

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO: 15.05.23

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SUBJECT: MENTAL HEALTH TREATMENT OF INMATES WITH GENDER DYSPHORIA

EFFECTIVE DATE: 09/30/2024

I. PURPOSE:

To establish professional guidelines for the mental health evaluation and treatment of inmates meeting the diagnostic criteria¹ for Gender Dysphoria.²

II. POLICY:

To ensure inmates diagnosed with Gender Dysphoria receive timely, appropriate mental health services and individualized treatment programming as clinically indicated. Treatment interventions shall target psychological distress/dysphoria, as well as any co-occurring mental health disorders, and be tailored to the unique needs of the inmate.

III. DEFINITIONS:

- A. Clinical Group Psychotherapy:** a cognitive behavioral or psychodynamic process by which a group of persons is led by a psychologist or behavioral health specialist to guide interpersonal and intrapersonal growth through an examination of the persons' thoughts, feelings, experiences, and skills.
- B. Gender Dysphoria:** a psychological disorder caused by clinically significant distress or impairment due to the perceived discrepancy between a person's expressed/experienced gender identity and his or her biological sex.
- C. Gender Identity:** a person's internal sense of being male or female.
- D. Individual Psychotherapy:** a collaborative treatment based on the therapeutic relationship between the patient and Mental Health Clinician, including, but not limited to, cognitive behavioral, dialectical behavioral, psychodynamic, and interpersonal modalities.
- E. Multidisciplinary Services Team (MDST):** a group of staff representing different professions or disciplines, which has the responsibility for ensuring access to necessary assessment, treatment, continuity of care, and services to inmates in accordance with their identified mental health needs, and which collaboratively

¹ As defined by the *Diagnostic and Statistical Manual of Mental Disorders – 5th Edition, Text Revision (DSM-5-TR)*; American Psychiatric Association, 2022), <https://doi.org/10.1176/appi.books.9780890425787>.

² *Id.* at 511-520.

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develops, implements, reviews, and revises the DC4-643A, *Individualized Service Plan* (ISP) as needed.

- F. **Psychoeducational Group Intervention:** a didactic form of group therapeutic services designed to teach patients about their disorder and help them learn how to manage the related symptoms, behaviors, and consequences. These services may include workbook or homework activities, medication management, stress/anger management, prosocial skills training, coping skills exercises, and managing activities of daily living in a carceral setting.

IV. TARGET POPULATION AND GOALS FOR GENDER DYSPHORIA CARE:

- A. **Mental health** staff will offer assessment, consultation, and treatment services to inmates with Gender Dysphoria to facilitate their ability to function adequately in a prison environment. The inmate will be made aware of the limitations and potential risks associated with treatment for Gender Dysphoria in a carceral setting. Therapy will focus on alleviating the distress associated with Gender Dysphoria. Mental health professionals will inform inmates suffering from Gender Dysphoria that no psychotherapeutic, medical, or surgical therapy can permanently eradicate all psychological and physical vestiges of one's biological sex.³ Mental health care will be provided in the context of a collaborative therapeutic relationship with the inmate.
- B. **Crisis intervention** services are offered to inmates who may be experiencing acute distress or acute symptoms of mental illness to prevent suicide and self-injury (in accordance with Procedure 404.001, *Suicide and Self-Injury Prevention*) or to provide relief from symptoms of mental illness and prevent further decompensation.
- C. **Assessment and consultation** services are provided in response to referrals by staff, inmate requests, or situational factors (such as the placement of the inmate in special housing). In providing these services, mental health staff should assess an inmate's mental health needs and provide guidance or recommendations regarding treatment or precautions.
- D. **Ongoing mental health care** will be provided on an outpatient basis to alleviate symptoms of mental illness that result in the impairment of an inmate's ability to adapt and function in the prison environment. A DC4-643A, *Individualized Service Plan* (ISP) must be developed in accordance with HSB 15.05.11, *Planning and*

³ *Standards of Care for Gender Identity Disorders* 12 (6th ed. 2001).

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Implementation of Individualized Mental Health Services, for those inmates participating in ongoing mental health care.

V. SCREENING:

- A. The mental health clinician will complete a clinical interview within 14 days of an inmate's arrival to the reception center or transfer institution and will document the interview on the DC4-642B, *Mental Health Screening Evaluation*.
- B. If an inmate presents with a reported or documented history of Gender Dysphoria prior to incarceration, the inmate will complete a DC4-711B, *Consent and Authorization for Use and Disclosure, Inspection, and Release of Confidential Information* to authorize the Department to obtain the inmate's prior mental health records from community providers who diagnosed or treated the inmate.
- C. As appropriate, a diagnosis of Gender Dysphoria will be made by a psychologist with the consensus of the MDST. The diagnosis and Problem #124, Gender Dysphoria, will be added to the ISP. At a minimum, the inmate will be classified and maintained as an S-3.
- D. If referral to medical or psychiatric staff is needed, mental health staff will complete the DC4-529, *Staff Request/Referral*, and route it to the appropriate medical staff member within the electronic medical record (EMR).

VI. EVALUATION:

- A. A diagnosis of Gender Dysphoria can encompass a diverse array of conditions, with widely differing pathways and characteristics depending on the patient's age of onset, mental health, intelligence, environment, and motivation for identifying as the opposite sex. Like many DSM-V psychiatric conditions, Gender Dysphoria is complex and often accompanied by other psychiatric comorbidities.⁴
- B. All inmates diagnosed with gender dysphoria will be individually evaluated. A complete psychodiagnostic and psychiatric assessment should be performed. All

⁴ In the scientific research literature, there has been a gradual shift from definitive "gender-affirmative care," which prioritizes access to medical interventions, to a more conservative approach that addresses psychiatric comorbidities and psychotherapeutically explores the developmental etiology of the gender dysphoria. See Levine, S.B., Abbruzzese, E. Current Concerns About Gender-Affirming Therapy in Adolescents. *Curr Sex Health Rep* 15, 113-123 (2023). See also *Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons* (4th ed. 1990).

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medical and psychiatric comorbidities must be identified as these comorbidities can complicate the treatment of Gender Dysphoria.⁵

- C. The following complement of assessment instruments (with any additional instruments if they become available in the future) should be used as applicable to evaluate the inmate:
1. Clinical interview
 2. *Sex Offender Screening and Selection* as per HSB 15.05.03
 3. Adaptive Behavioral Checklist (ABC)
 4. Wechsler Adult Intelligence Scale Revised (WAIS-R)
 5. Montreal Cognitive Assessment (MoCA)
 6. Millon Clinical Multiaxial Inventory-III (MCMI-III)
 7. Columbia Suicide Severity-Rating Scale Lifetime Recent (C-SSRS)
 8. Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)
 9. Miller Forensic Assessment of Symptoms Test (M-FAST)
 - If the inmate's score is high enough, then further evaluation for malingering or response style may be warranted (e.g., Structured Interview of Reported Symptoms-2nd edition [SIRS-2]; Minnesota Multiphasic Personality Inventory-2 [MMPI-2])
 10. If diagnosed with an Autism Spectrum Disorder (ASD), the inmate may be additionally assessed with the Adaptive Behavior Assessment System 3rd edition (ABAS-3)
 - If the inmate's ASD diagnosis qualifies for an SY-D designator, then refer to 15.05.17, *Intake Mental Health Screening at Reception Centers*
 11. If the inmate is diagnosed with Self Injury Behavior (SIB), he or she will be tracked using the Self-Injury Prevention System (SIPS)
 12. The evaluation and testing results will be documented on the DC4-643E, *Psychological Evaluation for Gender Dysphoria*

VII. TREATMENT:

- A. If treatment for Gender Dysphoria is likely to be necessary based on the results of the foregoing evaluation, the following treatment protocol should be followed:
1. All identified medical and psychiatric comorbidities must first be addressed. As appropriate, psychiatric comorbidities should be addressed through psychotherapy, psychotropic medication, or other appropriate medically

⁵ Experts have opined that unaddressed psychiatric issues and unaddressed childhood trauma could lead to misdiagnosis of gender dysphoria. See Littman, L., *Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned; A Survey of 100 Detransitioners*, Arch Sex Behav, 50, 3353-3369, 3364 (2021).

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accepted interventions.⁶ Once these medical and psychiatric comorbidities are resolved and ruled out as the potential cause of the Gender Dysphoria, further treatment for Gender Dysphoria may proceed.

2. Psychotherapy should be prioritized. Treatment should include, at a minimum, individual or group clinical psychotherapy weekly and case management at least every 60 days or more frequently as clinically indicated. Additionally, other treatments, such as psychoeducational group interventions, may be added as clinically indicated. Treatment interventions will focus on managing the psychological distress/dysphoria, assisting with adjustment to incarceration, community re-entry, and strengthening resilience. Follow-up mental health care should target any associated emotional or behavioral problems and should emphasize supportive treatment modalities.
3. Psychotropic medication should be considered to determine if its use may alleviate the symptoms of Gender Dysphoria.
4. Diagnosis and treatment of Gender Dysphoria will be discontinued if the MDST decides that the inmate no longer meets the criteria for the diagnosis based on clinical outcomes. The ISP will be updated to reflect discontinuation of diagnosis, and Problem #124 will be removed from the ISP and EMR.
5. The inmate must actively participate in psychotherapy for at least one year to ameliorate the symptoms of Gender Dysphoria, to acclimate the inmate to the prison environment, and to develop an understanding of the limitations of the prison environment. An established pattern of attendance and participation in mental health treatment for at least one year is required prior to the consideration of any variances.

VIII. DOCUMENTATION:

- A. All progress notes concerning outpatient mental health care shall be made on the pertinent DC4-642 series form in the EMR in accordance with 15.05.18, *Outpatient Mental Health Services*. All documentation must be completed in its entirety, signed, and dated by the clinician.
- B. Each individual clinical encounter must be documented in SOAP (Subjective, Objective, Assessment, and Plan) format in the EMR on a DC4-642 series form on the date of the encounter.

⁶ See *Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria*, Agency for Healthcare Administration (June 2022).

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- C. Group psychotherapy contacts shall be documented with an incidental note on DC4-642U, *Clinical Group Therapy Note*, at least monthly and upon group enrollment and termination. The monthly group psychotherapy note shall include the proportion of scheduled sessions attended, the inmate's relative level of participation, and the inmate's observed progress toward treatment goals as referenced by ISP problem number.
- D. Relevant statutes, rules, and procedures:
1. Section 456.52, Florida Statutes (2023)
 2. Emergency Rules 64B8ER23-11 and 64B15ER23-12, Florida Administrative Code
 3. DC4-529 Staff Request/Referral
 4. DC4-642B, Mental Health Screening Evaluation
 5. DC4-642U, Clinical Group Therapy Note
 6. DC4-643A, Individualized Service Plan
 7. DC4-643E Psychological Evaluation for Gender Dysphoria
 8. DC4-647 Sex Offender Screening and Selection
 9. DC4-711B Consent and Authorization for Use and Disclosure, Inspection, and Release of Confidential Information
 10. HSB 15.05.11, Planning and Implementation of Individualized Mental Health Services
 11. HSB 15.05.17, Intake Mental Health Screening at Reception Centers
 12. HSB 15.05.18, Outpatient Mental Health Services
 13. Procedure 404.001, Suicide and Self-Injury Prevention
 14. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
 15. Department of Health Forms DH5082, Feminizing Medications for Patients with Gender Dysphoria and DH5083, Masculinizing Medications for Patients with Gender Dysphoria

IX. VARIANCES:

- A. The use of cross-sex hormones as a treatment for gender dysphoria is extensive in its effects, is invasive to the integrity of the human body, has effects and consequences which are not readily known or reversible, and may be requested by persons experiencing short-termed delusions or beliefs which may later be changed and reversed. Published and unpublished case histories indicate that, in some situations, the decision to undergo hormone therapy was, after the fact, regretted and the final result of such therapy proved to be psychologically and physically debilitating to the patients.⁷ The use of cross-sex hormones may result in infertility,

⁷ See *Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons* §§ 4.1.1, 4.1.2, 4.1.3, 4.1.4 (4th ed. 1990).

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neurological issues, cardiovascular disease, disfigurement, and other permanent effects.⁸ Studies presenting the benefits to mental health, including those claiming that the services prevent suicide, are either low or very low quality and rely on unreliable methods.⁹

- B. State law prohibits the Department from expending any state funds to purchase cross-sex hormones for the treatment of Gender Dysphoria. Section 286.311, Florida Statutes. The Department shall comply with this statutory requirement unless compliance with the U.S. Constitution or a court decision requires otherwise.
- C. In rare instances deemed medically necessary, a variance may be approved to permit the use of cross-sex hormones to treat an inmate's Gender Dysphoria. Variances must be unanimously approved after review by a team consisting of the Chief of Medical Services, the Chief of Mental Health Services, and the Chief Clinical Advisor, and shall only be sought (1) after satisfying all preceding provisions of this policy and (2) if necessary to comply with the U.S. Constitution or a court decision.
1. Variances should only be considered after completion of the treatment protocol in Section VII. An inmate may be assessed for cross-sex hormone therapy if the treating physician can demonstrate with documented evidence that such treatment may improve clinical outcomes by treating the etiological basis of the pathology. Such evidence must be based on sound scientific methods and research that were subject to the formal peer review process. Any recommendation for cross-sex hormone therapy must be supported by a consensus of the MDST. The need for continued cross-sex hormone therapy will be re-evaluated every 90 days during the first year of use and every 180 days thereafter, or as determined by the MDST. This will be documented in the ISP.
 2. Prior to initiating cross-sex hormone therapy treatment, the physician providing the prescription must fully inform the inmate of the nature of the proposed prescription, the benefits and risks of the prescription, including the potential irreversible effects of such treatment (infertility, hair growth, voice deepening, clitoral enlargement in the female-to-male inmate, and infertility and breast growth in the male-to-female inmate),¹⁰ the possible and likely consequences

⁸ See *Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria*, Agency for Healthcare Administration (June 2022).

⁹ See *id.*

¹⁰ *Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons* § 4.4.2 (4th ed. 1990).

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of cross-sex hormone therapy in the prison environment, and the potential alternative treatments.

3. Before cross-sex hormone therapy commences, the inmate must sign the informed consent form adopted by the Board of Medicine and the Board of Osteopathic Medicine (Forms DH5082 and DH 5083). Consent must be voluntary, and the inmate must be able to understand and appreciate the risks and potential side effects of the prescription, the long-term consequences and complications of cross-sex hormone intervention, and the alternative treatment options available. If the required documented evidence is insufficient, or if the inmate fails to sign the consent form, the clinician shall not prescribe hormones for the inmate's Gender Dysphoria.

- D. Every inmate who receives cross-sex hormones specifically for Gender Dysphoria will be evaluated by the MDST to determine if the diagnosis is still warranted. For those inmates whose diagnosis is no longer warranted, titration and discontinuation of cross-sex hormone therapy should be initiated over a period of nine weeks. During and following the titration process, the inmate should continue to receive ongoing mental health services and work collaboratively with his or her treatment team in customizing a mental health service plan that best meets the inmate's needs (e.g., individual psychotherapy, group counseling, psychiatric services, psychotropic medications, etc.).

Clayton Weiss

Health Services Director