Behavioral Health Assessments and Referrals for Gender-Affirming Surgery

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Continuing Medical Education Disclosure

- Program Faculty: Ruben Hopwood, MDiv, PhD
- Current Positions: Coordinator, Transgender Health Program, Fenway Health; Visiting Researcher, The Danielsen Institute at Boston University; Director, Hopwood Counseling & Consulting
- Disclosure: No relevant financial relationships.

Gender confirmation medical treatment is considered ‘off-label’
(This includes medications and surgeries)

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Ethical Standards

This course supports the ethical standards related to equal treatment and access to care for transgender populations under APA Policy Statement: *Transgender, Gender Identity, & Gender Expression Non-Discrimination*, Adopted by the American Psychological Association Council of Representatives August, 2008.
Learning Objectives:

Participants will be able to...

1. Define and differentiate the key eligibility criteria for sterilizing and non-sterilizing surgeries
2. Describe three situations that may negatively impact outcomes and/or access to surgery
3. 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
  [consider looking online at sites such as transbucket.com for images of completed surgeries]
- Surgeon lists/referrals [patients may be restricted by insurance to particular surgeons, check WPATH, transcaresite.org, and other trans resources]
- Financing options, fund-raising, insurance coverage
Overview of Training

- DSM-5 Gender Dysphoria – highlights
- Limited surgical options review
- Eligibility criteria overview (WPATH, SOC, v.7)
- Brief assessments
- Referral letter content overview
- Discussion
Perspective

- Surgery can be life-saving and is life-changing
- Some people experience significant discomfort with their bodies, some do not – be aware of internal bias
- The need to affirm one’s gender identity can supersede other health concerns
- You may be the ‘last hurdle’ in a person’s gender confirmation journey
- Be aware of power differentials present

Bockting, et al., 1998; Hendricks & Testa, 2012
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

.0 adolescence & adulthood .8 other gender identity disorders .9 unspecified
Overview of Surgical Options
Brief Overview: Feminizing Surgical Options

- Breast surgery: augmentation mammoplasty (implants/lipofilling)
- Genital surgery: penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty
- Non-genital, non-breast surgery & more: facial feminizations surgery (FFS), liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation (implants/lipofilling), hair reconstruction & removal, and other aesthetic procedures
Brief Overview: Masculinizing Surgical Options

- Chest (top) surgery: subcutaneous mastectomy, creation of a male chest
- Genital (bottom/lower) surgery: hysterectomy/oophorectomy, urethral lengthening with a metoidioplasty or a phalloplasty, vaginectomy, scrotoplasty, erectile device, and/or testicular implants
- Non-genital, non-chest surgery: voice surgery (rare), liposuction, lipofilling, pectoral implants, and various aesthetic procedures
Criteria non-sterilizing Surgery: Breast*/Chest (‘Top’)/FFS...

- 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)
Criteria for Sterilizing Surgery: Gonadectomy

- 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*)

(WPATH, 2011. *SOC*, v. 7)
Criteria for Genital Reconstruction

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

* It is recommended that individuals have regular visits with a mental health or other medical professional before and after surgery. Documentation of this criteria is expected and may be verified by other outside sources. Criteria may also be varied 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
Mental Health Basic Assessment

- What surgery & what surgeon; Finances
- Gender identity, dysphoria, history, development, impact on functioning and any stigma/trauma; coping;
- Imagined/hoped for/understood impact of surgery;
- Differential assessment that gender dysphoria is not secondary to, or better accounted for by, other diagnoses or conditions;
- Systemic supports
  - Planned pre/peri/post surgery, hormones, pain medications, FMLA, multi-stages, complications, recovery needs
Functioning – areas to assess

- Eating
- Depression
- Self-harm/Self-care
- Anxiety
- Substance use/abuse
- Alcohol use/abuse
- Autism spectrum
- Domestic violence
- Family relationships
- Age & Health
- Sexual health & function
- Isolation
- Suicidality
- Minority stress impact
- History of trauma and discrimination
- Homelessness
- Work/School
Assessing Realistic Expectations

- Aesthetic and functional outcome
- Sexual functioning and expectations
- Complications, healing, multi-stage procedures, swelling, allergies
- Time expectations and recovery realities
- Financing surgery & associated costs
- Exacerbation sexual trauma &/or DID
- FMLA procedures and options
- Distance travel and self-care
- Flying home with implants
- Dilating at work and long-term
- Body waste elimination complications
- Denials, and appeals tolerance
- SOFFA responses
- Religious, spiritual concerns
- Hot flashes, blood clots, and HRT
- ‘Utopia’ and routine revisions
Serious Mental Illnesses*

- *Mental health issues must be well controlled*
- Severe psychiatric disorders and impaired reality testing warrant further care and additional evaluation and supports throughout the process pre/peri/post
- Efforts to manage conditions must be effective to provide sustained stabilization throughout 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

- Review different surgical techniques available (with referral to colleagues who provide alternative options);
- Review advantages and disadvantages of each technique;
- Review limitations of a procedure to achieve “ideal” results; surgeons are responsible to provide a full range of before-and-after photographs of their own patients, including both successful and unsuccessful outcomes;
- Review inherent risks and possible complications of the various techniques;
- Inform patients of their own complication rates with each procedure.
Referral Letters
<table>
<thead>
<tr>
<th>Surgery</th>
<th>Letters</th>
<th>Other Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augmentation</td>
<td>1</td>
<td>12mos HRT recommended</td>
</tr>
<tr>
<td>Top Surgery</td>
<td>1</td>
<td>n/a</td>
</tr>
<tr>
<td>Gonadectomy</td>
<td>2</td>
<td>12mos HRT unless reason not</td>
</tr>
<tr>
<td>Genital Reconstruction</td>
<td>2</td>
<td>12mos HRT unless reason not 12 mos living in congruent gender</td>
</tr>
<tr>
<td>FFS/Hair Tx/etc.</td>
<td>?</td>
<td>Variable/none – not in SOC reqs</td>
</tr>
</tbody>
</table>
In plain language you must attest that...

- The patient has clear, reasonable, and realistic expectations for surgery processes and outcomes, cost, recovery, work/school interruptions, and etc.;
- The patient has chosen a surgeon and arranged for financing, pre- peri- and post-surgical care, and reasonable plans for complications;
- Reproductive* options have been adequately explored and resolved prior to surgery if it will include sterilization.

* Sperm or egg banking if still feasible
Information you must include:

- Patient’s identity (on insurance and in life if different)
- Report on bio-psycho-social assessment
- Overview of any clinical problems and medications
- Rationale for recommendation and facts* to support
- Statement on assessed risk:benefits understanding
- Statement on ability to consent or support needed
- Summary of patient plans for care & support needs
- Invitation to communicate with surgeon

*Note: please do not write a defense of your competence to evaluate. The surgeon needs information on the patient’s situation and trusts you to work within your professional competence and boundaries.
Additional information:

- Statement that patient meets criteria for/is diagnosed with Gender Dysphoria (F64._)
- Hormone treatment status or reason for variance
- Any co-occurring medical, sexual, or psychiatric diagnoses, including medications (OTC/Rx)
- Capacity of person to live in their asserted gender – explain if needed – and length of time if relevant
- Any steps taken to confirm/consolidate gender & how this surgery supports further relief/prevention of dysphoria and distress or functioning
Primary Care Provider’s Letters

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.
Thank You
Additional Supports Available at

- Download (free) and read the WPATH *Standards of Care, Version 7* from [www.WPATH.org](http://www.WPATH.org)

- Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. Deutsch MB, ed. June 2016. [www.transhealth.ucsf.edu/](http://www.transhealth.ucsf.edu/)

- Basic letter templates can be downloaded from [https://www.fenwayhealth.org/transhealth](https://www.fenwayhealth.org/transhealth) under the “Provider Support” tab