



Episode 133: Gender-Affirming Care is Trauma-Informed Care

Ike Evans: Hi, welcome to Into the Fold, the mental health podcast. I'm your host, Ike Evans. And today, we are delighted to bring you episode 133, Gender-affirming Care is Trauma-informed Care. But first, some mental health headlines. In Texas news, a recent Texas Standard article with the headline, "Uvalde shooting renews call for mental health resources, but services often out of reach in rural areas." In a Wednesday press conference about the Uvalde shooting, Governor Greg Abbot suggested that it was mental illness that drove the shooter to gun down students and teachers at Robb Elementary School. However, he did acknowledge that the gunman did not have a history of mental health issues. It is commonly heard after mass shootings, and yet mental health services remain out of reach for many in the United States and Texas.

Ike Evans: Alejandra Castro, director of rural services at Family Service Association based in San Antonio, had this to say, and I quote, "It's very unfortunate that something like this had to happen in order for us to look into what the needs are, because they've always been there. But we certainly hope that this creates change. The need is there. The support is needed, and we need it now." In youth and families news, a recent study has found that participation in team sports fosters adolescent mental health. Researchers analyzed data from the adolescent brain cognitive development study, a sample of 11,235 US children aged nine to 13 years. Mental health was assessed using the child behavior checklist, a self-reported survey performed by their parents or guardians. The researchers found that compared with adolescents who did not participate in any sports, those who participated in team sports had 10% lower anxious and depressed scores, 19% lower withdrawn and depressed scores, 17% lower social problem scores, 17% lower thought problem scores, and 12% lower attention problem scores.

Ike Evans: To quote one of the researchers, "Participation in sport may promote child and adolescent mental health because of the many fruitful opportunities to build social relationships and friendships, which can help foster a sense of belongingness within the athletic contest." And finally, in opinion, our own doctor Octavio N. Martinez Jr, executive director of the Hogg Foundation, has written an op-ed published in STAT News with the headline, "Kids and COVID-19, the urgency of equity should outweigh the urgency of normal." Just a quote, "COVID 19 is a public health threat that affects everyone, but it does not affect everyone equally. Another way forward is possible. Unlike the urgency of normal, the urgency of equity recognizes the desire for normalcy without giving

short shrift to society's shared destiny. Following its lead, the prudent path forward is one that recognizes the disproportionate impact of the pandemic and continues to use public health precautions in schools and elsewhere to address the common good rather than individualistic concerns."

Ike Evans: And that's it for mental health headlines. Don't be left out of the loop. You can subscribe to our mental health headlines newsletter by visiting our website, hogg.utexas.edu. June is Pride Month. We recognize the contributions that lesbian, gay, bisexual, transgender, and queer plus individuals have made to society. The LGBTQ plus community has had to fight for acceptance, inclusion, and civil rights in a society that has historically shunned their very existence. The LGBTQ plus community continues to face many obstacles to their individual mental health and well-being. And sadly, there are signs that things may be about to get worse, which brings me to our guests for this episode. Joining us first is Eli Lawrence, clinical supervisor of behavioral health for Waterloo Counseling Center, and Andrea Segovia, senior policy and field advisor for Trans Education Network of Texas. I'm delighted to have you both.

Eli Lawrence: Thank you. Glad to be here.

Andrea: Thank you so much.

Ike Evans: First, I think that our listeners would love to know a little bit more about the two of you and, especially, how your work ties into the theme for this episode because it's a big one.

Eli Lawrence: As a clinical supervisor and therapist at Waterloo, which is a nonprofit that specializes in LGBTQ plus clients, in my role as a clinical supervisor and as a therapist, I every single day, field questions from families with trans children, from trans children, themselves, teenagers, adults that have been traumatized by lack of supportive families, people experiencing houselessness because their families have kicked them out, because of their gender identity or because of their sexual identity. And as a counselor, that's what we do, is we kind of pick up the pieces from all of those experiences, all of the history of trauma that they go through, and try to help them to find balance and some sort of way to either heal or at least mitigate the consequences of those traumatic experiences. Just something as simple as what their pronouns are, are not honored in their homes or in their schools, or in the doctor's office, or anywhere else. And so that's how my work relates to it.

Andrea: I think to the other side of that at TENT and the work I do for policy and field here, we really go through our work, looking through an intersectional approach because we really believe that there's so much more to trans people being people. The thing that connects them to each other is literally that they're trans. But they're all over political spectrums and what is important to them and their ideology. But really, the three buckets of making sure that they understand that their voice is important and needed in this state, especially, and then too combating bad legislation, bad local municipality decisions, and educating

people, again, of the importance on supporting and uplifting trans people because the goal and hope is that they can thrive in a state like Texas. But currently right now, it's about survival.

Andrea: And then lastly, again, going back to the education piece, we really believe at TENT that every place that a trans person walks into, that they should be supported and affirmed. And so if that means training tech companies like Facebook and Meta in Austin, or training the mom and pop shop in East Texas of, "Someone stops into your gas station. How do you say hello and not misgender them?" All of those things are important at TENT.

Ike Evans: My next question is for Eli, what would you like for our listeners to know about gender-affirming care and its impact on Texans from your perspective as a counselor?

Eli Lawrence: Hmm. Well, it is often difficult to differentiate between my perspective as a counselor and my perspective as a trans person, myself, and as a parent to a trans person. I can say that it's important to understand the real day to day experience that a transgender person has in Texas and how the laws really do impact that. For example, my son, who is a trans man and is now 21, went to school and graduated from high school in Texas, specifically in Burnet County. And when he was going to high school, the school decided that they didn't know where he should go to the restroom. And since there's no protection or leadership, or clarity ... There's all these bathroom bills, things just were a mess. They decided that he could only go to the bathroom in the bathroom next to the counselor's office in the middle of the school by the office, which meant that this young guy who's trying not to stand out, already dealing with a lot of bullying, quite frankly, mostly from the teachers, if he had to use the restroom, would have to get a hall pass and go all the way to the office, and then go back, and also would be othured by the fact that he couldn't just walk into any bathroom near the classroom like all of the other students.

Eli Lawrence: For him, this led to him avoiding using the restroom. He would go all day, every day, just not going to the bathroom, which in order to do that, even in the heat of Texas, he would avoid drinking any fluids during the day. He would try not to drink water. He would just go all day. Now at 21, he's already had several kidney stones and has longterm health consequences that are directly related to the fact that he couldn't just go to the restroom. So, gender-affirming is not a nicety. It's not an extra. It's not something that should be seen as well, "This is giving a special treat or special ... " This is life and death. The impact that it has when we refuse to acknowledge, especially, teenagers and children, it really can be a matter of life and death.

Eli Lawrence: There was a time that he had UTI, an infection, and he didn't tell me because he was so afraid to go to the emergency room and be misgendered, and have to acknowledge that he had female on his medical insurance card, that by the time I realized he was really, really sick, I could have lost him. And this is every day. This is just the way that it is for him.

Ike Evans: Okay. I would think, especially as it just seems objectively the case, that things are getting less safe.

Eli Lawrence: Absolutely. Absolutely. Even within Waterloo, as a clinical supervisor, our own staff are just suffering from the secondary trauma of day in, day out, no longer being able to tell somebody, "Well, I know that you're feeling this, but there's not really any danger." We can't tell our clients that. There is real danger. There is persecution. Myself, as a licensed clinical social worker because of the way that my license is granted by the state of Texas, and because I'm a mandatory reporter, the potential for ... If they do actually make it legal to say that it's child abuse to affirm somebody's gender that's a minor, I would then be a mandatory reporter. I would be required by law to either surrender my license, go to jail, or turn in my clients for taking care of their children. I'm looking at it as, "What's my next career?" Because I can't practice in Texas if that's a law. There's no way I would be able to do that, not with any sense of ethics.

Ike Evans: I can't think of another issue where there is a bigger divide between known best practices and the political discourse that has come to define the issue. What, if anything, gives you hope that that gap could ever be bridged?

Eli Lawrence: For me, hope comes from the younger generation. When my son was in school, which wasn't that many years ago, it was even a little bit less chaotic and dangerous than it is now because the laws have seemingly gotten worse. But then, honestly, most of the bullying that he experienced, even in a rural county in Texas, was from the adults; teachers that would call him out and refuse to use the correct pronouns while the kids sitting on either side of him would say, "No, no, he's a boy. Why are you saying that?" The younger people understand that this is important. They have a voice. They can make change. So someday, hopefully sooner rather than later, I think that they will be the ones that are making the decisions.

Ike Evans: Okay. Andrea, I'd love to bring you in on this. Do you have any thoughts on what Eli just said. You are, from your vantage, working for TENT, the Trans Education Network of Texas.

Andrea: One, I just want to give you props and a hug. And if there was a heart react, I would react to everything you just said. I'm a parent of a young non-binary person. My partner is trans. A year ago, my partner almost died from sepsis because he had top surgery, and there were a lot of health problems happening. But his fear was, "I'm going to be misgendered, and they're going to let me die." Because that is the fear in Texas for youth and adults in this state, because we have politicized trans people. At TENT, when we go through legislative sessions, which happened last year, and we're already preparing for next year, we continually have these two sayings. One is that trans youth and trans people in general should not be politicized. Being who you are should not be a political issue. And two, this is adults bullying kids. And when we have been upfront and honest, and in their face about the harm that they are doing, and calling them bullies, it really gets under their skin for some reason.

Andrea: It's meeting them with the truth that we've seen ... I don't want to say works because this year has been really difficult to get through with all the attacks that they're doing. But I want to remind people again that we beat almost 80 anti-LGBTQ bills, and most of them being anti-trans bills. Last year, when we looked at our legislative session, we made up almost half of the anti-LGBTQ bills in the country just for Texas. At TENT, we help beat that back with people like you, people listening, people like Eli who are coming together and saying, "I want to support people, and I'm against this." I want to make sure that my youth have something to look forward to because, again, what we see is everything that Eli just said. The issue is not our youth in Texas. The issue are adults and what they're trying to push forward in this state, and again, making this a political issue when there's so many other issues that we need to address, like our power grid, our issues with firearms, a good education, so many other problems than this.

Ike Evans: Let me just be real with both of you. As we're heading into another election season, and then right after that, another session of the legislature here, I'm already tired.

Andrea: Yeah, same.

Ike Evans: I know. I have the kind of cis privilege that makes it so that it's not a matter of survival for me, paying attention to this day after day, to the same degree. If my Twitter is anything to go by, there is a pervasive dread among LGBTQ plus people and allies. Andrea, I'm just wondering. What plans do you have or does TENT have for the next several months?

Andrea: We run a Geo TV program. We are the only trans org in the country that focuses on getting trans people and allies out to vote. We started it last year with our presidential election. We're still a 501(c)(3) because at the end of the day, what we come back to is that being trans should not be politicized, but understanding trans issues is important, no matter what side of the aisle you sit on. And so really getting people out to vote ... I think it's especially hard because it's difficult for a cis person to cast their ballot in Texas, especially after SB 1, that happened last session. But think about a trans person. There are so many invasive questions that people feel that they have the right to ask, even though they don't. And so we're really pushing creating a buddy system, creating specific days of Pride at the Polls to really get people out because I think so many people, especially in election cycles, feel like their voice isn't important or, "What's the point?"

Andrea: But especially when we're looking at this midterm election, and we're talking about LEG, right? People have that power to change this narrative. And also, the fact that like 10 people in the House control anti-LGBTQ rhetoric, I don't think a lot of people understand that. But when we're talking about elections, that is what we're looking at. It's not the overwhelming majority. It's like sort of letting spoiled apples ruin your whole fruit bunch. And so looking at that and saying, "How can we shift this before we go into January and February and LEG really

starting to happen?" Because it's not just our issues. We're talking also about repro. We're talking about, again, voting rights. We're talking about education. All of these intertwine with trans rights.

Ike Evans: Okay. Eli, Andrea covered a lot of ground. Do you have any thoughts to add to what she said?

Eli Lawrence: I think that voting is ... Obviously, we just have to do that. Beyond that though, in the everyday, just changing the narrative, whether it's among your own family, among coworkers at your work, especially if you're cis, if you're het, and you have the ability to go and ask your HR, "Why don't we have pronouns on our signature lines? What can we do to train our frontline staff or our customer service staff to honor chosen names?" Because it is very difficult to get a legal name change in Texas. I think just making it obvious at every opportunity when you have the ability to speak, do it.

Ike Evans: To follow up on that, the issue of allyship is one that we address from time to time on the podcast. We did it right after George Floyd in 2020. Whether it's specifically the remit of mental health or something broader than that, what does it mean to be a good ally at a time like now versus a friendlier time? This question is for both of you.

Eli Lawrence: I thought about this question because you sent it to us in advance. I was sort of confused because I feel like there hasn't been a friendlier time in so long or maybe ever. There are elements of support that have shifted over time. There are things that are less dangerous than they used to be. But trans people have not really had a time where it's been the halcyon days of supported. Right?

Ike Evans: Yeah.

Eli Lawrence: So, offer to go with a friend when they get up to go pee. Don't let them go by themselves. Don't tell your friend, "Well, I knew you when you were her. So, it's difficult for me to remember to use your pronoun." That's life or death. Make it a priority. Every time you get it wrong, fix it. Just say, "Oh, I'm sorry. I meant they/them." And move on, whatever it is.

Andrea: It's not causing this giant ... You don't have to put on a parade. You don't have to start your own group. Exactly what Eli said, is looking in your backyard and say, "Where can I show up for people?" Exactly again, what Eli said of the weight of a trans person having to talk to HR about pronouns or health insurance, especially, or hearing people say shitty jokes or comments, or things like that, it's those corrections that have people say, "There are more people who support trans people than not." I think I would be remiss to say if you have the capacity, donate to trans orgs. Four cents to every \$100 for LGBTQ nonprofits goes to trans-led orgs, and even less to BIPOC trans-led orgs. And yet we are putting so much weight on them to change the narrative of this country and what it looks like for trans people because, again, to Eli's point, if you see a trans

person walking alone at night, ask them if they want someone to walk with them in a non-weird way. But there's a real injustice happening.

Andrea: We have Trans Day of Remembrance on November 20th, and we shouldn't have to. We shouldn't have to mourn trans people dying to violence still in 2022. It shouldn't be a thing. Further that, most of them are black and brown trans women because ... You know what? We, at Tent, have this saying and belief that transphobia is rooted in misogyny and racism. And so even then too, when you're standing up for someone, again, in not being racist or not being misogynistic, you're also contributing to someone not being transphobic. And it's all these small things that make a big difference.

Eli Lawrence: I also just want to add from a clinical perspective, but I'll never forget after my son, who was then 12, started going to a therapist because it was then required for him to be in therapy for a year before he could get on hormone replacement therapy. He came back from one of his appointments and he said, "I'm just so tired of every single grownup I talk to thinking that me being trans is all that matters. I'm actually a fairly anxious little guy." He said it with humor. But the idea of, "Not every issue for a transgender person is because they're trans." Be open to the fact that trans people are people. And as mental health providers, as caregivers, as allies, reach out and ask basic questions, not always necessarily about gender.

Ike Evans: Yeah. Absolutely. [inaudible 00:26:56].

Andrea: I just have one more thing if you don't mind.

Ike Evans: Oh, absolutely. Go ahead.

Andrea: Eli really put ... I think this narrative too, that we keep hearing, especially since the DFPS thing has happened in February, is people saying, "Just move. Just move out of the state. If you're a trans person, if you're a family with trans youth, this isn't a safe state for you." I just want to combat that too and say people deserve to live in their home. People deserve to live in the state that they call home. And just like Eli said, trans people and people, in general, live in Texas because we have cheap taxes. It's a good place to find a job, typically. It used to be affordable to live in Texas, but this narrative of, "Go somewhere else." We have to stop it. We have to not allow that to continue because that's not fair to anybody who is faced with the hate that trans people are currently dealing with.

Ike Evans: One last question that just occurred. I want to bring this back to the theme for the episode, which is that ... More of a premise, I guess, that gender-affirming care is trauma-informed care. trauma-informed is a buzz phrase that's often used around these parts, within the mental health space. I just got to thinking about it. It seems to me that you could be doing mental health treatment without attending to matters of identity. But I don't think that if you're being

trauma-informed, that that's going to fly. And so I don't know if that resonates at all. I just want some sense that ... What that phrase means to you or how it kind of maps onto your world of either clinical practice or even activism.

Eli Lawrence: I think that for me, trauma-informed ... And our team has had conversations around this as we support one another so that we can provide good care for our clients. There's so many different avenues where trauma is coming into this system, into our culture, into our experience as Texans, and as people. Misogyny is awful. Racism feels worse. Homophobia, transphobia, gun violence. It just goes on. It's heart-wrenching. But if you fail to recognize the specific nature of the ongoing traumas that your particular client has experienced, then you're not doing a very good job, really, taking care of that person as a whole person, a whole individual. Recognizing that being trans and in my case, non-binary, is a point that needs to be evaluated as a traumatic experience, as complex PTSD is likely. That's important. In affirming someone's gender, you have to acknowledge the history of being persecuted by the State of Texas. By affirming, you are mitigating the pain, but you also have to be trauma-informed and recognized that there is pain there. Nobody comes out of Texas Public School Systems as a trans person unscathed, in my opinion, as much as we want to protect people.

Ike Evans: Yeah. To put it mildly.

Andrea: I think the only thing I would add, though, is that trans people aren't always depressed or aren't always in this panic. They can experience joy. I think it's a fine line of knowing and understanding, and being practical in how you can help people overcome the trauma that they've faced, but also not infantilizing them or anything like that. I think we've seen at TENT sometimes, where it goes the opposite direction, especially for people who are coming in and have good intentions, and have a good heart. And it just takes a little bit more training to say, "Hey, this is what it looks like too." To empower people or give them the tools necessary to overcome all the things that Eli just mentioned, and making them feel like there's more than just what they've been faced with here in Texas and the political climate that's just been building, really, since 2015. But that they still have opportunities to be who they are because they should have those opportunities still and in a safe way.

Ike Evans: Well, Eli and Andrea, this has been a wonderful conversation. You're free to mention or plug your organizations, and what people who might want to find out more or even help can do.

Eli Lawrence: For my organization, we are a program of Texas Health Action. And you can find information about us at waterloocounseling.org. And there's a button you can click to donate, highly recommend you do. We have constant demand for services. We do everything we can to provide services to our community. But there's a wait list. It's less than it used to be, but we have a wait list of 40 to 60 people at any given point. And the more funding we have, the more sessions we can help people with. So, we'd welcome your support.

Andrea: You can find us at transtexas, Texas spelled out. That's our website. That's our social media channels. Stay up to date with what's going on. We do a lot of information breakdowns because topics can get real confusing really easily. And we support any donations that you can make our way because every dollar counts to trying to have a more equitable Texas for trans people and gender-expansive people.

Ike Evans: Okay. Andrea and Eli, thank you so much for taking the time. We appreciate it. We appreciate you, and good luck with everything.

Eli Lawrence: Thank you. [inaudible 00:34:13].

Andrea: Thank you

Ike Evans: With its lack of legal protections and a stigmatizing political climate, my great state of Texas falls in the bottom quarter of rankings for support and acceptance of its nearly one million LGBTQ plus youth and adults. To make matters worse, a wave of discriminatory legislation currently threatens the civil liberties and protections of LGBTQ plus residents in the state. Much of this push focuses on transgender kids. Texas lawmakers have made repeated attempt to pass legislation that seeks sweeping bans on transition related medical care for transgender kids, including gender-affirming care that's widely accepted by leading healthcare groups like the Texas Medical Association and Texas Pediatric Society. Most recently, the governor of Texas, citing an opinion by the Texas attorney general, sent a letter to the State Department of Family and Protective services, directing them to investigate parents who provide gender-affirming care to their children, essentially declaring it a form of child abuse.

Ike Evans: Given the fear mongering around this topic, we thought it would be helpful to hear from an expert about what transgender youth need to be well, and what is most typical for youth who do transition. Last year, we talked to Dr. Steven Russell who studies adolescent development and is chair of the department of human development and family sciences at the University of Texas at Austin. Here is what he had to say.

Steven Russell: It's telling that we think about the medical transition. I guess the first thing I want to say is to help young people and families, just back up and recognize that the medical transition is just one piece of a broader social transition, that I think is really the heart of the matter for young people, which is, "How do we help them adjust their understanding of themselves, the way they live in the world, to who they feel they are?" And that is just fundamental to healthy adolescent development, figuring out who you are, being supported in who you want to be and who you want to become. And so the big picture is, "How do we support the social gender transition and support young people to figure that out, and explore it?" I think what's really interesting right now about, for example, the explosion of the understanding of non-binary, is that young people are helping us realize that you don't have to be one or the other, but you can figure it out.

You can actually be in a space that's between, and that's okay. We're creating pathways for that. Young people are creating it for themselves.

Ike Evans: The clip you just heard was from episode 122, Gender Affirmation Can be Life and Death. Look for it in our catalog or in today's show description. And now, for a segment that I would like to call Mental Health and You, listeners provide testimonials on how they're doing in reaction to what we're talking about on the podcast or anything else that's on their mind. And so here's the latest.

Speaker 5: May is Mental Health Awareness Month. The theme for this year's Mental Health Awareness Month is Together for Mental Health. I'm a listener. And the question for the month that resonated with me is as follows, "What are some aspects of mental health advocacy that aren't discussed enough?" Racism is a mental health crisis. The intersectionality of mental health and racism, specifically as it impacts BIPOC women, is a topic that I would like to discuss as the wealth gap continues to increase. Employment triple jeopardy syndrome, as a woman that is black, that has a nonvisible disability, that's the, "Three strikes and you're out." Of opportunity. I've adapted the Langston Hughes poem, Mother to Son, to sum up my grit. Here's my slight adaptation. Well, potential colleagues, I'll write to you on social media platform such as LinkedIn. Life for me, ain't been no crystal [inaudible 00:39:11]. It's had challenges in it and places with no diversity, equity, and inclusion. Homogenous. But all the time, I've been creating innovative and measurable strategic alliances with internal and external stakeholders and partners, as well as supporting the pipeline development of diverse and inclusive representation in the workforce, and a proverbial seat at the table for people with lived experiences in homelessness and poverty like me, and turning personal blind spots into teachable moments, and sometimes, going in the dark where there ain't been no diversity in leadership positions or nonprofit decision-making reflecting the community served.

Speaker 5: So, companies, local state, federal entities, and nonprofits, don't you turn your back. Don't you sit down on the steps because you find it kind of hard to embrace changing imperfect systems entangled in systemic racism. Don't you fall back into promoting the status quo. I'm still going, honey, an entrepreneurial leader contributing to research, policy analysis, and creating accountability, measures with lasting impact by admitting mistakes, engaging strategically, collaborating with stakeholders, leading inclusive partnerships, finding innovative answers to complex questions, and advocating for the most vulnerable populations. What's my why? Using my lived experiences in homelessness and mental health recovery with both traditional and new sources of data to develop sustainable system planning, roadmaps, and equitable transformations as a catalyst for change, I ask and find answers to the tough questions.

Speaker 5: One of those questions is, "Why with over six figures in debt, graduate degrees, do I still earn under 20K a year?" Triple-jeopardy syndrome where you can have the experience, you can be articulate, you can have the education, but if you are

a woman, not white adjacent, a black woman in our America that our ancestors built, then facing poverty, facing the systemic racism is a mental health issue that we not only need to talk about, but we need to address with actual equity together, for mental health includes equity.

Ike Evans: If you have a testimonial to share, shoot me an email at, intothefold@austin.utexas.edu, and I'll be happy to help you with it. Before we close, I just want to congratulate our newest policy fellows and peer policy fellows grantees. They've accepted their grand awards and will now begin their indispensable work of transforming mental health policy in our state for the better. You can find the full announcement on our website at hogg.utexas.edu. And now, finally, some closing thoughts. This is a tough one. The LGBTQ plus community has made strides in the 21st century. Gay people can still legally marry in the US, and LGBTQ plus individuals do have a level of public visibility and acceptance that would have been hard to imagine just a few decades ago. LGBTQ plus people have pioneered forms of community and expression that everyone who is interested in mental health and wellbeing can learn from, which is what makes this latest turn toward the repressive especially cruel.

Ike Evans: For transgender and non-binary people especially, there are no closets to go back to. The efforts that trans and non-binary people have made to take their rightful place in the mainstream has only been met with redoubled efforts to track them, surveil them, identify them, and root them out. These are dark times for sure. And it points up how there comes a time when individual mental health and wellbeing can only really be a thing as part of a larger project of community defense. And for this, we must all do our part. For our next episode, we will be diving deeper into what that means. We're calling it On the Defensive: How Policy Changes Affect Queer Mental Health. So, check back in a couple of weeks. That does it for this episode. We are so glad that you could join us. If you've got comments on anything or anything that you would like to share about the podcast, feel free to reach out to us at intothefold@austin.utexas.edu.

Ike Evans: We are seeking testimonials and thoughtful comments. Thanks as always to the Hogg Foundation for Mental Health. With production assistance, by Anna Harris, Darrell Wiggins, and Kate Rooney. The Hogg Foundation for Mental Health stands in solidarity with our LGBTQ plus family, friends, and neighbors. Please leave us a review and subscribe to us on the podcast app of your choice. Find us on iTunes, Apple Podcast, Google Podcasts, Spotify, TuneIn, or Stitcher, or wherever you get your podcasts. Thanks for joining us.