

# Psychiatry Grand Rounds

WCM Department of Psychiatry  
Psychology CE Announcement



**Weill Cornell  
Medicine**  
Psychiatry

## *Clinical Considerations for Working with Transgender and Nonbinary Clients*

**Larry Wissow, MD MPH**

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Department of Psychiatry and Behavioral Sciences  
University of Washington School of Medicine  
Seattle, Washington

**Live Online, Live In-person**

Wednesday, February 19th, 2025

11:00am – 12:00pm

<https://weillcornell.zoom.us/j/92812036154>

Meeting ID: 928 1203 6154

Password: 12345



1 CE credit available to WCM Department of Psychiatry full time and voluntary faculty Psychologists, Social Workers and LMHCs, who sign in with their full name, attend the entire lecture and complete a survey which will be emailed following the completion of the lecture. Note you can join no later than 10 minutes after the start of time and must stay for the entire duration of the event for CE eligibility. The CE survey must be completed within 30 days of the lecture. Please contact [wcmpsychiatryce@med.cornell.edu](mailto:wcmpsychiatryce@med.cornell.edu) for additional CE information

### **Speaker**

Dr. Wissow started out in medicine as a general pediatrician and later became an adult and child psychiatrist. He has had a long interest in the interface of general medical care and mental health care, and in the parallels between patient-centered primary care and psychotherapy. He has been involved in research and programs involving integration of mental health and medical care overseas, in Native American nations, and in the US. Most recently, he has been co-leading the roll-out of integrated care in a practice network in Western Washington and developing a model for supporting integrated care through alliances with community mental health agencies.

*Financial Disclosure: Dr. Wissow has no relevant financial relationship(s) with ineligible companies to disclose and DOES NOT INTEND to discuss off-label or investigational use of products or services.*

### **Abstract**

Integrating mental health care and prevention with primary medical care is seen as one of the core service-sector responses to the global crisis in child and youth mental health. While the successes of adult integrated care provide a basic structure for serving children and their families, much is different and adult models are not easily replicated in child settings. Pediatric integrated care has the potential to be a key part of a system for preventing life-span impairing mental health problems if primary care can develop its potential as a home for psychosocial interventions with effectiveness that cuts across current diagnostic categories.

### **Learning Objectives**

1. Describe the key differences in the implementation of adult and child/youth integrated care.
2. Identify the essential clinical skills required for mental health professionals to effectively participate in child/youth integrated care teams.
3. Explain how child/youth integrated care integrates into broader mental health service systems.

### **References**

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2. Colizzi, M., Lasalvia, A., & Ruggeri, M. (2020). Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care? *International Journal of Mental Health Systems*, *14*(1). <https://doi.org/10.1186/s13033-020-00356-9>
3. Wissow, L. S., & Richardson, L. P. (2024). A “Next Generation” of Pediatric Mental Health Systems. *Pediatric Clinics of North America*, *71*(6), 1165–1182. <https://doi.org/10.1016/j.pcl.2024.07.020>

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