

**Guide for Client Evaluation and Interview:
Gender Affirming Mental Health Assessments for GAS (Gender Affirming Surgery) Referral Letters
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Setting the frame of the visit/assessment:

It can be helpful to start an assessment for readiness for gender affirming surgery referral letters by checking in with the ct about what their understanding is already about the process of an assessment, and then, filling in information about the process where there may be more information needed.

The process will often look different for a ct who you are meeting with for an initial evaluation and letter assessment vs a ct who you've been working with for a while in therapy and are now doing an assessment for writing a letter.

Setting the frame by informing the ct that an assessment can take sometimes more than one or two visits, helps to manage expectations. Doing an assessment for gender affirmation chest reconstructive or breast augmentation surgery can take at minimum 1-2 visits, and for gender affirmation genital reconstructive surgeries, an assessment can take at minimum 2-4 visits. I let cts know that this is dependent of course on what comes up during the intake so that we don't set ourselves up, or the cts up, if we need more or less time.

Helpful thinking: The main thing that helps me think about doing a letter with someone I won't be continuing with in therapy is to think of it as an extension of the intake---a further assessment focusing on their decision and readiness for having surger(ies), rather than as being a therapy session.

Important considerations related to the power differential and vulnerability:

By the time most clients come to us requesting a letter, they have often been thinking about their plan for surger(ies) for a long, long time, possibly as long as they've recognized their true gender identity. While the decision to have surgery is a choice, obtaining a letter from a therapist and medical provider before one can have surgery is not. Our health care system, the WPATH SOC, and insurance companies set these requirements. And, the systems which set this requirement are rooted in the oppressive history which pathologizes gender variant identity, transgender and gender non-binary people. As a result, some people who come to us for a letter may experience the process as a barrier to accessing the care they choose or need. Additionally, meeting with a therapist who may be gender conforming or non-transgender can add another layer of power to the dynamic. For some, being required to speak with a therapist about intimate and very personal things about their body and gender that they may not have spoken to anyone about before, may be experienced as very vulnerable, invasive and exposing. For others, it may be experienced as being brought a sense of relief, or feel empowering.

Acknowledgment in the seat of power:

Acknowledging the power differential and intersectional power dynamics can be a helpful for creating space for clients to share their experience around the process of getting letters itself and may help someone to develop a sense of trust and feel more empowered in their process.

How to begin the interview:

Inform the ct that the questions you'll be asking are not about questioning their gender identity, but rather, the questions are specifically related to assessing their choice or need for surger(ies) and their emotional and practical readiness for the surger(ies) (about where they are now in their process).

So what do I actually ask in the interview?

- What surgery are you having (specify type of upper and/or lower)?
- Have you decided on a surgeon?
- How long have you been considering surgery?
- What do you understand, know, and have questions about the surgical procedure(s) itself, the expectations of the surgeon and insurance, the recovery guidelines and timelines? (Within this, I include discussion around understanding and feelings about reproduction, planning for and understanding of: temporarily stopping hormone treatment prior to having surgery, dilation, drains, electrolysis, etc.--- encouraging them to talk through/share their pre-planning thoughts around, how they might incorporate caring for themselves in these ways when they might have to work or care of others, etc.)
- Who else knows about their plans for surgery?---this leads into: Who do they have that can provide practical support in leading up to, during and following surgery?
- How do you imagine your life with and without surgery?
- Are there any anticipated or unanticipated feelings of loss that may arise (around physically changing a body part, losing a body part, or adding) (around loss of sensations: nipple sensation, ejaculation, erection, around changes that might come socially and sexually, around reproduction)
-----both the questions of "imagining" and "loss" I feel help us to assess emotional stability factors as well as social, sexual, environmental and professional factors-----
- Circle back to discussion of recovery from surgery: around who may be around to help them if they need help, and have they talked about what the recovery might entail with their people of support? Review if there are practical things that could use some more planning for, such as: if they're having surgery locally or not, how are they transporting? If flying home---might have someone be available to go ahead of them on the plane to get an ice pack and blankets be helpful, for example? Arranging for a wheel chair if they may not feel well to walk yet, etc

Next steps:

Then I tell someone next steps once I feel ready for writing the letter: I'll get back to them within two weeks and will email them a draft for their review, then once they give me feedback, etc., I'll finalize and fax with letter to insurance company both to the surgeon's office. The surgeon's office deals with sending the letter to insurance once billing happens. The key is that they need the letters prior to being able to get the consultation scheduled/covered.

***Use template provided, or, create own---short or narrative---- inviting the ct into this discussion can also help to provide a more empowering experience. For purposes of receiving insurance coverage, however, less is more.