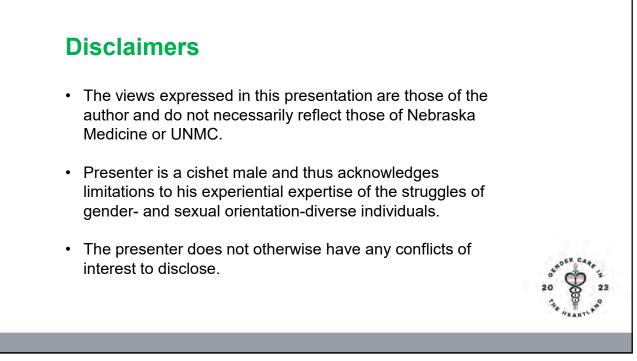
### Transgender Psychological Evaluations & Letters of Support

Jerry V. Walker, III, Ph.D., ABPP, MSCP, CMPE Board-Certified Counseling Psychologist Psychology Services Manager, Nebraska Medicine Adj. Assistant Professor, UNMC & UNL



### **Learning Objectives**

- 1. Identify the core components of a pre-surgical psychological evaluation with transgender patients.
- 2. List the considerations involved in patient readiness for genderaffirming surgical interventions.
- 3. Describe the components of an effective letter of support for genderaffirming medical intervention.









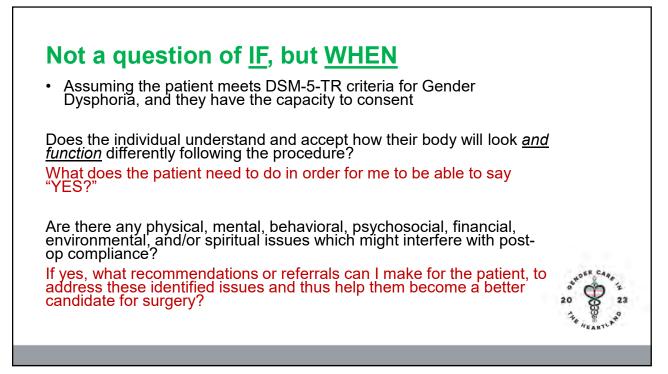
### Pre-surgical Psych Evals are the norm

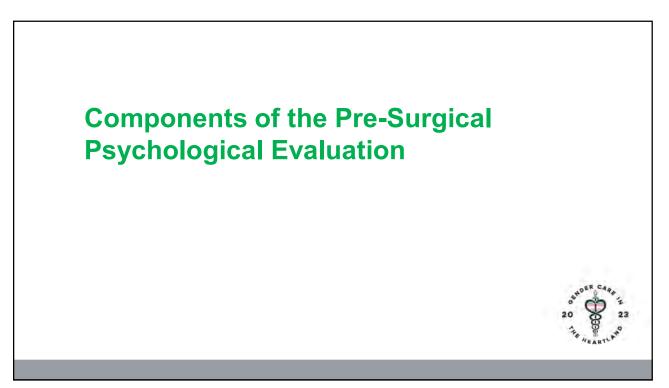
- <u>Also</u> commonly *required* for:
  - Bariatric surgery
  - Spinal cord stimulator (SCS) implantation
  - · Left ventricular assistive device (LVAD) implantation
  - Solid organ transplant recipient
  - Solid organ transplant living donor
- What do these have in common w/ gender surgery?
  - Surgical scars
  - Longer post-op recovery
  - May need revision surgery
  - Body will look/function differently
  - May require lifelong behavioral changes



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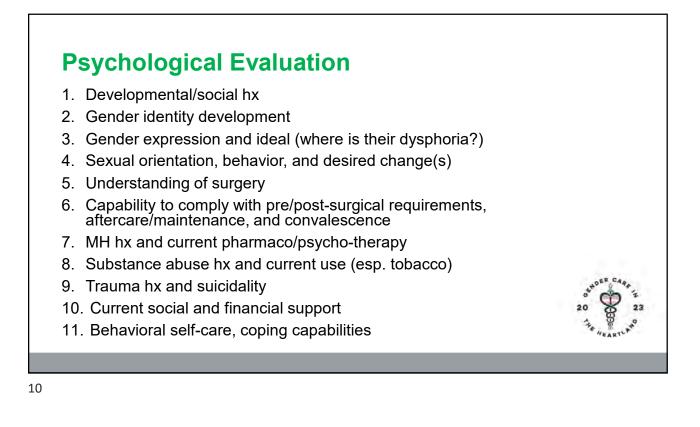
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### WPATH Guidelines (8<sup>th</sup> Version, 2022) Address mental health symptoms that: Interfere with a person's capacity to consent to gender-affirming treatment. Interfere with a person's capacity to participate in essential perioperative care before genderaffirmation surgery. Assess the potential negative impact that mental health symptoms or substance use may have on surgical outcomes. Assess the need for psychosocial and practical support in the perioperative period surrounding genderaffirmation surgery. Encourage, support, and empower transgender and gender diverse people to develop and maintain social support systems, including peers, friends, and families. Counsel and assist transgender and gender diverse people in becoming abstinent from tobacco/nicotine prior to gender-affirmation surgery. Ensure if transgender and gender diverse people need in-patient or residential mental health, substance abuse or medical care, all staff use the correct name and pronouns (as provided by the patient), as well as provide access to bathroom and sleeping arrangements that are aligned with the person's gender identity. Do not mandate transgender and/or gender diverse people to undergo psychotherapy prior to the initiation of gender-affirming treatment. Do not offer "reparative" or "conversion" therapy.





### **Developmental & Social Hx**

- Early development
- · Early family system
- Academic achievement
- Occupational history
- Current housing/financial situation
- Current family system
- Intimate relationship(s)
- · Current social support system
- Response of important others to gender identity/sexual orientation
- Connection to transgender community

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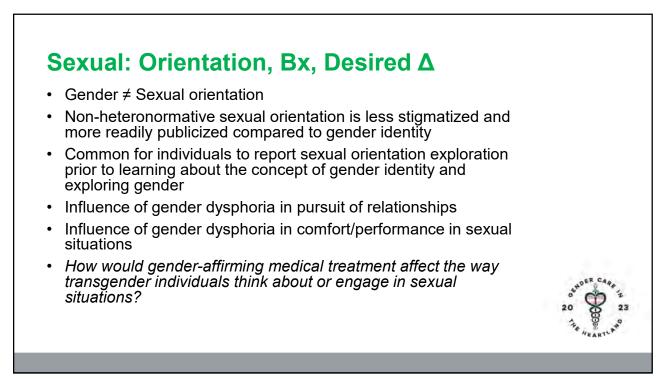
### Gender Identity Development

- Age of first observed gender incongruence
- Self-referent thoughts
- Imaginative play
- · Gravitation toward gender-incongruent activities
- First cross-dressing experience
- · Early alter-gender expression
- Body/gender congruence
- Body/gender incongruence
- · Possible conflation with sexual orientation



## **Gender Expression + Transition Goals External:** "I want to be seen and treated as a [man/woman/non-gendered individual]" Internal: "I want to look in the mirror and see myself, the way I feel on the inside" Subscription to traditional gender norms for: Clothing and appearance Body hair Physique/silhouette Vocal tone or pitch Concealment strategies (tucking, binders, baggy clothing) Legal name and gender (+ ID) changes

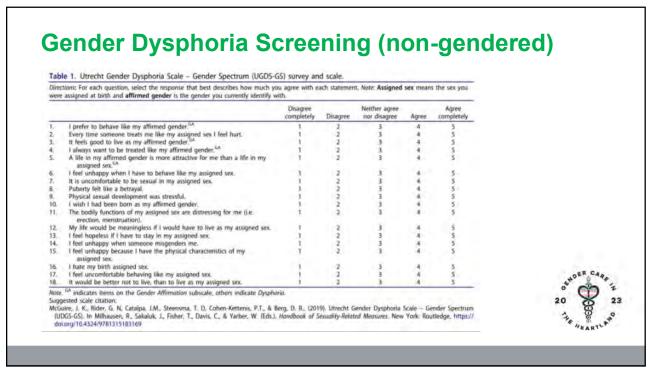


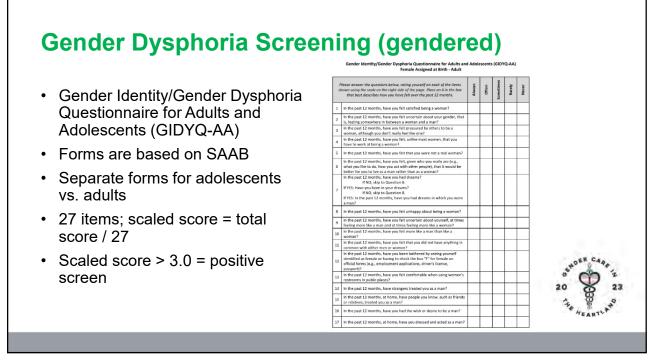


### F64.0 Gender Dysphoria (DSM-5-TR)

Marked incongruence between one's experienced or expressed gender and assigned gender (6 months, at least 2 of the following):

- Incongruence of gender identity with primary or secondary sex characteristics
- Desire to be rid of (or prevent development of) primary or secondary sex characteristics
- · Desire of primary/secondary sex characteristics of the opposite gender
- · Desire to be the other gender
- Desire to be treated as the other gender
- · Conviction that they have the feelings or reactions of the other gender





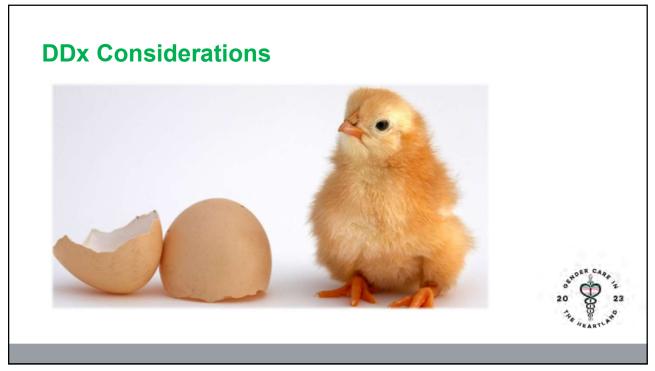
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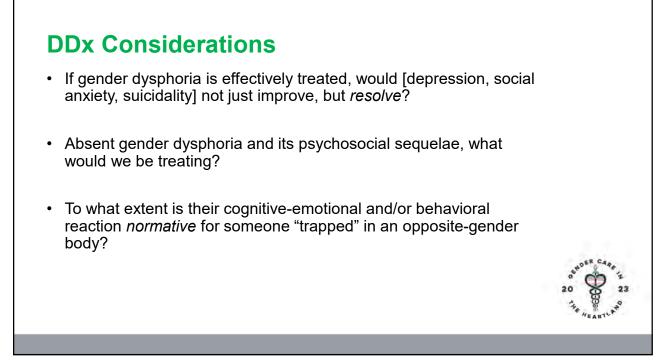
### **Psychological Testing**

- No validated psych tests directly assess gender dysphoria—most helpful for ddx of co-occurring psychiatric conditions
- · On gender-normed tests, use preferred gender
  - For non-binary or intersex individuals, use the binary gender they express *more* or *most often*
- MMPI-2-RF can provide some insight to gender preferences
  - Aesthetic-Literary Interests (AES) scale: females tend to score more highly than males
  - Mechanic-Physical Interests (MEC) scale: males tend to score more highly than females
  - May see higher scores of aggression (AGGR-r) in males
- · Consider the influence of hormone therapy

### **Mental Health Considerations**

- High prevalence of mood disorders, generalized anxiety, and social phobia<sup>1,2</sup>
- Increased risk of non-suicidal self-injurious behavior, suicidal ideation, suicide attempts (especially in adolescents)<sup>1,3</sup>
- Gender (and bodily) dysphoria, eating disorders<sup>2</sup>
- Perceived (and real) social isolation<sup>2</sup>
- Bullying, harassment, discrimination<sup>3</sup>
- Intimate partner violence (homosexual men)<sup>4</sup>
- Physical and sexual assault (transgender individuals)<sup>4</sup>
- Substance misuse/abuse (transgender individuals)<sup>2</sup>
- · Religious concerns
- <sup>1</sup>Dhejne et al., 2016 <sup>2</sup>Rees, et al., 2020 <sup>3</sup>Johns, et al., 2019 <sup>4</sup>Peitzmeier, et al., 2020







- QoL substantially improves 1 year following hormonal treatment<sup>1</sup>
- Mild reduction in depression scores (7.6 points on BDI-II) after 6 months of hormonal treatment<sup>2</sup>
- Hormonal therapy *may* reduce **anxiety**, particularly for transgender youth (on puberty blockers)<sup>3</sup>
- Paucity of studies examining longitudinal suicide risk for transitioning transgender individuals
- "No studies showed that hormone therapy harms mental health or quality of life among transgender people"<sup>1</sup>

<sup>1</sup>Baker, et al., 2021
<sup>2</sup>Metzger & Boettger, 2019
<sup>3</sup>López de Lara, et al., 2022



### **Transitioning while Transitioning**

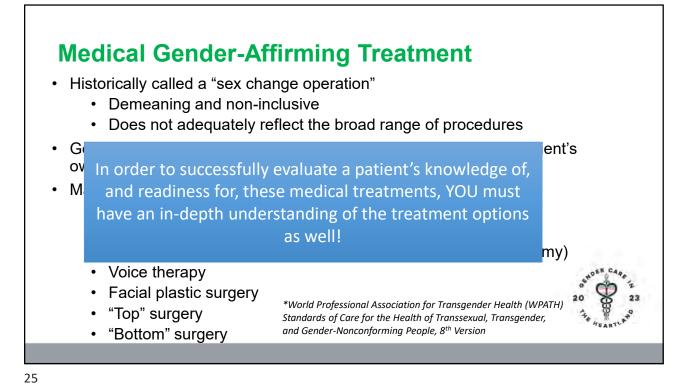
Not uncommon for transgender individuals to "start a new life" during transition

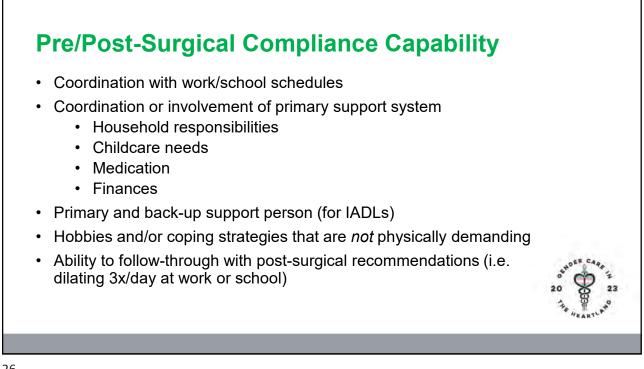
- Cut off (unsupportive) family of origin
- Cut off (unsupportive) friendships
- Are cut off from (unsupportive) current family
- Start a new job
  - "My coworkers knew me as 'Dave' but here I can introduce myself as 'Deanna'"
- Make a geographical move
- Re-enter dating pool (increased confidence)

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### Understanding of Surgery

- Plethora of online information; have they researched from quality sources?
- · Know or talked to anyone who has had the surgery?
- Knowledge of:
  - Surgical options
  - Potential risks or complications
  - Potential benefits
  - Pre-surgical health requirements
  - · Post-surgical recovery timeline
  - Post-surgical functional restrictions (temporary)
  - Post-surgical behavioral requirements (long-term)
  - Need for post-surgical IADL support
  - · Need for post-surgical medical follow-up
  - Realistic expectations





### **"Protective" Factors**

- · Good understanding of surgery and requirements
- Realistic expectations
- Gender dysphoria is focused on body part(s) that is the aim of planned surgical intervention
- Good plan for convalescence
  - Stable housing/finances
  - · Multiple reliable support individuals
  - Support from work/school (i.e. employer approved time off, pt has saved up PTO, surgery planned during summer vacation, etc.)
- Absence of impairing psychiatric conditions OR psychiatric conditions have demonstrated a period of stability on current treatment regimen
- No active or recent: SA, NSSIB, or substance abuse
- Abstinence from tobacco/nicotine

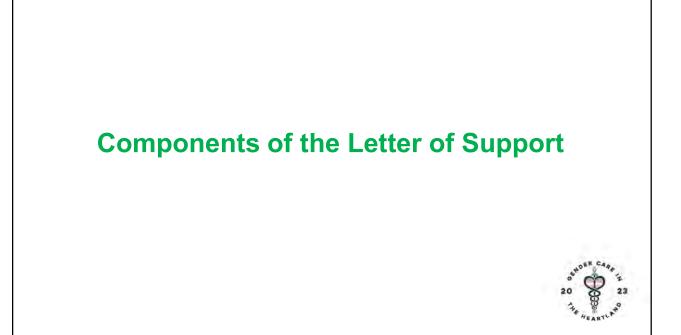


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### "Risk" Factors (Contraindications)

- · Poor understanding of surgery and requirements
- · Unrealistic expectations
- · Gender ambiguity or unformulated gender identity
- Unreliable/unstable/absent plan for convalescence
- Potentially impairing psychiatric conditions w/o demonstrated stability or current/recent treatment
- Active or recent SA, NSSIB, or substance abuse
- Nicotine dependence
- Pending legal issues
- Financial instability
- · Poor or limited social support
- · Cognitive impairment



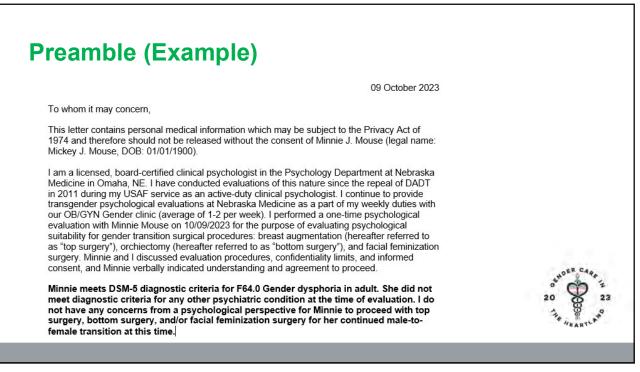


### Justifying Medical Necessity for Third-Party Payors

- Many insurance companies (still) require <u>two</u> letters of support from BH professionals:
  - A doctoral-level provider (one-time eval)
  - An ongoing therapy provider (6 months 1 year)
- · Letters should ideally include:
  - Validation of F64.0 Gender dysphoria
  - Any other psychiatric diagnoses
  - Professional opinion on whether present psychiatric condition(s) could impair transition
  - Whether pt has been living publicly consistent with their gender identity for at least the past 12 continuous months
  - If pursuing surgery, verification that pt has been on hormonal therapy for the past 6-12 continuous months
  - Pt competence and understanding of surgery
  - Social, financial, and/or occupational support
  - Pt's future fertility plans (if applicable)
  - Any other medical or MH recommendations

### Don't Forget!

- · Use professional letterhead
- Include your privacy statement
- · Include your full name, credentials, and contact info
- Briefly describe your experience or expertise with the transgender community
- Include identifying information about the patient—both preferred and legal name (if different) and DOB
- · Briefly describe your treating relationship with the patient



### Letter of Support: Content Example (No MH dx; no contraindications) PATIENT meets DSM-5 diagnostic criteria for F64.0 Gender Dysphoria in Adult. There are no indications for the presence of other psychiatric conditions. I do not have any concerns from a psychological perspective for PATIENT to proceed with bottom surgery for her continued male-to-female transition at this time. 1. Does the patient meet criteria for Gender Dysphoria? Yes; PATIENT expresses strong desire for female primary and secondary sex characteristics, she identifies as the female gender and feels most comfortable in women's clothing and presenting herself as a female, and she expresses a strong dislike for her male anatomy. Additionally, she demonstrates a strong preference for crossgender roles and reports historical resistance to wearing masculine clothing. Additionally, PATIENT demonstrates:

- The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make her body as congruent as possible with the preferred sex through surgery and hormone treatment: YES.

- The transgender identity has been present persistently for at least two years: YES, since at least age 20. The disorder is *not* a symptom of another mental health disorder: YES. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning: YES, primarily in social functioning.
- Documentation that the patient has completed a minimum of 12 continuous months of living in a gender role that is congruent with their gender identity, across a wide range of life experience and events that may occur throughout the year: Yes, since age 29 (3 years).
- The patient has undergone a minimum of 12 continuous months of hormone therapy: Yes, since age 29 (3 years).
- Capacity to make a fully informed decision and to consent for treatment: YES, see item #2, below.
- That the patient is able to comply with long term follow-up requirements and post-operative expectations have been addressed: YES.
- If the patient has significant medical or mental health issues present, they must be reasonably well controlled: N/A.

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### Letter of Support: Content Example (No MH dx; no contraindications)

2. Are they able to make an informed decision? Yes.

3. Does the pt have other mental health or psychiatric issues which could impair transition? No.

4. What other areas of the patient's life or functioning could impact plans to transition (i.e. family, significant other, school, work, finances, etc.)? Pt's closest family members, friends, and husband are aware of, and supportive of, pt's transition--and they have been over at least the past 3 years. Pt indicated her employer is also supportive of pt's gender identity/expression and transition plans, and she accrued PTO for surgery/convalescence.

5. What is the patient's understanding of and expectations for transition? PATIENT demonstrated excellent understanding of the impact of bottom surgery on her physical expression and gender identity, and this is consistent with her goals.

6. What are their future fertility plans? PATIENT denied any intent to bear or father children.

7. Any mental health treatment, family system intervention, or other medical assessment/treatment recommended prior to transition? No recommendations at this time; given pt's excellent insight and adaptation to hormonal treatment and top surgery, and in the absence of impairing psychiatric conditions, there are no significant contraindications for pt to proceed with bottom surgery at this time, from a psychological perspective.



### Letter of Support: Content Example (MH dx; still support) PATIENT meets DSM-5 diagnostic criteria for F64.0 Gender dysphoria in adult and F41.1 Generalized Anxiety Disorder. She did not meet diagnostic criteria for any other psychiatric condition at the time of evaluation. I do not have any concerns from a psychological perspective for PATIENT to proceed with orchiectomy for her continued male-to-female transition at this time. 1. Does the patient meet criteria for Gender Dysphoria? Yes; PATIENT expresses strong desire for female primary and secondary sex characteristics, she identifies as the female gender and feels most comfortable in women's clothing and presenting herself as a female, and she expresses a strong dislike for her male anatomy. Additionally, she demonstrates a strong preference for cross-gender roles, reported historical resistance to wearing masculine clothing, and historically has always preferred both feminine and masculine roles and activities. Furthermore, PATIENT demonstrates: The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make her body as congruent as possible with the preferred sex through surgery and hormone treatment: YES The transgender identity has been present persistently for at least two years: YES, since at least age 5. The disorder is not a symptom of another mental health disorder: YES. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning: YES, primarily in social functioning. Documentation that the patient has completed a minimum of 12 continuous months of living in a gender role that is congruent with their gender identity, across a wide range of life experience and events that may occur throughout the year: YES, for the past 1.5 years. The patient has undergone a minimum of 12 continuous months of hormone therapy. No; she began hormonal therapy 8 months ago. Capacity to make a fully informed decision and to consent for treatment: YES, see item #2, below That the patient is able to comply with long term follow-up requirements and post-operative expectations have been addressed: YES If the patient has significant medical or mental health issues present, they must be reasonably well controlled: YES.

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### Letter of Support: Content Example (MH dx; still support)

2. Are they able to make an informed decision? Yes.

3. Does the pt have other mental health or psychiatric issues which could impair transition? Dylan does meet criteria for generalized anxiety disorder based on reported lifelong sxs, somewhat exacerbated by medical conditions and gender dysphoria. However, she has been in psychopharmacological treatment for this condition for at least the past 3 years and psychotherapeutic treatment for this condition for at least the past 1 year. As pt presents as high-functioning and psychologically adaptive, and as she reports stability of her psychiatric symptomatology on current medication and psychotherapy treatment regimens, it appears unlikely these conditions would significantly or negatively impact pt's transition.

4. What other areas of the patient's life or functioning could impact plans to transition (i.e. family, significant other, school, work, finances, etc.)? Dylan's closest family members, friends, and coworkers are aware of, and supportive of, pt's transition--and they have been over the past 1 year.

5. What is the patient's understanding of and expectations for transition? Dylan demonstrated excellent understanding of the impact of orchiectomy on her physical expression and gender identity, and this is consistent with her goals.

6. What are their future fertility plans? Dylan denied any intent to bear or father children. Pt has had sperm frozen prior to starting hormonal therapy.

7. Any mental health treatment, family system intervention, or other medical assessment/treatment recommended prior to transition? No recommendations at this time; given pt's excellent insight and adaptation to hormonal treatment over the past 8 months, there are no significant contraindications for pt to proceed with orchiectomy, from a psychological perspective.



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