

How to Write Letters for Gender Affirming Care

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Presented by Dani Novo, LMSW, for the Queer Affirming Therapist Guild, on October 6, 2025

Introduction

Or, what are we doing here today?

Learning Objectives

- After attending the training, participants will:
 - Be able to write a gender affirming care letter that meets WPATH 7.0 standards (requested by most health insurance companies and medical practitioners).
 - Be familiar with the diagnosis of Gender Dysphoria as presented in the DSM-5-TR.
 - Be conversant in the political realities of gender affirming care in Kansas and Missouri.

What is Gender Affirming Care (in this context)?

- It is support for:
- Social transition
 - Name, pronouns, clothing, voice, interests, etc.
- Medical transition
 - Puberty blockers, hormones
- Surgical transition
 - e.g., mastectomy, vaginoplasty, phalloplasty, etc.

What is a Gender Affirming Care letter?

- A letter
 - written by a Master's level therapist or a PhD psychologist
 - directed to doctors and insurance companies
 - confirming a client's diagnosis of Gender Dysphoria
 - recommending one or more practices or procedures to alleviate symptoms of the client's gender dysphoria
- It is also a barrier to life-saving care

What are you doing when you write a GAC letter?

- Affirming your client's identity and rights
- Including only the bare minimum of a client's information required to get institutional and/or insurance approval
- Not reducing a client to a diagnosis
- Asserting your expertise and credentials

Questions?

- There will be time for questions at the end
- But feel free to interrupt if you like
 - Trust me to hold my boundaries :)

Introduction

Who am I?

- Dani Novo, LMSW under Supervision
- They/she
- Queer, trans, 55, white, married, agnostic, liberal, safe, secure, privileged
- I've been a web programmer, and a political comms director
- I've been a practicing therapist for 2+ years, in solo private practice

Why you should listen to me

- I mean, don't, but...
- I've have lived experience (and am happy to talk about it)
- I've written many letters, all successful (afaik)
- I've had conversations with medical providers about what they want to see in letters
- I think I do a good job?

The realities

- GAC is illegal for minors (under 18) in Kansas and Missouri
- GAC is incredibly expensive, even with insurance
- GAC is life saving medical care
- GAC is not part of every trans person's journey
- I do not charge for a letter, but this is a personal decision

Proving Gender Dysphoria

Or, the barrier you control

The reality of the diagnosis

- I discuss with the client that, for the letter, I have to make an official diagnosis that will be in their medical charts forever
- Official diagnosis is for...
 - Insurance companies, so they will be willing to cover costs
 - ...for “medically necessary” treatments or procedures
 - Ugh
 - Doctors, so they will have their risks mitigated

Informed consent

- I follow an informed consent model
- I do not decide if or how a client is transgender
- I do have to ascertain that the client...
 - Understands what they are doing
 - Understands the possible outcomes, risk, etc.
- That said, you are ethically required to make an official diagnosis
 - Hew to your own ethical standards

Proving Gender Dysphoria

Gender Dysphoria (302.85 / F64.9) in the DSM-5-TR

- The DSM-5-TR defines gender dysphoria **in adolescents and adults** as a marked incongruence between one's experienced/expressed gender and their assigned gender, **lasting at least 6 months**, as manifested by **at least two** of the following:
 - A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
 - A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 - A strong desire for the primary and/or secondary sex characteristics of the other gender
 - A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
 - A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
 - A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)
- In order to meet criteria for the diagnosis, the condition must also be associated with **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.

WPATH

- World Professional Association for Transgender Health
- Assessments in Standards of Care 7 (p. 104) vs SoC 8 (p. 32)
- The standards in SoC 7 (for adults)
 - Ensure informed consent and no confounding diagnoses
 - One letter for HRT and chest surgery (MA)
 - Two letters for genital surgery (MA and PhD)
 - Live gender for 1 yr, HRT for 1 yr, see a therapist regularly

Anatomy of a GAC Letter

What I need to know

- Specific information
 - Client's name
 - Legal name (if different)
 - Pronouns
 - DOB
 - Current therapist (if any)
 - Identified doctor/institution and any health insurance

What they are wanting, specifically

- Medical treatments
 - Puberty blockers
 - Hormones
- Procedures
 - It's a long list... coming up soon

One paragraph on their experience of dysphoria

- Ms. Jones first knew her gender identity differed from her assigned sex at age 6. She understood that she was transgender by age 13. She attempted to come out at age 15, and again at age 19, but “I was too anxious, I had panic attacks before each attempt.” She reports distress due to her experience of gender dysphoria that has included fear, anxiety, and depression. “I couldn’t live like that, but I couldn’t come out. My plan was to disappear.” Once in a long term relationship, dysphoria led her to realize, “I was not being honest with the people I loved most.” Ms. Jones ultimately came out at age 25

One paragraph on any previous transition activities

- Ms. Jones has socially transitioned by coming out, using her pronouns and name, and dressing consistent with her identity. She has been successfully and consistently living in a gender role congruent with her affirmed gender since 2018. She has been consistently on gender affirming hormone replacement therapy since 2021. Despite these interventions, she reports significant continuing distress due to her experience of dysphoria.

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- Always end with the last statement above!

The diagnosis

- By my independent evaluation of Ms. Jones, I have diagnosed her with Gender Dysphoria (F64.9) as described in the DSM-5-TR. She has expressed a strong desire for gender affirming vaginoplasty. This will address her gender dysphoria by removing a persistent reminder of her gender incongruence.

The caveats

- Ms. Jones has the capacity to consent for treatment with surgery. She is aware of the risks (including with regard to reproduction), benefits, alternatives, and after care needs of this vaginoplasty surgery, and has an excellent understanding of them. Furthermore, I do not see any confounding psychiatric diagnoses that would complicate this process of approving her for surgery. Ms. Jones reports she is physically healthy to undergo this surgery. She reports being stably housed and being prepared for her post-op recovery. She reports no issues with illicit drug use or abuse. She expects to have continued access to mental health services and support through her current therapeutic relationship with Dani Novo, LMSW.

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Your strong recommendation

- I believe that the next appropriate step for Ms. Jones is to undergo gender affirming vaginoplasty surgery, and I believe this will help her make significant progress in further treating her gender incongruence.

I hereby recommend and refer Ms. Mavis Jones to have this vaginoplasty surgery.

Your strong recommendation

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Your bona fides

- Letterhead
- Offer to help
- Sign (digital or ink?)
- License and State and number
- Supervisor (if any) license, State, and number
 - Confirm with your Supervisor

My Process for Writing a GAC Letter

Initial contact

- Client finds me
- We have a vibe check phone call
 - This is a critical step for both of us
- I make them a client in my portal
- They fill out my GAC intake form
- They make an appointment via my portal

The intake form

- Available in the links and documents
- Asks for facts to make the session more about their experience
- Has a whole list of treatments and procedures, plus an Other option
- Does ask more open ended questions
- The promised list...

The treatments and procedures

- Important to be familiar with these for informed consent
- Feminizing hormone replacement therapy (non-surg)
- Masculinizing hormone replacement therapy (non-surg)
- Breast augmentation
- Breast reduction
- Bilateral mastectomy with chest reconstruction
- Orchiectomy
- Scrotoectomy
- Vaginoplasty
- Vulvoplasty (aka zero-depth vaginoplasty)
- Hysterectomy
- Oophorectomy (ovary removal)
- Vaginectomy
- Metoidioplasty (meta)
- Phalloplasty
- Scrotoplasty
- Chondrolaryngoplasty (tracheal shave)
- Facial Feminization/Masculinization Surgery

A single session (at least that's the plan)

- I do this in one 50-minute session, in person or telehealth
- The intake form makes one session much less cramped
- I am prepared to do a lot of education, but prefer not to have to
- I am open to asking for more time (if available) or another session
 - But I have not had to, to date

What I ask the client

- Confirm we are doing therapy
 - e.g., confidentiality, my role, what we are doing, fee, etc.
- Confirm the facts
 - e.g., name, DOB, treatment/procedure sought, therapist, etc.

What I ask the client (cont.)

- Ask about their journey
 - To establish diagnosis
 - To establish history
 - timeline, history of pronouns, name, social transition
 - Experience of dysphoria and coping strategies

What I ask the client (cont.)

- Talk about the treatment/procedure
 - Ask when/how they decided to seek this treatment/procedure
 - Talk about the risks (incl. sterilization if relevant)
 - Explore their knowledge of the surgery, educate
 - Ask about future surgery plans
 - “What do you imagine this surgery will be like?”
 - “How will you know, or feel, if this procedure is successful?”

What I ask the client (cont.)

- Ask about aftercare plan
 - Establish plan, helpers, stability
- Ask about mental health
 - Looking for confounding diagnoses
 - Suicidal ideation?
- Ask about physical health
 - Meds, drug abuse, nicotine

When I won't write a letter

- I have not, to date, refused to write a letter
- But I would consider it...
 - If we do not vibe during the vibe check phone call
 - If they are unable to give informed consent, imho
 - If they have a confounding diagnosis, imho

What I deliver

- I write the letter, with a draft watermark
- I send it to the client for their review, as their pdf
- I edit as they request
- I send a copy to the client, as a pdf
- I can also send a copy to doctors/institutions if they request
- I can also print it and mail it somewhere
- I am open to updating the letter as their needs or dates change

Discussion

Now you can ask questions!

- Yay?
- Go to the next slide though, so they can see the links!

Links

For more information:

- WPATH SoC 8 - wpath.org
- Go to hopepunktherapy.com/gac for
 - This slide deck
 - My intake form
 - The sample GAC letter
 - WPATH SoC 7 and 8