

FENWAY HEALTH

## Providing Mental Health Assessments for Gender Affirming Surgery Referral Letters

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## Disclaimer

This presentation is geared towards internal staff at Fenway Health Center (FHC) and external learners.

Throughout the presentation there will be reference made to internal FHC systems to help support the learning of internal staff and those outside of FHC wanting to improve or create new systems related to the process of doing assessments and writing gender affirming surgery referral letters for clients.

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## 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 is coming in.

**By the time many people who are needing a letter are seeing us, they have already been through a journey of recognizing, understanding, disclosing and living their gender identity and their need for having gender affirming surger(ies).**

Our job as mental health providers doing these assessments is to help support specifically someone's goal for having surgery.

We are present with clients to explore expectations, hopes and risks, guide around logistics and explore next steps.

Requirements to follow under WPATH SOC

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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

The diagram features a purple unicorn with a rainbow mane and tail. To its right are several horizontal bars representing different gender-related concepts:

- 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

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## 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)
  - 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: 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/HIPAA
- Intake guide and surgery specific questions prepared

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### 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 and the intake line.

- 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
- Surgical Expenses Covered by:
  - Health Insurance: Yes
- Consultation Request is for:
  - Master's Level Clinician: Yes
  - Higher Level BH Provider (PsyD, PhD, MD): \_\_\_\_\_
- Has client consulted with FHC PCP regarding request for surgery? Yes
- If client is seeking second BH letter, has client already received Primary Behavioral Health Surgical Referral Letter? Yes

\*\*This consultation will be used for intake clinician or psychiatrist referral. A copy of primary surgical referral letter must be available and submitted to scanning to complete this referral.\*\*

- Primary Referral Letter from (Name of first evaluating BH provider):  
"XXXXXXXXXX, LICSW"
- Client is requesting surgical referral letter for:
  - Gender Affirming Phalloplasty Genital Reconstructive Surgery
- Has the surgeon who will perform the procedure(s) been identified? Yes
- Name of Surgeon:  
"XXXXXXXXXX, MD"  
Ph: \_\_\_\_\_ Fax: \_\_\_\_\_
- 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
- Please work with client to schedule consultation for letter in support of surgery. Appointment scheduled: \_\_\_\_\_

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### Intake-Letter vs. Intake-Therapy-Letter Writing first letter or second?

**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

**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 in process for therapy according to practice/agency policy.

**What about if the person is in therapy with me already?**

- An evaluation of readiness for surgery can take place without the person having to redo the intake/initial evaluation process.
- In some cases, portions of the assessment may have been incorporated into the therapy already
- In other cases, a conversation will be needed to start the gather information needed within an assessment

**What about if the person needs two mental health letters for lower surgery?**

- Seen internally for 1<sup>st</sup> letter: see you for second letter, no intake evaluation required
- Seen externally for 1<sup>st</sup> letter: intake evaluation required, same process as above
- Required to have 2<sup>nd</sup> mental health letter form a PhD, PsyD, or MD: intake evaluation required and (with FHC) referral to schedule with internal Psychiatrist Alex Keuroghlian, MD MPH, (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

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### Beginning the Clinical Assessment Process with Transparency and Acknowledging the Power Differential...

- 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 continue to intensify the experience for both the provider and the client.**
- The process of being required to have an evaluation prior to getting one's needs met (in this case having surgery), for some, can be re-traumatizing and can impact emotional well being**

**\*Acknowledging 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."*

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### As we move forward in the process...

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



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### 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

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### Surgery-Type-Specific Reminders

**\*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) a requirement prior to having surgery?**

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

**Trans masculine gender affirming surgeries:**

- Chest Reconstructive surgery AKA "top surgery":
  - binders, drains, nipple tattoos, 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"
- Hystorectomy

**Trans feminine gender affirming surgeries:**

- Full Genital Reconstructive Surgery (GRS) vaginoplasty, AKA "bottom or lower surgery":
  - electrolysis often required, dilation requirements
- Breast Augmentation Surgery
- Orchiectomy:
  - Choice to have an orchiectomy prior to full GRS
  - Literal, emotional and physical costs/benefits
- Facial Feminization Surgery: full FFS, trachial shave

**\*\*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.\*\***

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### 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 for-see 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?

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**Gender is less like this:**



**And more like this:**



**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?

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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
- Dilution 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
- Complications?
- Current coping skills for depression and anxiety, un/anticipation of post-surgery mood changes

**Where are the strengths, where are the risks?**

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**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

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**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

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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), whom I would like to refer to for gender affirmation SURGERY TYPE (EXAMPLE: METOIDIOPLASTY) SURGERY. \_\_\_\_\_ (PREFERRED NAME) has been seeing me for therapy since \_\_\_\_\_ /was evaluated 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 \_\_\_\_\_ (HIS/HER/THEIR) full and openly as \_\_\_\_\_ (MALE/FEMALE/GENDER NON-BINARY) for \_\_\_\_\_ (AN AMOUNT OF) TIME. \_\_\_\_\_ (CLIENT PREFERRED NAME) presents full time as \_\_\_\_\_ (IDENTIFIED GENDER) and has had a positive experience with initial FEMINIZATION/MASCULINIZATION through hormone treatment (IF APPLICABLE). However, despite \_\_\_\_\_ (HIS/HER/THEIR) \_\_\_\_\_ (CONFIDENCE AS A) \_\_\_\_\_ (WOMAN/MAN/GENDER NON-BINARY PERSON), CLIENT PREFERRED NAME continues to experience significant emotional distress due to \_\_\_\_\_ (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 \_\_\_\_\_ (HE/SHE/THEY) \_\_\_\_\_ (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 HIM/HER/THEM \_\_\_\_\_ (medically) fit. If you would like to discuss \_\_\_\_\_ (CLIENT PREFERRED NAME)'s case in more detail, please call me at: (xxx) xxx-xxxx.

Sincerely,

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**Let's recap:**

1. Introductions & acknowledgment of power differential
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**Resources for Providers and Clients**



**Hung Jury**  
Techniques of Gender Surgery  
by Transsexual Men  
Edited by Thomas F. Schrim

**Letters For My Sisters**  
Practical Advice for Sisters  
Edited by Kelly Jones & Casey Rando  
www.transstudent.org

**TRANS\*ALLY WORKBOOK**  
100+ Tools, Worksheets, & More  
for Health & Social Work  
©2017 TSEW

**TRANS BODIES, TRANS SELVES**  
A RESOURCE FOR THE TRANSGENDER COMMUNITY  
EDITED BY LAURA ERICKSON-SCHWITZ  
ILLUSTRATIONS BY JENNIFER FINNEY BOYLAN

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

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



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