

**Guide for Framing Interview:
Gender Affirming Mental Health Assessments for
GAS (Gender Affirming Surgery) Referral Letters
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Focus of the session is to assess and document the following:

- Advocate and to support the client's decision to have surgery,
- Assess practical readiness and capacity for informed decision making
- If any mental health symptoms are present, the symptoms are "reasonably well controlled" (per WPATH SOC).
- Is there presence of gender dysphoria that can be documented?

Helpful Reminders:

Information may be gathered without use of the BH screener surveys. They are not required for this visit type and are available within the CPS document to use on an as-needed basis.

Given that the surgery may be well into the future and having this type of surgery may be a new experience for the client, the client may not have all the answers, and that is ok. This does not determine eligibility to receive a letter. The opportunity can be used as a way to offer the client coping strategies or resources.

Do meet client where they are at, with the knowledge they have.

Do not question or judge the client's gender expression and/or identity,

Support, rather than question the client's decision to have surgery.

Everyone identifies and expresses differently across the gender spectrum.

Everyone makes a different choice about whether to receive gender affirming hormone treatment.

Hormones are not criteria for getting a letter.

Everyone expresses their gender differently, and may not appear to you as the gender which society associates with the surgery type they are planning to have.

Varying expression and presentation of gender is normal and is **not** an indication of a person not being ready for surgery.

Setting the frame of the visit/assessment:

1. The process will be different for initial meeting vs writing a letter for a client who you have been working with for a while in therapy and are now doing an assessment for writing a letter.
2. To start, acknowledge the power differential and gate-keeping aspect of the meeting in order to help establish trust and name what is present in the process and room.
3. Provide space for the ct to share thoughts/feelings on being required to meet with a mental health provider in order to get the letter(s) of surgery referral.
4. Ask what the ct's understanding is about the expectations around the visit and anticipated timeline for receiving a letter(s).
5. Provide necessary information that the ct may not have already (provide resources as needed).
6. Let the ct know that you will try to go through all that is needed today, however, it may be necessary to schedule follow-up visits.

Suggested questions for the interview:

-Can you tell me what you have learned already about this/these surger(ies)? --->Asking this question is part of assessing for reasonable expectations.

-What have you thought about in terms of the support you may want or need leading up to, during and following surgery? (Example: people who you trust or if ct does not have anyone, or is staying in a shelter. This is an opportunity for us to support them with resources).

The questions of "imagining" and "loss" may help to assess how the ct copes with dysphoria and/or social stress. And, assesses for coping to be used in possible un/anticipated bodily changes that may come with surgery (possible loss of nipple sensation for chest reconstructive surgery, for example).

This may help to assess where the ct's strengths and resiliency skills are to cope through change if symptoms are present, are they, "**reasonably well controlled**" (per WPATH SOC).

Explain that you are asking to have a deeper understanding of their ability to cope through change, as with any life changes, unanticipated feelings of loss may arise.

-How do you imagine your life with or without surgery?

- Asking this open-ended question can support a ct to share examples of how they may anticipate relief from the gender dysphoria and/or social stress they experience in a bigger picture way.

- Asking this can also provide the information needed for the letter to document persistent presence of gender dysphoria, and that any mental health concerns are "reasonably well controlled."

Next steps:

Tell the ct you are ready for writing the letter. Discuss next steps, such as:

1. Is a follow-up session is needed?
2. Doing the letter collaboratively in the session?
3. Drafting a letter and then emailing them a copy for review?
4. Inform ct that you will send the letter to the surgeon(s) office and that the surgeon's office sends the letter to insurance company for approval of coverage. The ct needs at least one BH provider letter and the PCP letter prior to being able to get the consultation scheduled/covered.
5. Use the editable template found in this visit document, or on the shared drive or THP website.
6. Clarify language client is most comfortable using in the letter to identify and describe gender, name and pronouns. *Note: if the name on the insurance card differs from the name the ct uses, both will need to be included in the letter.*

Suggestion for content/length of letter:

In order to receive insurance coverage, writing letters that are concise, is often more likely to receive coverage.