The Gender Identity Consultation at UW-Madison: Conceptual model and practical strategies for writing letters of referral for hormones

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Introduction and welcome

Setting up the space
Working assumptions

• Campus capacities/resources are different and ability to offer services varies widely
• Shared goal: facilitate trans-competent and inclusive mental health care, medical services, and cross-campus experiences
• Personal knowledge bases always developing
• Strengths-based framework that reflects SoC7
Overview

• Context
  – Social transition model
  – Summary of mental health services interventions
  – WPATH guidelines in context
• Authoring letters of referral for hormones
  – Points of access
  – Gender Identity Consultation
  – Review of documents
• Lessons learned
• Context continued
  – Existing resources, practice gaps
  – Collaboration goals
  – Summary of medical and cross-campus interventions
• Capacity building on your campus
• Discussion
Context

SOCIAL TRANSITION MODEL
Social transition model versus:

- Medical models
- Policy-centered models
- No models
Collaborating to Serve Trans Students

GOALS

1. Integrate existing campus and community medical and mental health services and wellness infrastructure to support trans inclusive care
2. Prepare medical and mental health providers to work with students across the gender spectrum
3. Align services at UHS with the World Professional Association for Transgender Health Standards of Care v7, which provides a framework for gender non-conformity and trans inclusive care

BACKGROUND

1. Gaps exist in insurance coverage for medical services for gender affirming hormone initiation/continuation, supportive mental health care, and access to letters of referral for hormones
2. A limited number of medical and mental health providers exist in the Madison area, who are trained and competent in providing trans inclusive health care
3. Queer Emerging Leaders Program (QUEL) feedback (Spring 2013) found UHS was inconsistent in use of preferred names and fell short of providing a positive environment for trans health care

IMPROVEMENTS

LGBT Campus Center
Division of Student Life
- Gender Identity/Expression 101 training
- Trans trainings for UHS staff
- Preferred name system
- Social transition resources (e.g., map of all-gender restrooms on campus)
- Gender Explorers discussion group

GUARDIAN

OUTCOMES

1. >30 Gender Identity Consultation appointments (>15 students served) in Mental Health (Fall 2012–Spring 2015)
2. >12 letters of referral for hormones written
3. >30 individual students seen in Primary Care for specific trans related health care needs
4. Improvements noted by 2014 QUEL feedback regarding UHS use of preferred names and a more positive environment for trans health care

Ongoing and Future Improvements

1. Include trans training in orientation of trainees and new staff
2. Make relevant care documents available on UHS website and intranet
3. Continually update trans health care documents as terminology and guidelines evolve

Relevant Guidelines and Standards used in this improvement project are available in a handout
Context

SUMMARY OF MENTAL HEALTH SERVICES INTERVENTIONS
MH services interventions

Mental Health Services

• Trans 101 training for all providers
• Establishment of Gender Identity Consultation (GIC) visits
  – Trans privileging training for providers conducting GIC visits
  – Only privileged providers meet with students exploring gender identity (individual therapy)
  – Development of documents related to GIC
  – GIC overview included in new staff and trainee onboarding
GIC privileging training modules

- Trans 101 for all mental health staff +
- Trans Privileging for identified providers in mental health (8 CEUs)
  - Care framework
  - Letter of referral for hormones
  - Effects of gender confirming hormones
  - Role of mental health providers in the Gender Identity Consultation process
Authoring letters of referral for hormones

WPATH GUIDELINES IN CONTEXT
WPATH: Referral letter content

- Client’s general identifying characteristics
- Duration, type of evaluation
- Any diagnoses, results of psychosocial assessment
- How criteria for hormone therapy have been met; clinical rationale for supporting request for hormones
- Statement that therapist is available for coordination of care
- Statement that informed consent was obtained
Authoring letters of referral for hormones

POINTS OF ACCESS
Authoring letters of referral for hormones

GENDER IDENTITY CONSULTATION
Gender Identity Consultation

- Visit type
- Purpose
- # of sessions
- Review of letter
- Next steps
- Provider discretion
Authoring letters of referral for hormones

REVIEW OF DOCUMENTS
Gender Identity Consultation documents

- Sample Introduction to the GIC in Mental Health
- Hormone Readiness Questionnaire
- Information about Feminizing/Masculinizing Hormone Treatment
- Sample Letter of Referral
- Template: Letter of Referral for Hormones
EHR template

• Preferred name
• Pronouns used
• Identifying information
• Reason for referral
• Session summary
• Gender and social history
• Family history
• Medical and mental health history

• Knowledge of the effects of hormone therapy
• Mental status
• Risk assessment
• Diagnosis
• Providers involved in care
• Treatment plan
• Disposition
Our next steps

• Update trans health documents as terminology and guidelines evolve

• Make relevant care documents available on website and internal site (available to providers)

• Hold continuing education for UHS mental health providers involved in trans care
LESSONS LEARNED
Lessons learned

Staff, support, and education

• Identify institutional, departmental support
• Set clear expectations for students from the beginning to help mitigate anxiety and increase trust
• Expect to notice cisnormative practices/language more than ever
• Designate someone to keep you updated on changes in the field
• Plan ahead for training and continuing education
• Plan for working meetings with collaborative providers to review progress, share resources, develop further training
Lessons learned (continued)

Documents and records
• Prepare brief summary of your services for ease of distribution
• Keep track of what you do as you go, e.g., timeline
• Keep a log of documents you create and how they’re used
• Prepare for changing terminology, expect to revise documents and practices multiple times
• Consider using shared storage for documents
• Update website to reflect your services
EXISTING RESOURCES, PRACTICE GAPS

Context continued…
Campus partners & stakeholders

- University Health Services
  - Mental Health Services
  - Primary Care Medical Services
  - Health Information Management
- LGBT Campus Center
Existing resources

- University Health Services
  - Support from Directors
    - If administrative expectations met
  - Rx for hormone continuation and initiation
  - LBGQT Support Group
  - Individual counseling with minimal trans training
  - All-gender restrooms on 2 floors of 11-story building
- University Housing/Residence Life
  - Open House gender learning community
  - Opportunity to request roommate of specific gender identity or single room
Existing resources (continued)

• Community LGBTQ Resource Center (OutReach)
  – Trans support groups
• LGBT Campus Center
  – Gender identity/expression 101 trainings
  – Gender Explorers discussion group
  – Peer Mentor Program
  – Trans Studies Colloquium
  – All-gender restroom at Center
  – Social transition resources
    • Campus map of all-gender restrooms
    • Comprehensive library
Existing resources (summary)

- Trans students were accessing services already, just not in a consistent, formalized, holistic way
- Privileged to have supportive infrastructure and resources
- Still elements of “gatekeeping”
- Many administrative and system layers that needed to be involved/ addressed
Practice gaps in health services

• Health insurance
  – Trans exclusions in SHIP for surgery (Rx for hormones covered)
  – Most health plans have trans care exclusions or a monetary cap on services

• Community resources
  – Limited availability of competent providers in community
  – Existing providers may be inaccessible to students without timely, reliable transportation
  – Cost

• Trans competence at UHS
  – Students perceive that providers have basic training, no specific services offered
  – No advanced trans training for medical or mental health providers (“Trans 101” provided)
  – No existing policies, procedures, documents, EHR templates, etc.
Context continued…

COLLABORATION GOALS
Collaboration goals

• Formalize a process by which competent and inclusive medical services, mental health care, and cross-campus experiences can be facilitated for trans students

• Achieve health & resilience equity for all students
Collaboration goals (continued)

• To increase the capacity of the organization
  – Change the environment
    • Intrapersonal reflection, skill building, and education
    • Organizational action and goal planning
  – Change management through continued education
  – Operate on the premise that no policy/practice barriers exist
(Mental) health services: Administrative priorities

• Establish services based on best practices
• Develop strong service protocols clearly communicated to students
• Anticipate political scrutiny for offering trans services
• Ensure availability of adequate supervision
• Address potential for students to be exposed to gender related microaggressions by providers/staff
• Build/maintain strong partnership with LGBT Campus Center and among all collaborative partners
Context continued…

SUMMARY OF INTERVENTIONS
Student services interventions

- Infrastructure
  - Preferred name system
  - Campus recommendations
    - All-gender restrooms
    - Collecting demographic information
    - Inclusive classrooms

- Education and climate
  - Cross campus trainings
  - UHS/CCS privileging

- Regional networking
  - Other UW-System schools
  - Community organizations
Health services interventions

Administrative

• Front desk staff trained to request preferred name

• Electronic health record changes for preferred name, gender identity, sex assigned at birth
  – Related informational sheet published
  – Related questions added to surveys and EHR templates

• EHR templates developed for Gender Identity Consultations in MH and Gender Identity Visits in Primary Care
Health services interventions
(continued)

Medical Services

• Trans 101 training for all providers
• Specialized training for 3 providers
• Formalized processes for initiation and continuation of gender confirming hormones
• Gender Identity visit type added to online scheduling system
• Development of documents related to Gender Identity visit
WPATH: Eligibility criteria for hormones

- Age of majority
- Persistent, well-documented gender dysphoria
- Capacity to make fully informed decision/consent for treatment
- Any significant medical or MH concerns reasonably well-controlled
WPATH: Role of MH provider in trans care

1. Assess for eligibility criteria
2. Educate regarding options for gender identity and expression
3. Assess for any co-existing mental health concerns
WPATH: Recommended competencies for MH providers

- Licensed at the master’s level (minimum)
- Competent use of DSM or ICD
- Knowledge of gender non-conforming identities and expressions
- Ability to recognize and diagnose co-existing MH concerns and distinguish these from gender dysphoria
- Continuing education in assessment and treatment of gender dysphoria (e.g., professional meetings, seminars, supervision, research)
CAPACITY BUILDING ON YOUR CAMPUS
Capacity building

Take a few minutes to think about what next steps you will take at your institution.

– After learning about the Gender Identity Consultation at UW-Madison and approach to writing letters for hormones, consider…
  • What, if any, aspect(s) of the model would fit for your counseling center?
  • What do you hope your counseling center would do next?
  • What steps can you take to get things started?
  • Who can you get on board to partner with you?
– Identify barriers to implementing changes
– Identify resources can you use to problem-solve
Contact Information

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