Short-Term Behavioral Health Assessment and Referral for Gender-Affirming Surgery

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Continuing Medical Education Disclosure

All medical treatment (hormones, GnRH analogues, surgeries) for the purpose of gender confirmation are considered off label despite multiple published, peer reviewed, treatment guidelines on this treatment.

I have no conflicts of interest to declare.

It is the policy of The National LGBT Health Education Center, Fenway Health that all CME planning committee/faculty/authors/editors/staff disclose relationships with commercial entities upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.
Ethical Standards

This course supports the ethical standards related to equal treatment and access to care for transgender and gender diverse populations and adheres to the American Psychological Association’s, *Guidelines for psychological practice with transgender and gender nonconforming people*, 2015.
Learning Objectives:

- Define key eligibility criteria for various surgeries
- Describe a situation that may negatively impact outcomes and/or access to surgery
- Outline the basic information needed in a surgical referral letter
Information NOT covered today

- Surgery on minors (under age 18)
- Photographs/images of completed surgical procedures
- Surgeon referral lists
- Financing options, fund-raising, specific insurance coverage and benefits
Overview of Training

- DSM-5 Gender Dysphoria – criteria highlights
- Names of most common surgical options
- Eligibility criteria overview (WPATH, SOC, v.7)
- Conducting a brief surgical assessment
- Referral letter content
- Discussion
Managing Gatekeeping through Empowerment and Honesty

- Power differentials are always present in an assessment – counteract and collaborate
- MHPs need to be aware of surgical options to understand, assess, and offer supports
- Surgery can be life-saving
- Surgery is life-changing
- Some people experience significant discomfort with their bodies, some do not
- The drive to affirm one’s gender can surpass other health needs
Overview of DSM-5 criteria
DSM-5 Gender Dysphoria (F64._)

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration...

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability

1 adolescence & adulthood 8 other gender identity disorders 9 unspecified
Overview of Surgical Options
Feminizing Surgical Options

- **Breast**: augmentation mammoplasty (implants/lipofilling)
- **Genital**: penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty
- **Additional**: facial feminization surgery (FFS), liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation (implants/lipofilling), hair reconstruction & removal, etc.
- **Other**: Pumping Parties – unsupervised injection of silicone or other substances into the body
Masculinizing Surgical Options

- Chest (top): bilateral mastectomy with reconstruction of the chest (flat, masc) or reduction in some NB people
- Genital (bottom/lower): hysterectomy/oophorectomy, urethral lengthening, metoidioplasty, phalloplasty, vaginectomy, scrotoplasty, erectile device, testicular implants
- Other: voice surgery (rare), liposuction, lipofilling, pectoral, calf, glute implants, hair implants, etc.
Standards of Care
for the Health of Transsexual, Transgender, and Gender-Nonconforming People

WPATH Eligibility Criteria*

*The SOC are flexible guidelines
Breast*/Chest (‘Top’)/FFS… Surgery – [1 Letter]

- Persistent and well documented gender dysphoria
- Age of majority
- Capacity to make a fully informed decision and consent to treatment
- Any significant mental health or medical concerns are reasonably well controlled

* recommended trans-feminine people have 12 months of hormone treatment before augmentation for natural breast development

(WPATH, 2011. SOC, v. 7)
Gonadectomy* [2 Letters]

- ALL previous criteria plus:
  - Any significant mental health or medical concerns are well controlled
  - 12 continuous months of hormone therapy as appropriate to the person’s gender goals (unless the person has a medical contraindication or is otherwise unable or unwilling to take hormones)

* Surgical removal of the ovaries or testicles – Be mindful of the history of forced sterilization of TGD people & the practice that continues today outside the USA

(WPATH, 2011. SOC, v. 7)
Genital Reconstruction [2 Letters]

- ALL the previous slides plus:
  - 12 continuous months of living in a gender role that is congruent with the person’s gender identity*

* Recommend people have regular mental health or medical visits before and after surgery for support.
- Documentation of this criteria is expected and may be verified.
- Criteria may vary based on health insurance and surgeon’s requirements.

(WPATH, 2011. SOC, v. 7)
Assessment

The root of the word assessment is from the Latin assidere: to sit beside

Your task is to assess the client’s understanding of any procedure and whether anything will interfere with capacity to consent and to cope with recovery.
Assessment Basics

- Reproductive rights, if affected
- Gender integration
- Surgery, surgeon, prep
- Intersecting identities and coping
- Finances and recovery
- Expectations and emotions
- Medical stability, alcohol, and substances

Detailed medical information may be outside your scope

Advancing Excellence in Transgender Health
Expectations – Coping – Health

- Knowledge of procedure
- Age & Medical Stability
- Isolation/Community
- Suicidality
- Minority stress impact
- Stress responses
- Homelessness
- Work/School

- Eating & BMI Requirements
- Depression
- Self-injury/Self-care
- Anxiety
- Substance use/abuse
- Alcohol use/abuse
- Autism spectrum
- Domestic violence
- Family relationships & Fertility
Expectations – Preparation

- Aesthetics and function
- Sexual functioning
- Complications, stages, allergies
- Recovery time, swelling, care
- Costs, FMLA
- Sexual trauma, DID, psychosis
- Pre/Follow-up Care Access

- Travel and self-care
- Flying with implants
- Dilating
- Nicotine – ALL FORMS
- Bowel and bladder function
- Denials and appeals
- Religious, spiritual concerns
- Hot flashes, blood clots, GAHT
- Revisions, Long-term bone health
Serious Mental Illnesses*

- Mental health issues must be well controlled
- Severe psychiatric disorders & impaired reality testing need further evaluation and supports throughout the gender affirmation process
- Efforts to manage conditions should be effective to provide sustained stabilization throughout the process
- No surgery should be undertaken during active psychosis

* Conditions may include: any psychotic disorders, delusional disorders, bipolar disorders, OCD, personality disorders, DID
Surgeon’s Responsibilities

1. Techniques
   Photos

2. Refer out

3. Limitations

4. Risks

5. Complication rates
AKA: Documenting the key information you gathered
You must include:

- Patient’s identity on insurance, and in life, if different or relevant
- Report on bio-psycho-social assessment and any substances used
- Overview of medical and mental stability and any medications
- Clinical support for recommendation (not your credentials)
- Statement on client’s assessed understanding of risks and benefits
- Statement on client’s capacity to consent or any support needed
- Summary of plans for care & recovery supports
- Invitation to talk with surgeon
State whether the person...

- Has clear, reasonable, and realistic expectations for surgery process, outcomes, cost, recovery, work/school interruptions, etc.

- Has chosen a surgeon and arranged for financing, pre- peri- and post-surgical care, and reasonable plans for complications.

- Has considered options for reproduction preservation and resolved needs prior to gonadectomy.* (not all people have all options)
Primary Care Provider’s letters *may* be accepted by some insurance carriers and surgeons in place of/in addition to the MHP letter of referral.

It is strongly recommended to involve the PCP in the assessment and referral process to assist in the coordination of medical care and follow-up and to provide medical clearance for surgical procedures.
Discussion
Case – Janice (she)

- 21yo, white, Jewish (English 1st language), trans feminine, AMAB, student
- Seeking genital reconstruction/affirmation surgery
- Presents masculine currently; lesbian (has supportive girlfriend)
- Unable to present as herself feminine in male dormatory
- Drinks a minimum of 1 bottle of wine daily
- Health insurance through school covers gender affirmation treatment
- Parents unsupportive of gender identity or gender affirmation
  - Threatening to cut off financial support of Janice if she moves forward
- Culturally Jewish, but not practicing, left parent’s temple at 14
Case – Alex (they)

- 30yo, Chinese (Mandarin, 1^{st} language), non-binary, AFAB
- Seeking top surgery
- Presents androgynous; asexual; no interest in GAHT
- Employed in science industry on a work visa
- Competes in women’s sports
- Has complex trauma hx with sexual abuse
- Estranged from family who live overseas
- Does not report any specific religious history or current spiritual practices – reports belief in reincarnation
THANKS

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Additional Supports Available at

- Basic letter templates can be downloaded from https://www.fenwayhealth.org/transhealth under the “Provider Support” tab
Other LGBT health Education resources

• The LGBT National Health Education Center: http://www.healtheducation.org

• UCSF LGBT Resource Center: https://lgbt.ucsf.edu/lgbt-education-and-training

• UCSF Center of Excellence for Transgender Health: http://transhealth.ucsf.edu/trans?page=lib-providers

• National Transgender Survey Reports http://www.ustranssurvey.org/reports

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