
Utilizing the WPATH Standards as. Behavioral Health Professional.

*Dr Tish N. Weikel, NCC LPC ACS
CDBT*



Phoenix
COUNSELING SERVICES, LLC

About your presenter

Dr. Tish Weikel NCC LPC ACS CDBT Is a licensed professional counselor and approved clinical supervisor. She owns Phoenix Counseling Services, LLC, an LGBTQIAP-affirming group practice in Gettysburg, PA. Tish is also an adjunct instructor at Shippensburg University..



Objectives



Review WPATH standards of Care as they pertain to Behavioral Health Providers.



Identify the types of surgeries that require pre-surgery behavioral health evaluations.



Review criteria needed for surgery letter recommendations.

Trans & GNC Individuals and Mental Health

It is estimated that approximately 80 percent of transgender clients will access Mental Health Services during their lifetime

One contributor to this is the requirement for a letter to start HRT and/or gender reassignment surgery.

Other contributors include but are not limited to

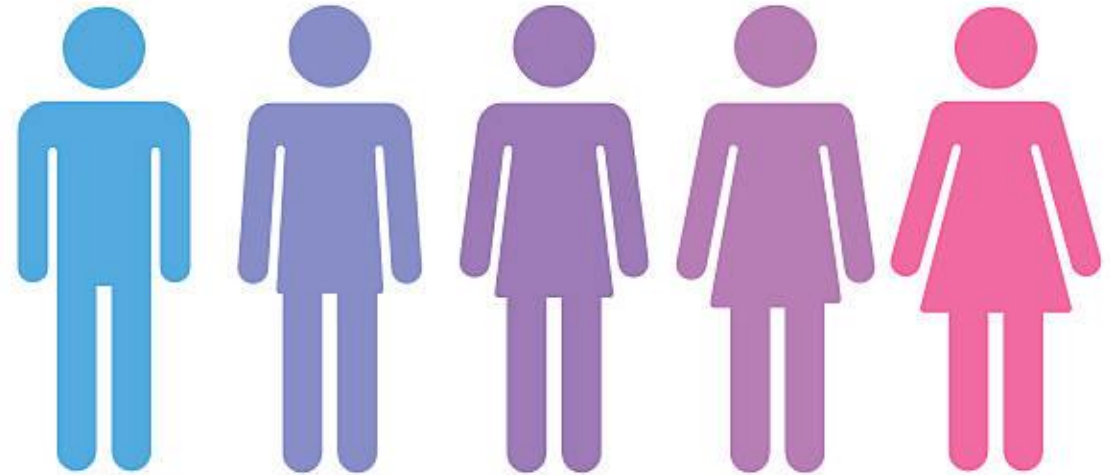
- General MH concerns
- Concerns stemming from oppression

There are 1.4 million transgender adults in the U.S.

Changes in the Affordable Care Act of no longer denying or overcharging trans or gender non- confirming clients during the last decade have increased options for HRT and primary care visits.

WPATH Standards of Care: What are they?

- WPATH stands for World Professional Association for Transgender Health
- A document outlining best practices and recommendations for all people who work with trans individuals.
- Currently on 8th revision
- Chapter 18 pertains specifically to behavioral health providers.
 - Total of ten recommendations are provided in this chapter.



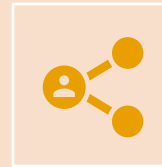
18.1: We recommend mental health professionals address mental health symptoms that interfere with a person's capacity to consent to gender-affirming treatment before gender-affirming treatment is initiated.

- Question: What might this look like?
- Treatment goals vs impact to consent for gender-affirming treatment.

18.2: We recommend mental health professionals offer care and support to transgender and gender-diverse people to address mental health symptoms that interfere with a person's capacity to participate in essential perioperative care before gender-affirmation surgery.



What barriers might be present that could impact treatment care?



How can a counselor build resource support to offer their clients?



What are our local organizations that support trans and GNC individuals?

18.3: We recommend when significant mental health symptoms or substance abuse exists, mental health professionals assess the potential negative impact mental health symptoms may have on outcomes based on the nature of the specific gender-affirming surgical procedure.

- What symptoms may come up during assessment that are important to pay attention to?



18.4: We recommend health care professionals assess the need for psychosocial and practical support of transgender and gender-diverse people in the perioperative period surrounding gender-affirmation surgery.



Eco mapping for potential supports



Options if more supports are needed.

18.5: We recommend health care professionals counsel and assist transgender and gender diverse people in becoming abstinent from tobacco/nicotine before gender-affirmation surgery.



IMPACTS OF T TOBACCO
USE ON SURGERY
RECOVERY PERIODS



EDUCATION ON
SMOKING CESSATION



SMOKING CESSATION
SUPPORT GROUPS

18.6: We recommend health care professionals maintain existing hormone treatment if a transgender and gender-diverse individual requires admission to a psychiatric or medical inpatient unit, unless contraindicated.

18.7: We recommend health care professionals ensure if transgender and gender-diverse people need inpatient 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.

18.8: We recommend mental health professionals encourage, support, and empower transgender and gender-diverse people to develop and maintain Social support systems, including peers, friends, and families.

-
- The role of supports during the recovery process
 - Impact of non-supportive friends and family members



18.9: We recommend health care professionals should not make it mandatory for transgender and gender diverse people to undergo psychotherapy prior to the initiation of gender-affirming treatment, while acknowledging psychotherapy may be helpful for some transgender and gender-diverse people.

- Gatekeeper vs. the affirmative counselor
- Professional responsibility to maintain ongoing counseling



Gatekeeper vs. Affirmative Counselor

Gatekeeper Model	Affirmative Counseling
Clients explain to therapist	Counselor seeks additional knowledge, training, and skills.
Does not have knowledge about marginalized group	Uses positive, affirmative, people first language– is mindful of needs of the client
Seen as the expert	A collaborative approach

Views on Letter Writing

Requiring referral letters

- Benefits:
 - Allowing and encouraging the client to discuss the transition process and gender identity
 - Protects physicians and counselors from lawsuits regarding clients who could regret transitioning
- Drawbacks:
 - The therapist is seen as an expert in a community they're not part of
 - The strain on the therapeutic relationship
 - Creates a barrier for those who don't have access to services

Having no referral requirements

- Benefits:
 - Shows trans clients are capable of determining what gender - affirming treatments are appropriate for them
 - Doesn't create barriers to transitional care
- Drawbacks:
 - There is no opportunity to process gender identity with a professional
 - Increased litigation risk for medical professionals

CLIENT EXPERIENCES WITH LETTER WRITING

Trans clients have better therapy when obtaining referral letters when their counselor:

- Actively affirms their gender and decisions in transitioning process and acted to facilitate transition,
- Provided resources and navigation of transitioning
- Collaborate with client to determine the focus of therapy

Negative experiences mean:

- Lost time and money
- Experienced stigma
- Strain in therapeutic relationship

What the Standards of Care Say about Letter Writing:

Letters are not recommended for HRT any longer.

No MINIMUM number of sessions is required prior to HRT or Gender affirmation surgery.

Suggests clients receive letters before receiving gender-affirming surgeries

Addresses what it means to be "competent" to work with transgender adults.

Counselors should have training and knowledge of gender identity and dysphoria.



Make sure to include:

Pronouns and new name

Diagnosis/results of psychosocial assessment

Duration of relationship with client, including evaluation and counseling to date

A BRIEF timeline of the transition process

Statement that informed consent has been obtained from the patient.

Include language that the client has no mental health symptoms that will impact the requested medical treatment.

A statement that the counselor is open to coordinating care and a phone call.

Include a brief statement that you follow the WPATH standards of care (if you did)

Most doctors will skim the letter and use it medically at least three times.

Have a conversation with your client in advance about use of "gender dysphoria"

Discuss your viewpoints on not seeing trans as a "diagnosis"

(WPATH, 2012)

Important to check with Dr. about letter-writing requirements

Share your letter with the client

Include language like "the client meets all criteria for "x"



Letter Writing Don'ts

- Put yourself in a space to determine if the client is “really trans.”
- ask intrusive questions unless the cts wants to discuss these things
 - ie) mannerisms, sexual hx, affectual orientation etc.
- Refuse to write a letter for the client because they are non-binary.
- Refuse to write a letter because the client is not out to family or friends.
- Exceed two pages.
- Use the Gatekeeper model and hold the letter over the client's head stating they must complete “x” sessions.

ETHICAL CONSIDERATIONS

A letter places a hierarchy on the therapist, as the ticket holder to transition

Impact on the therapeutic relationships -Will the client be honest about MH symptoms?

Puts the therapist in the role to "diagnose"

Many studies demonstrate that less than 30% of counselors feel equipped to to work the trans populations

- Training?

Own gender bias as a therapist?

- Consider reduced fee letters or free letters for clients

- [Take the GALAP pledge](#)





Questions?



Contact Me



SCAN ME

REFERENCES

American Counseling Association. (2010). American Counseling Association competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling*, 4, 135-159. <http://dx.doi.org/10.1080/14438605.2010.524839>

American Counseling Association. (2014). ACA code of ethics Retrieved from <http://counseling.org/resources/aca-code-of-ethics.pdf>

Brown, H. M., Rostosky, S. S., Reese, R. J., Gunderson, C. J., Kwok, C., & Ryser-Oatman, T. (2020). Blessing or bs? the therapy experiences of transgender and gender

nonconforming clients obtaining referral letters for gender affirming medical treatment. *Professional Psychology: Research and Practice*, 51(6), 571–579.

<https://doi.org/10.1037/pro0000274>

Budge, S. (2015). Psychotherapists as Gatekeepers: An Evidence-Based Case Study Highlighting the Role and Process of Letter Writing for Transgender Clients.

Psychotherapy, 52(3), 287-297. doi: <http://dx.doi.org/10.1037/pst0000034>

Gillespie, L. (2021). Transgender health a big opportunity for health systems. *Modern Healthcare*, 51(23).

The World Professional Organization for Transgender Health (2022 Standards of Care for Transsexuals, Transgender, and Gender Nonconforming people. Retrieved from <https://www.wpath.org/publications/soc> “Social & Cultural Diversity: Counseling Transgender Clients” (3:23 min) <https://www.youtube.com/watch?v=tk-SniQIMhM>