

# Providing Mental Health Assessments for Gender Affirming Surgery Referral Letters

May 13, 2020

Sarah Eley, LICSW

Pronouns: She/Her/Her's

[SEley@fenwayhealth.org](mailto:SEley@fenwayhealth.org)

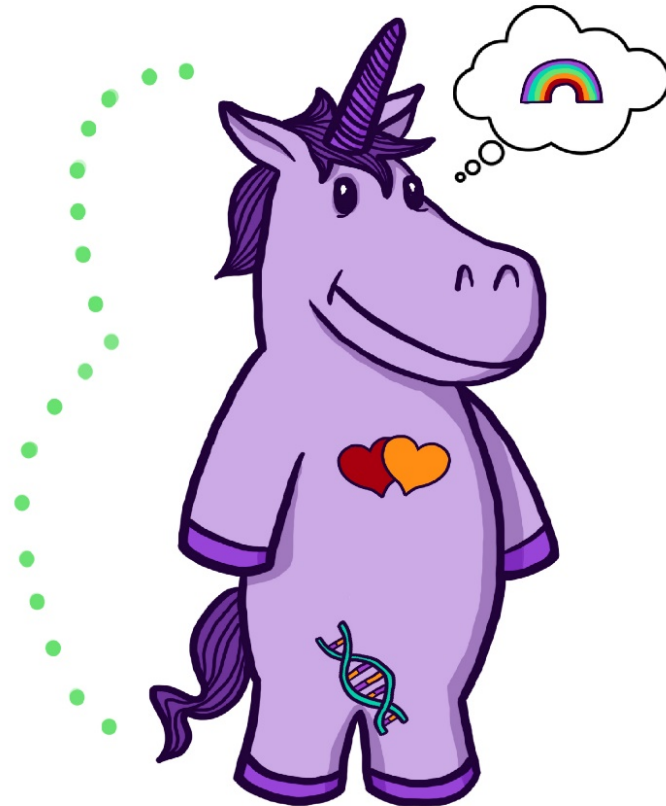
Fenway Health Center


**The true expertise lies in  
the experiences of  
Transgender, Gender  
Non-Binary and Gender Diverse people.**




Gender is more diverse and fluid than we're taught it to be.

# The Gender Unicorn


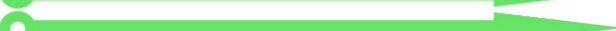
Graphic by:  
**TSER**  
Trans Student Educational Resources



 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

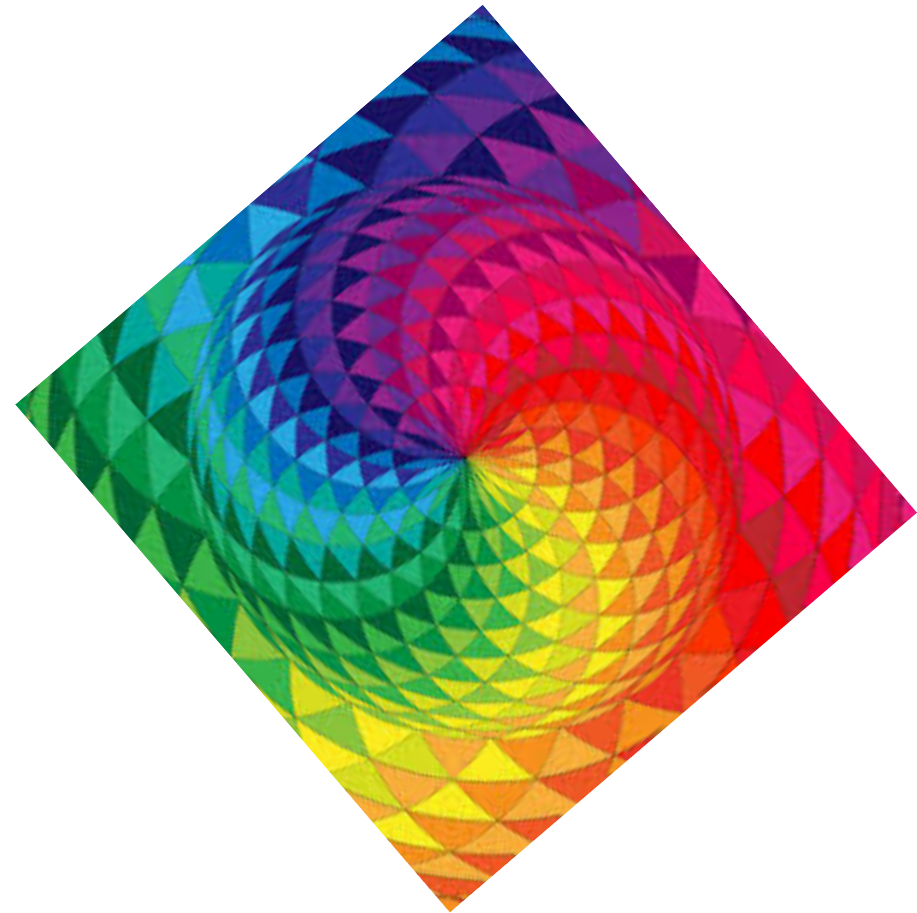
-  Women
-  Men
-  Other Gender(s)

To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

**THERE IS NO SUCH THING  
AS A SINGLE-ISSUE  
STRUGGLE BECAUSE  
WE DO NOT LIVE  
SINGLE-ISSUE LIVES.**

**- AUDRE LORDE**



# Our Role as Providers

- Support individuals to reach their goal for having surgery
- Increase our understanding of the need behind this goal
- Using WPATH SOC recommendations as a guide

We are present with clients to:  
explore expectations, hopes and risks,  
help navigate logistics,  
& discuss next steps.

# Practicing Allyship through Letter Assessments

- Gender affirming surgeries are experienced as life savers and as life changing for many.
- Taking a stance of *humility*
- Use clinical supervision as a place for processing, professional growth & accountability.



# Setting the Frame of an Assessment

1. Introductions & acknowledgment of power differential
2. Review of anticipated number of sessions
3. Gather basic surgery information and understanding
4. Personal vision: expectations, hopes, insights, anticipation of possible loss
6. Logistical planning and other practical needs: social supports and healing plan for recovery
7. Additional recommendations
8. Obtain Release of Information needed for surgeon(s)
9. Discuss language within letters, refer as needed for 2<sup>nd</sup> BH letter, write letter(s), email draft for ct's review, finalize, send off to surgeon

## Using Transparency and Acknowledging the Power Differential

- *“I’m aware that seeing a therapist for a letter is a requirement, not a choice that you’ve made. Not everyone is comfortable with this. I’m wondering how you are doing around this aspect of the process itself. We can talk about it if you want to, or, we don’t have to.”*
- *“It’s not always easy to come to a medical/mental health office and share details about your body and identity.”*
  - *“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.”*



# Ideally before the client meets with you...

The client has already:

- Had a discussion about their decision to have surgery with their PCP and received PCP letter
- Is informed of the anticipated # of sessions to expect
- Knows what surger(ies) they plan to have
- Identified surgeon(s) for consultation
- Is aware of their insurance letter requirements and coverage

# Gathering basic surgery information & client's 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 say what you know so far about the surgery itself and what you expect?
- If you are currently receiving gender affirming hormone treatment, are you aware that you may be required to stop it before the surgery takes place? How might this effect you?

# Gender Affirming Surgeries

## Trans-masculine spectrum of gender affirming surgeries:

- **Chest Reconstructive Surgery** commonly referred to as: “top surgery”  
-binders, drains, nipple tattoos, scarring, minimal lifting post-surgery
- **Genital Reconstructive Surgery (GRS) Metoidioplasty**, commonly referred to as: “bottom or lower surgery”
- **Genital Reconstructive Surgery (GRS) Phalloplasty**, commonly referred to as: “bottom or lower surgery”
- **Hysterectomy and Oophorectomy**
- **Vaginectomy**

## Trans-feminine spectrum of gender affirming surgeries:

- **Full Genital Reconstructive Surgery (GRS) Vaginoplasty**, commonly referred to as: “bottom or lower surgery”:  
-Electrolysis prior to Vaginoplasty, dilation post-surgery
- **Breast Augmentation Surgery**
- **Vulvoplasty** with no vaginal opening, or a narrow depth vaginal opening
- **Orchiectomy:**  
-Choice to have an Orchiectomy prior to full GRS
- **Facial Feminization Surgery:** full FFS, tracheal shave, forehead or jawline changes

## Personal Vision of the Process: Exploring permanency, expectations, hopes, 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?

# 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 2<sup>nd</sup> step/revision surgery dates or follow-up medical visits

## Emotional & Social

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

**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
- Discuss with your client if they want to review the letter before it's sent
- Get ROI for surgeon(s)
- Where to find FHC letter templates:  
[www.fenwayhealth.org/care/medical/transgender-health](http://www.fenwayhealth.org/care/medical/transgender-health)
- Refer for 2<sup>nd</sup> BH provider letter if needed

# Letter Template

(example shown on next slide)

- Create a template:
  - Vary each template according to client's stated pronoun and name use & surgery type

DATE

Surgeon's Office address

**RE: NAME USED (IF NAME ON INSURANCE CARD DIFFERS FROM NAME USED, PUT HERE)**

**CLIENT DOB**

Dear SURGEON,

I am writing on behalf of my client CLIENT NAME USED/DOB AND GENDER PRONOUNS USED\_(NAME AS LISTED ON INSURANCE CARD), whom I would like to refer for GENDER AFFIRMING SURGERY TYPE (EXAMPLE: METOIDIOPLASTY) surgery. CLIENT NAME USED has been seeing me for therapy since \_\_\_\_/was evaluated by me on: \_\_\_\_\_. CLIENT NAME USED IS being followed in primary care by \_\_\_PCP/ENDOCRINOLOGIST\_\_\_ and has received gender affirming hormone treatment (IF APPLICABLE) since \_\_\_\_\_.

CLIENT NAME USED identifies as IDENTIFIED GENDER both socially and psychologically. CLIENT NAME USED has been living HIS/HER/THEIR life fully and openly as IDENTIFIED GENDER for \_\_XX AMOUNT of TIME\_\_. \_\_CLIENT NAME USED\_\_ presents full time as \_\_\_IDENTIFIED GENDER\_\_\_ and has had a positive experience with initial GENDER AFFIRMING HORMONE TREATMENT (IF APPLICABLE). However, despite this positive experience, CLIENT NAME USED, continues to experience significant emotional distress due to HIS/HER/THEIR body not fully aligning with gender identity. It is in this way, NAME USED meets the criteria for having Gender Dysphoria (ICD 10: F64.1). Having this gender affirming SURGERY TYPE\_ is the next appropriate step to enable CLIENT NAME USED \_\_\_ to continue living as THE TRUE IDENTIFIED GENDER, SHE/HE/THEY ARE.

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

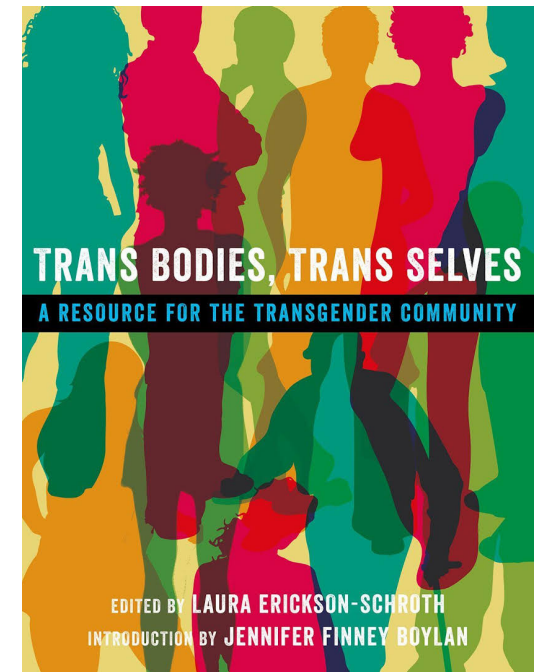
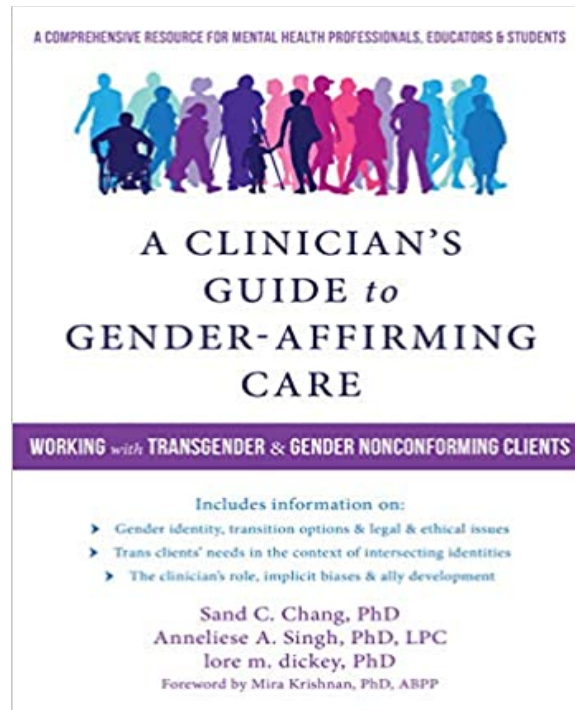
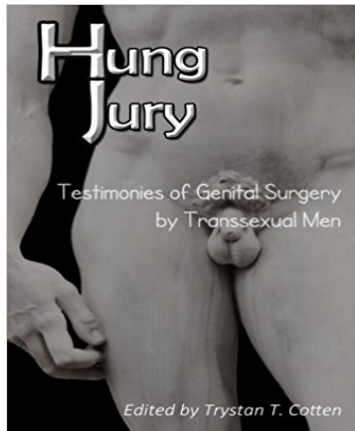
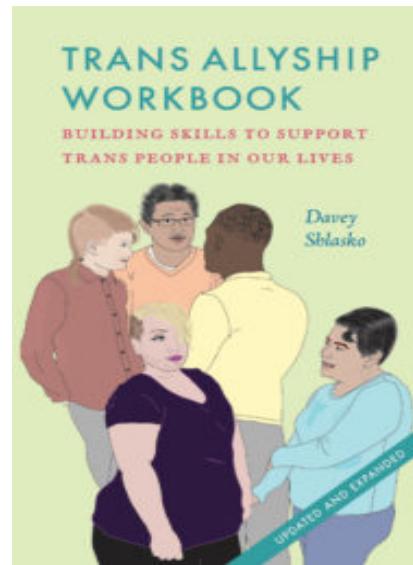
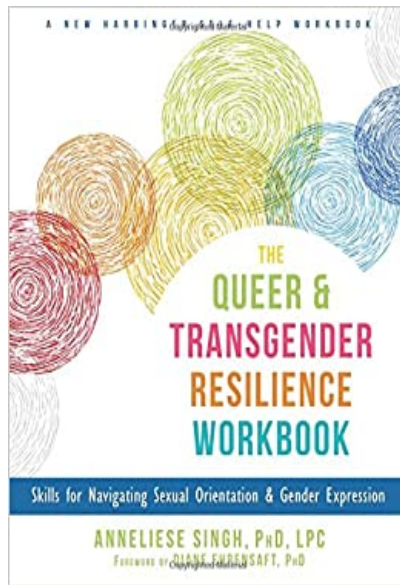
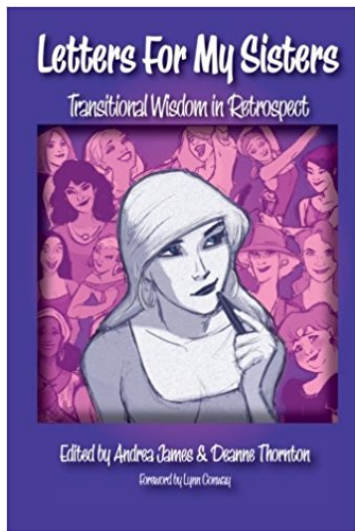
NAME USED is emotionally and practically ready for this gender affirmation SURGERY TYPE provided you find HIM/HER/THEM \_\_\_ medically able. If you would like to discuss CLIENT NAME USED'S case in more detail, please call me at: (xxx)-xxx-xxxx\_.

Sincerely,



## Let's recap:

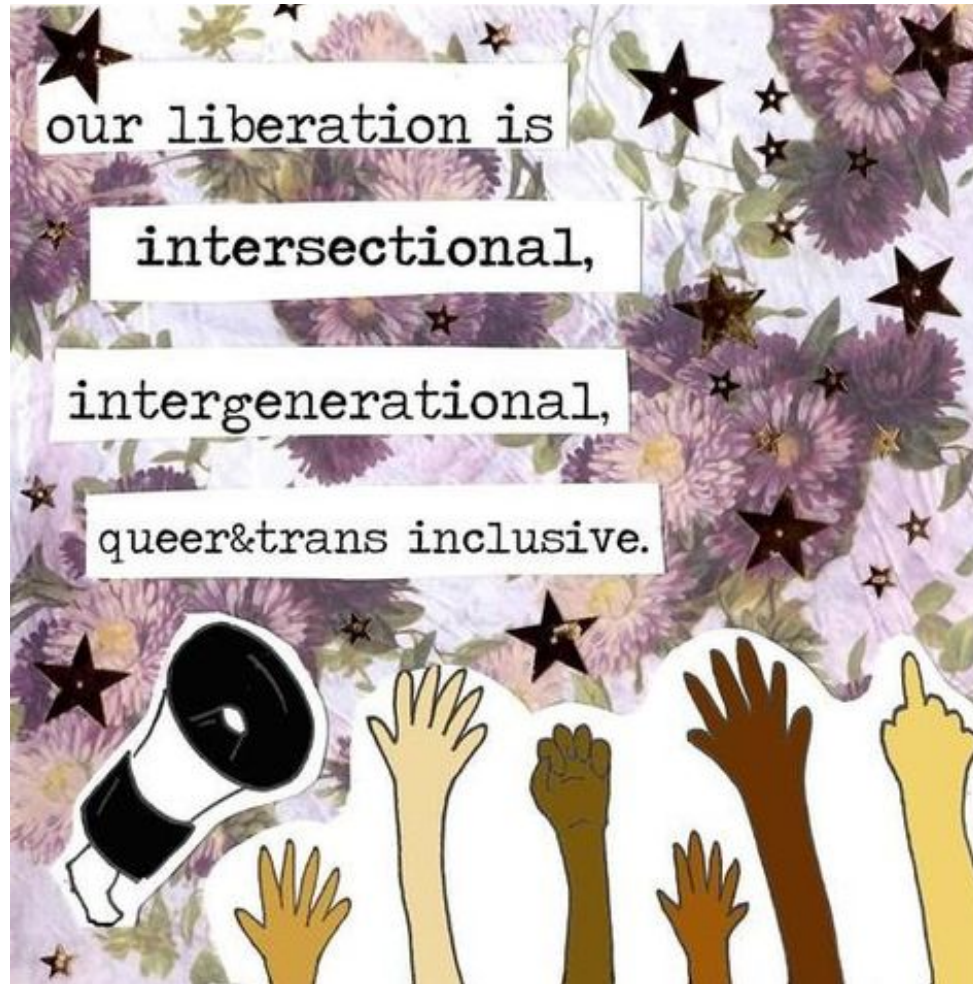
1. Introductions & acknowledgment of power differential
2. Review of anticipated number of sessions
3. Gather basic surgery information and understanding
4. Personal vision: expectations, hopes, insights, anticipation of possible loss
6. Logistical planning and other practical needs: social supports and healing plan for recovery
7. Additional recommendations
8. Obtain Release of Information needed for surgeon(s)
9. Discuss language within letters, refer as needed for 2<sup>nd</sup> BH letter, write letter(s), email draft for ct's review, finalize, send off to surgeon



World Professional Association for Transgender Health:  
[www.wpath.org](http://www.wpath.org)

**TSER**  
 Trans Student Educational Resources  
[www.transstudent.org](http://www.transstudent.org)

Questions? Thoughts?  
Please share.



[www.pinterest.com/thesocycinema/](http://www.pinterest.com/thesocycinema/)