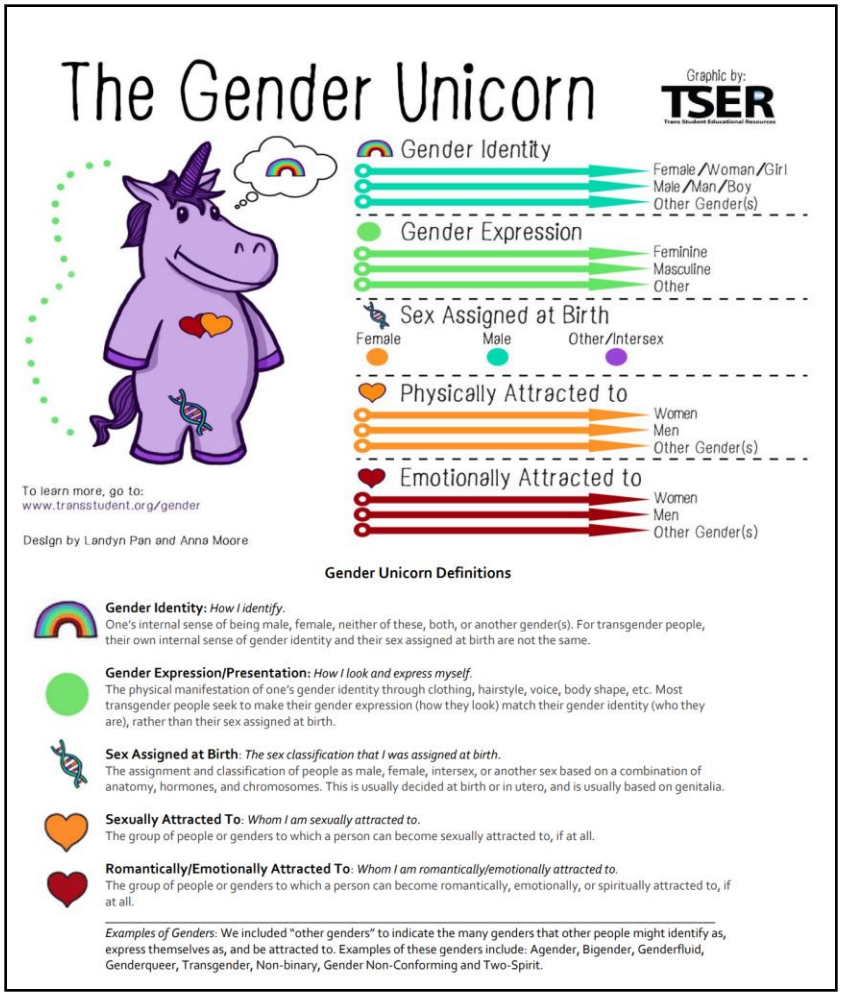
- **Purpose:**
  - Discern whether a child meets DSM-5 criteria for GD
  - Rule out whether gender struggles are an authentic expression of the child's "true gender self" rather then a response to a drastic change in the child's life
  - Differentiate concerns related to gender identity, gender expression, or a combination
  - Consider whether the DSM-5 diagnostic framework is going to be helpful (securing insurance) versus harmful(unnecessarily pathologizing gender diversity).
  - Assess degree to which both the child and parent(s) with gender related stigma and discrimination
  - Select measures that account for more complexity of gender identities.

Assessment

- Semi-structured interview
- Behavioral rating scales (BASC-3)
- Gender specific parent measures
  - The Gender Identity Questionnaire (Johnson et al., 2004; Zucker & Bradley, 1995).
- Gender specific child measures
  - The Gender Identity Questionnaire (Zucker et al., 1993).
  - The Gender Preference Interview (Cohen-Kettenis & Pfafflin, 2003).
  - Genderbread Person
  - Unicorn

Resources


The Genderbread Person v4
by it's pronounced METROsexual
Identity
Attraction
Expression
Sex
means a lack of what's on the right side.
Gender Identity
Woman-ness
Man-ness
Gender Expression
Femininity
Masculinity
Anatomical Sex
Female-ness
Male-ness
Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation
Sex Assigned At Birth
Female
Intersex
Male
Sexually Attracted to...
and/or (a/o)
Women a/o Feminine a/o Female People
Men a/o Masculine a/o Male People
Romantically Attracted to...
Women a/o Feminine a/o Female People
Men a/o Masculine a/o Male People
Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann
For a bigger bite, read more at www.genderbread.org


The Gender Unicorn
Graphic by:
TSER
Gender Identity
Female/Woman/Girl
Male/Man/Boy
Other Gender(s)
Gender Expression
Feminine
Masculine
Other
Sex Assigned at Birth
Female
Male
Other/Intersex
Physically Attracted to
Women
Men
Other Gender(s)
Emotionally Attracted to
Women
Men
Other Gender(s)
To learn more, go to:
www.transstudent.org/gender
Design by Landyn Pan and Anna Moore
Gender Unicorn Definitions
Gender Identity: How I identify.
One's internal sense of being male, female, neither of these, both, or another gender(s). For transgender people, their own internal sense of gender identity and their sex assigned at birth are not the same.
Gender Expression/Presentation: How I look and express myself.
The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Most transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.
Sex Assigned at Birth: The sex classification that I was assigned at birth.
The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, and chromosomes. This is usually decided at birth or in utero, and is usually based on genitalia.
Sexually Attracted To: Whom I am sexually attracted to.
The group of people or genders to which a person can become sexually attracted to, if at all.
Romantically/Emotionally Attracted To: Whom I am romantically/emotionally attracted to.
The group of people or genders to which a person can become romantically, emotionally, or spiritually attracted to, if at all.
Examples of Genders: We included "other genders" to indicate the many genders that other people might identify as, express themselves as, and be attracted to. Examples of these genders include: Agender, Bigender, Genderfluid, Genderqueer, Transgender, Non-binary, Gender Non-Conforming and Two-Spirit.

HEADSS Assessment

Home	Who do you live with? Tell me about your family.
	Who have you disclosed to in the home, family setting?
	Do you have family support?
	If not biologic family support, who is your family of choice?
Education/ employment	Are you in school, which school? Are you disclosed at school to: friends, all students, faculty/staff?
	What grade are you in? How is school/work going? What grades do you get?
	How do you get along with your peers? What types of supports are offered for TGD students? Who is a good point of contact for support?
	Any bullying?
	Future goals?
Activities	Tell me about your friends. Who are you disclosed to? How did you disclose and how are your friends supporting or not supporting you?
	What are your interests? What do you do for fun? Are you engaged in any LGBTQ+ support or activity groups at school or in your community?
	How much screen time are you using? Do you have an online presence and online TGD friends and contacts that you go to for support and information?
Drugs/ substance use	Many young people experiment with drugs. Have you or your friends tried anything (tobacco/alcohol or illicit substances)? This also includes drugs not prescribed to you or hormones not prescribed to you. It is helpful for me to know, not to judge you, but to have an idea of what your exposures and risks might be (i.e., framing why for sensitive questions)

Safety	Do you have any history of trauma? This may include bullying, child abuse, domestic or dating violence.
	Are you currently experiencing trauma? This can be emotional, physical, or sexual.
	Have you ever felt pressured or pushed to have sex? Have you been in situations where you feel physically unsafe? Where/what are these situations?
Suicide/ mental health	Have you ever struggled with depression and/or anxiety?
	Have you ever tried to harm yourself? How have you tried to hurt yourself?
	Have you ever thought about dying or not being alive? Have you ever fantasized about hurting or killing yourself?
	Have you ever tried to commit suicide?
	Have you ever been hospitalized for your mental health?
Sexuality	What kinds of people are you attracted to (sexual orientation)?
	Are you in a relationship, romantic, sexual, or other?
	Do you have any sexual partners? Tell me about them (their sex and gender). How many partners have you had? In the past six months? In the past year?
	If sexually active, what parts of your body do you use for sex? This helps us to better screen for sexually transmitted infections (i.e., framing)
	Have you ever been treated for an infection from sex?
	Have you ever been pregnant or involved with a pregnancy?
	Do you want to be pregnant now or in the future?
	If not, what do you do to protect yourself from infection and/or pregnancy?
	Have you ever exchanged sex for money, drugs, a place to stay, or anything?

Additional Assessment Considerations

- **Gender and trauma**
- Notably, in childhood many of the manifestations of trauma can be misconstrued as falling under the domain of another DSM diagnosis.

- **ASD and TGE**
- Various studies have suggested the prevalence of ASD and TGE is higher than in the normal population some suggesting a rate of 6-22.5% of youth

Considerations for Providers working with TGE Children of Color

- Black and Latinx transgender youth had high rates of mental health symptoms, with rates comparable with White transgender youth but higher than Black and Latinx cisgender youth
- Christianity and colonization have impacted communities of color by reinforcing gender binary models and devaluing gender diversity.
- Legacy of oppression has been a monolithic perception of TGE identities exclusive to the experiences of Caucasian/White TGE people and positions communities of color as only rejecting of TGE children.
- Having a critical race theory approach to interventions is suggested

Legal and Ethical Considerations

- TGE youth and families can be involved with a variety of legal professionals regarding an array of issues including a- name changes, gender marker changes, and other legal documentation; child protection, child custody, civil rights (such as public bathroom use and access to sprots teams and other gender-specific school activities; and healthcare. Additionally, adolescents can also be directly involved in the legal system for reasons related to sexual exploitation and delinquency, both of which are risks for youth who are rejected at home and school.

- Justice and Equitable Access to care

- Discrimination on the basis of sex is prohibited under a much wider range of federal statutes, including those related to health care, which extend important protections to TGD youth.

- The Patient Protection and Affordable Care Act includes a nondiscrimination provision, Section 1557, which prohibits discrimination based on race, color, national origin, sex, age, and disability in any health programs or activities.

Resources

- UNMC gender affirming care
- Transgender Care | Omaha, NE | Nebraska Medicine
- Oneworld gender affirming care
- LGBTQ+ Health Care | OneWorld (oneworldomaha.org)

- Questions?

Mid-America (HHS Region 7)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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SAMHSA Substance Abuse and Mental Health Services Administration