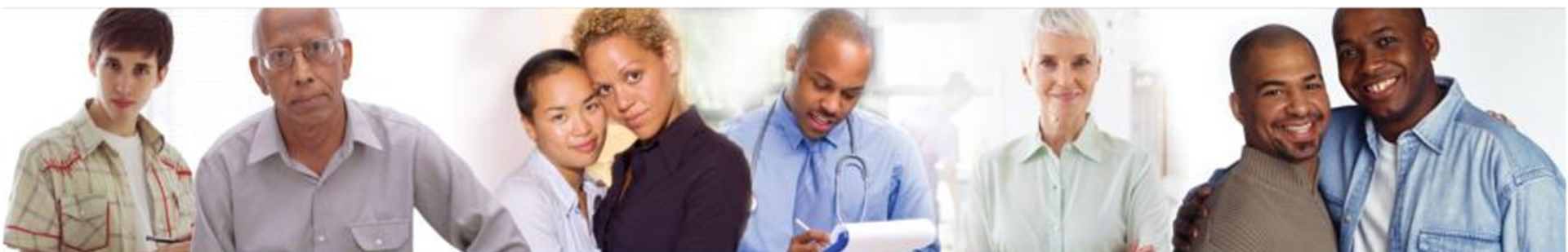




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Providing Mental Health Assessments for Gender Affirming Surgery Referral Letters

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She/Her/Her's Pronouns
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Fenway Health Center
Boston, MA
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Disclaimer

- Throughout this presentation there will be reference made to internal Fenway Health Center (FHC) systems to help support the learning of internal staff and those outside of FHC wanting to improve or create new systems related to providing mental health assessments and writing gender affirming surgery referral letters for clients.

Keeping in mind...

- Gender is more fluid than we are taught it to be.

- The true expertise is in the experience of the Transgender and Gender Non-binary person who we are meeting with.

- By the time many people who are needing a letter are seeing us, they already have been through a journey of recognizing, understanding, disclosing and living in their identified gender. Many have also done their own research in making their decision to have gender affirming surgery(ies).

- Our job as mental health providers doing these assessments is to help support specifically someone's goal for having surgery rather than to question or explore how one identifies their gender.

- We explore through these assessments one's expectations, hopes and risks related to their decision to have surgery. And we guide around logistics for next steps.

- Requirements to follow under WPATH SOC

- What about if I don't feel comfortable writing the letter in the end?

- This presentation focuses from the perspective that people seeking a letter for surgery are emotionally and practically prepared for surgery with realistic expectations. If mental health issues are present, they are "reasonably well controlled" (as outlined in WPATH SOC), meaning that coping mechanisms or protective factors are in place.

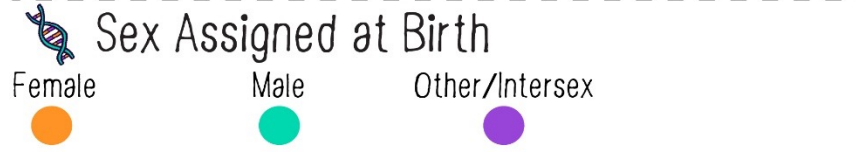
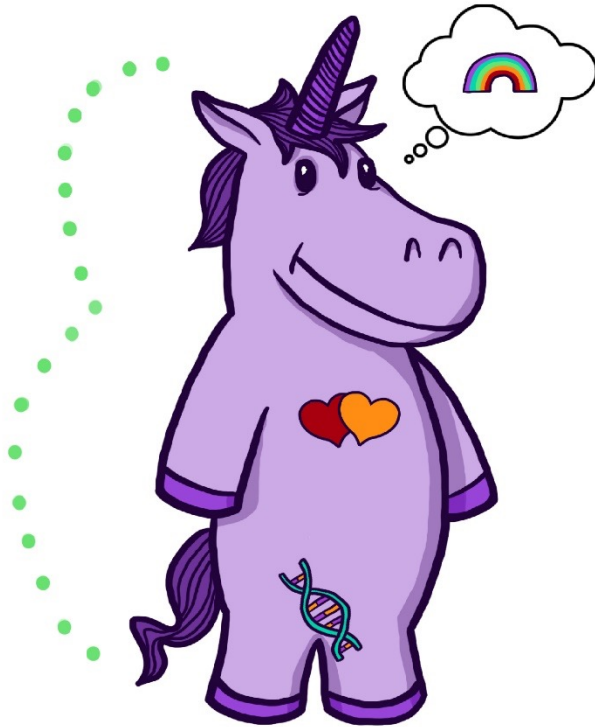
- There may be a rare case in which they are not. We can discuss this more as needed in the Q/A section of this presentation.



How we feel on the inside may differ, or be similar to how we identify, present ourselves, or are read by others on the outside.

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Before you meet with the client...

- Gender Affirming Surgery Consultation Screening, completed through client contact with intake staff or client advocate (at FHC this document has been created and can be located within the medical record system of CPS--- **example shown on next slide**)
 - This form/screening questionnaire clarifies where someone is in their gender affirmation process and with their transition plan for surgery, clarifies surgery type needed, identified surgeon, insurance coverage and requirements met by insurance, surgeon and WPATH SOC: one letter vs two mental health provider letters and level of licensure
- Client has had discussion about surgery need with PCP and/or received PCP letter
- Client-Agency agreement: agency policies/review of HIPAA
- Intake interview guide and surgery specific questions prepared—**We can do our own research so that the ct isn't left to education us, and so we have a baseline of knowledge.**



Gender Affirming Surgery Consultation Screening Document –FHC Example

Note: This Consultation Request is for clients who only require a short-term evaluation to obtain a letter from either a Psychiatrist (1 visit) or a Master's Level BH Provider (1-4 visits) in support of surgery. If the client requires or requests any BH treatment (therapy, groups, medication management), a referral must be made through BH triage process and intake review team.

1. Has client been notified that this consultation is for a letter in support of surgery only and not for ongoing psychotherapy or psychiatric medication management? Yes

2. Surgical Expenses Covered By: *Insurance type/out of pocket*

Health Insurance: Yes

3. Consultation Request is for:

Master's Level Clinician: Yes

Higher Level BH Provider (PsyD, PhD, MD): ____

4. Has client consulted with FHC PCP regarding request for surgery? Yes

a) Has the client received a letter of referral from their PCP? Yes

5. If client is seeking second BH letter, has client already received Primary Behavioral Health Surgical Referral Letter? Yes

a) BH Provider (internal/external): "xxxxxxxx, LICSW"

****This Consultation Screening Document will be used for intake clinician or psychiatrist referral.**

A copy of the Primary Care provider surgical referral letter must be available and submitted to scanning (if an internal provider) to complete this referral to BH provider.**

6. Primary Referral Letter from (Name of first evaluating BH provider):

"xxxxxxxxxxxx, LICSW"

7. Client is requesting surgical referral letter for (surgery type):

Gender Affirming Phalloplasty Genital Reconstructive Surgery

8. Has the surgeon who will perform the procedure(s) been identified? Yes

Name of Surgeon:

"XXXXXXXXXX, MD"

Ph: xxxxxxxxxxxx

Fax: xxxxxxxxxxxx

9. Does additional documentation from other providers establish that the client has met the required minimum duration and type of treatment as required by the patient's health insurance policy and/or surgeon? Yes

10. Please work with client to schedule consultation for letter in support of surgery. Appointment scheduled:

xxxxxxxxxx, LICSW 2pm Feb 12, 2019.



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Intake Assessment-Letter Only vs. Intake Assessment for Letter plus Therapy Request/Recommended vs. Writing letter as 1st BH Provider or as 2nd BH Provider?

▪ What if the person is requesting only a letter from the intake?

- If person is seeing you only for purposes of getting a letter:
 - 1-4 BH visits for intake evaluation and surgery readiness assessment----depends on surgery type and client need and your assessment of emotional/mental stability

▪ What if the person is requesting a letter and therapy?

- **At FHC:** Complete the intake evaluation and readiness assessment, present the case and add person to the waitlist. Depending on person's timeline needed for having surgery, you can offer to complete the assessment for the letter. The person can remain on the waitlist during that time.
- **Outside of FHC:** Complete intake evaluation per agency or practice policy and assessment of readiness for surgery, continue meeting for therapy according to practice/agency policy/recommendations/client expressed need.

▪ What about if the person is in therapy or psychiatry with me already?

- An evaluation of readiness for surgery can take place without the person having to redo the intake/initial evaluation process. However if you have not already been discussing the person's decision to have surgery, an assessment particular to this need takes place.
- In some cases, portions of the letter assessment may have been incorporated into the therapy already
- In other cases, a conversation will be needed to start the gather information needed within a letter assessment.

• **CONTINUED ON NEXT SLIDE**

Intake Assessment-Letter Only vs. Intake Assessment for Letter plus Therapy Request/Recommended vs. Writing letter as 1st BH Provider or as 2nd BH Provider?

▪ What about if the person needs two mental health letters for their surgery?

- Seen internally for 1st letter: see you for second letter, no intake evaluation required
- Seen externally for 1st letter: intake evaluation required, same process as above
- Required to have 2nd mental health letter from a PhD, PsyD, or MD: intake evaluation required and **(within FHC)** referral to schedule with internal Psychiatrist **(if outside of FHC)**, referral to agency/practice high level licensure clinician.

▪ How long do I allow to write the letter and send it off?

- Allow yourself at least two weeks to realistically make the time to write the letter, receive feedback from the client and send the letter to the surgeon



Beginning the Clinical Assessment Process with Transparency and Acknowledging the Power Differential and Potential for Provider Bias

- **Providers practicing in the managed health care system** are inherently in a gate keeping role with people who are seeking care from us.
- **Pathologizing gender, gender oppression and transphobia** continues to intensify the experience for both the provider and the client.
- **The process of being required to have a diagnostic mental health evaluation** prior to getting one's needs met (in this case having surgery), for some, can feel stigmatizing, be re-traumatizing and can impact emotional well being

Acknowledging our own biases, what we don't know, and the power dynamic in the room is important

- *"It's not always easy to come to a medical/mental health office and share details about the needs you have around your body and identity with a stranger."*
 - *"I imagine you have thought through/been through a lot to get to this point already."*
- *"I don't take this process lightly and invite you to let me know if there is something I say or do is making you uncomfortable."*
- *"Some people have feelings about the requirement to see a mental health provider in order to get a letter for surgery, how are you feeling about the process itself and about being here today?"*



As we move forward in the process...

- Gender affirming surgeries are experienced as life savers and as life changing for many--Having surgery can be super meaningful for people!
- There is a history of transgender and gender non-binary folks getting sub-par healthcare because providers are not well educated or trained—we have an opportunity to be excellent and provide improved affirming and informed care!
- Using clinical supervision for exploring the power differential, the impact of gate-keeping and our own biases.



Categories of the Assessment

1. Introductions & acknowledgment of power differential
2. Review of estimated outline for anticipated number of sessions
3. Gather basic surgery information and client's understanding of (anticipated timeline for having surgery, surgery type, who's the surgeon, pre-op requirements, and insurance coverage and requirements)
4. Personal vision: client's expectations, hopes, permanency, expectations, loss
5. Discuss social supports, anticipated healing plan for recovery process
6. Logistical planning for before, during and after surgery
7. Therapy recommended to begin or continue?
8. Obtain Release of Information needed for surgeon(s)
9. Write letter, email draft, review, finalize, send off to surgeon



Surgery Type Specifics

Ask people what type of surgery they are planning to have and to review surgeon specific requirements:

▪ **Trans masculine gender affirming surgeries:**

- Chest Reconstructive surgery AKA “top surgery”:
 - -binders, drains, nipple tattoos, “dog ears” & scarring, minimal lifting post-surgery
- Genital Reconstructive Surgery (GRS) Metoidioplasty, AKA “bottom or lower surgery”
- Genital Reconstructive Surgery (GRS) Phalloplasty, AKA “bottom or lower surgery”
 - Phalloplasty with vaginectomy, urethral lengthening vs not
- Hysterectomy with removal of the cervix vs maintaining the cervix
- Oophorectomy
- Social, emotional and physical, financial and practical costs/benefits

▪ **Trans feminine gender affirming surgeries:**

- Full Genital Reconstructive Surgery (GRS) vaginoplasty, AKA “bottom or lower surgery”:
 - -laser or electrolysis for genital hair removal often required, dilation requirements
- Breast Augmentation Surgery
- Orchiectomy:
 - -Option to have an orchiectomy prior to full GRS
- Facial Feminization Surgery: full FFS, trachial shave
- Social, emotional and physical, financial and practical costs/benefits

• **CONTINUED ON NEXT SLIDE**



Surgery Type Specifics

Ask people what type of surgery they are planning to have and to review surgeon specific requirements:

***Is stopping gender affirming hormone replacement therapy (HRT), or “gender affirming hormone tx” a requirement prior to having surgery?**

****Are there weight requirements by the particular surgeon or related to specific surgery type?**

*****s the person using substances and what is their understanding of the medical risks?**

****What might the social/emotional/practical impact be on/for the ct? ****

****While we are covering medical information in a mental health context, refer back to PCPs and Surgeons for these areas.****

**Encourage honest discussion with surgeon at consult and with PCP,
▪we can guide people around preparing for these discussions.****



Gathering Basic Surgery Info & Client Understanding

- Who is your surgeon and where are you having surgery?
- Which surgery are planning to have? (be specific)
- How do you foresee the surgery helping to affirm your gender?
- Can you tell me what you know so far about the surgery itself and what to expect?
- What are the pre-op requirements and expectations?
- If you are currently receiving gender affirming hormone treatment, will it be required to stop hormone tx beforehand? How do you feel about this (socially/emotionally/physically)?

Gender is less like this:



And more like this:



artivismproject.com

Personal Vision of the Process:

Exploring permanency, expectations, hopes, possible risks, loss

- How do you imagine your life with or without surgery?
- Are there any anticipated or unanticipated feelings of (physical and/or emotional) loss that may arise for you?



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Social Supports, Anticipated Healing Plan for Recovery Process

▪ Practical & Logistical

- Financial
- Time off from work or school
- Housing options/living environment
- Dilation schedule planning
- Possible 2nd step/revision surgery dates or follow-up medical visits

▪ Emotional & Social

- Immediate environment
- Friends, partner(s), housemates, family, coworkers, wider community
- Complications?
- Current coping skills for depression and anxiety, un/anticipation of post-surgery mood changes

▪ Where are the strengths, where are the risks?

Assessment Complete, Talking about Next Steps

- Let the client know you are ready to write the letter and your approximate timeline to write the letter
- Discuss language that will be used in the letter, explore feelings related to this
 - Does the gender listed on the person's insurance card match the person's identified gender?
 - How does the client feel about gender pronoun usage in letter?
- Discuss with your client how they want to be involved in letter reviewing process before sending, and if they want a copy for themselves
- Get ROI for surgeon(s)
- **Where to find templates at FHC:**
 - MH shared folder-THP folder-Surgery-Letters
 - (at FHC) There is CPS quick text for surgeon fax numbers

Letter Template

(example shown on next slide)

- Create a template:
 - Vary each template according to client's stated pronoun use
 - Surgery type
- (At FHC) templates can be found in the Mental Health shared folder under:
 - Trans-Health Program
 - Surgery
 - Letters

DATE

Surgeon's Office address

RE: CLIENT PREFERRED NAME (IF HAS LEGAL NAME which is different or different NAME ON INSURANCE CARD, put here in parenthesis)
CLIENT DOB

Dear SURGEON,

I am writing on behalf of my client PREFERRED NAME/DOB (LEGAL NAME/NAME AS LISTED ON INSURANCE CARD), who uses PRONOUNS (example: he/him/his), whom I would like to refer for gender affirmation SURGERY TYPE (EXAMPLE: METOIDIOPLASTY) surgery. PREFERRED NAME has been seeing me for therapy since /was evalautaed by me on:. CLIENT PREFERRED NAME is being followed in primary care by PCP/ENDOCRINOLOGIST and has received gender affirming hormone treatment (IF APPLICABLE) since _____.

CLIENT PREFERRED NAME identifies as FEMALE/MALE/GENDER NON-BINARY both socially and psychologically. CLIENT PREFERRED NAME has been living PRONOUN USED life fully and openly as MALE/FEMALE/GENDER NON-BINARY for XX AMOUNT of TIME. CLIENT PREFERRED NAME presents full time as IDENTIFIED SEX/GENDER and has had a positive experience with initial FEMINIZATION/MASCULINAZATION through hormone treatment (IF APPLICABLE). However, despite PRONOUN USED confidence as a WOMAN/MAN/GENDER NON-BINARY PERSON, CLIENT PREFERRED NAME continues to experience significant emotional distress due to PRONOUN'S body not fully aligning with gender identity. It is my professional opinion that in this way, CLIENT PREFERRED NAME meets the criteria for having Gender Dysphoria (ICD 10: F64.1). Having the gender affirmation SURGERY TYPE procedure is the next appropriate step to enable CLIENT PREFERRED NAME to continue living as MALE/FEMALE/GENDER NON-BINARY, the role in which PRONOUN USED most comfortably and effectively functions.

CLIENT PREFERRED NAME has demonstrated understanding of the permanence, costs, recovery time, and possible complications of this surgical gender affirmation procedure. CLIENT PREFERRED NAME is fully capable of making an informed decision about the surgery. CLIENT PREFERRED NAME is reasonably expected to follow pre and post-surgical treatment recommendations responsibly.

It is this therapist's opinion that CLIENT PREFERRED NAME is emotionally and practically ready for this gender affirmation SURGERY TYPE provided you find PRONOUN USED medically fit. If you would like to discuss CLIENT PREFERRED NAME'S case in more detail, please call me at: (xxx)-xxx-xxxx.

Sincerely,

Let's recap:

1. Introductions & acknowledgment of power differential
2. Review of estimated outline for anticipated number of sessions
3. Gather basic surgery information and client's understanding of (anticipated timeline for having surgery, surgery type, who's the surgeon, pre-op requirements, and insurance coverage and requirements)
4. Personal vision: client's expectations, hopes, permanency, expectations, loss
5. Discuss social supports, anticipated healing plan for recovery process
6. Logistical planning for before, during and after surgery
7. Therapy recommended to begin or continue?
8. Obtain Release of Information needed for surgeon(s)
9. Write letter, email draft, review, finalize, send off to surgeon

What about if I don't feel comfortable writing the letter?

There may be (a rare) case in which it may not be clinically appropriate to refer a person for surgery. In these cases:

- **Ask yourself:** What is it specifically that is causing you concern or hesitancy?
 - **Check-in with yourself** about what personal biases may be kicked up for you
 - **Personally reflect over the WPATH SOC v. 7:** “The SOC are intended to be flexible in order to meet the diverse health care needs of transsexual, transgender, and gender nonconforming people.” (<https://www.wpath.org/publications/soc>)
1. If present, are mental health issues/diagnoses “reasonably well controlled?” If so in what ways do you imagine the person coping through surgery?
 2. Has gender dysphoria been reported to be consistently present for the person?
 3. Has the person been living in their identified gender in all areas of their life?
- **Ask yourself:** does the emotional/social cost and risks of delaying a surgery referral outweigh the benefits and relief the person will gain socially/emotionally/practically from having the surgery?
 - If after answering these Qs, you still believe it is not clinically appropriate to refer for the surgery (at this point in time), be transparent with your client, make recommendations, discuss possible timelines.

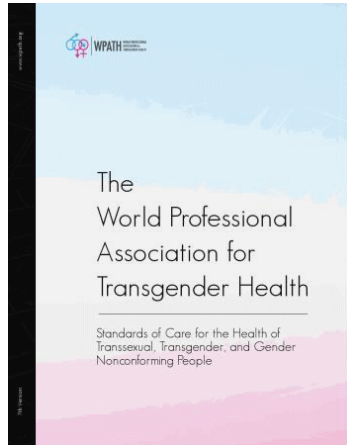
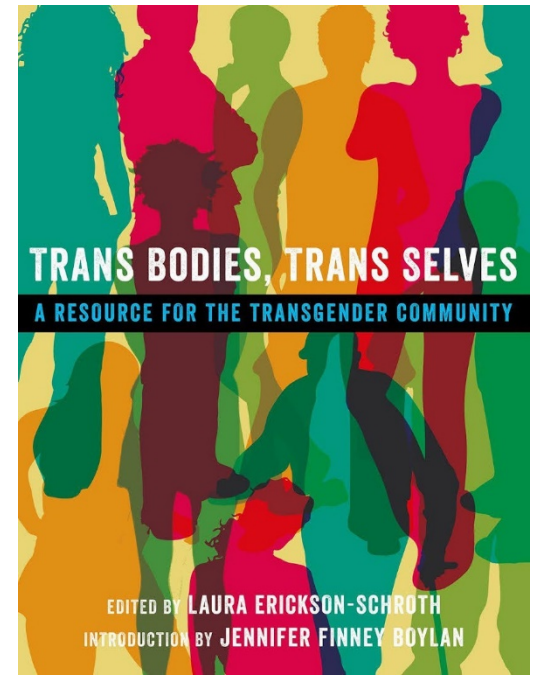
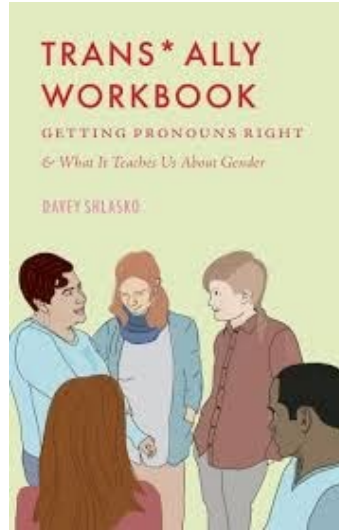
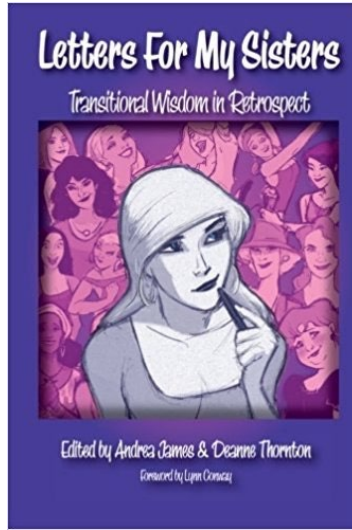
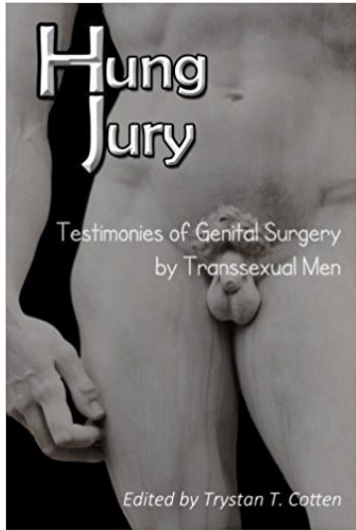
Ask yourself as a provider what *you are* comfortable with in supporting this ct to advance their process for social or medical gender affirmation?

For example: While being transparent about your comfort level and through setting realistic expectations with your ct:

Can a letter to the surgeon still be written with your concerns mentioned directly, so that surgeon is informed and so that the ct can still have a consultation with the surgeon to move their process forward, in steps.



Resources for Providers, Clients & Community:



TSER

Trans Student Educational Resources

www.transstudent.org

World Professional Association for Transgender Health:
www.wpath.org



Massachusetts
Transgender
Political
Coalition

www.masstpc.org

QUESTIONS? CONCERNS? INSIGHTS?

Contact information:

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She/Her/Her's Pronouns

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Thank you!

