GENDER DYSPHORIA PROGRAM
Post Office Box 2476
Mission Viejo, California 92690

This is in response to your request for information regarding the Gender Dysphoria Program.

Program director is William G. Heard, Ph.D. Program consultants are: Joanna M. Clark and Jude Patton. Physicians cooperating with the program include: Charles O. Studevant, M.D., Psychiatry, and Gerald D. Leve, M.D., Internal Medicine and Endocrinology.

INTAKE PROCEDURE

Program applicants are first interviewed by either Joanna Clark or Jude Patton. Normally, Ms. Clark will interview male-to-female applicants and Mr. Patton will interview female-to-male applicants. During this intake interview the candidate will be able to ask numerous questions about the program, procedures involved in making the transition, health insurance, and legal matters. Additionally, the applicant will receive a Client Intake Data-Base Questionaire which must be completed prior to meeting with either Dr. Heard or Dr. Studevant.

PSYCHIATRIC EVALUATION

The psychiatric evaluation is to help rule out secondary diagnoses, especially depression, thought disorder, intellectual impairment, and/or psychopathic character disorder. Such conditions do not necessarily rule out sex reassignment surgery, but they may necessitate delayed entry into the program while themselves being treated.

Applicants accepted into the program are required to undergo a minimum of three (3) psychiatric evaluations. These evaluations are scheduled as follows: (1) at time of entry into the program, (2) during the sixth month following entry into the program, and (3) within thirty days of scheduled genital sex reassignment.

Psychiatric evaluations are conducted by Dr. Studevant.

The psychiatric evaluation should not be viewed as an attempt to dissuade you from gender reorientation or as an interrogration. There is no right image or right history which will guarantee acceptance into the program and perhaps eventual surgery. Truthfulness, openness, and candor can only help you. It will evidence your integrity, maturity and strength of character and purpose.

PSYCHOLOGICAL EVALUATION

Like the psychiatric evaluation, the psychological evaluation is designed to help rule out secondary diagnoses of depression, thought disorder, intellectual impairment, and/or psychopathology. As stated previously, such conditions do not necessarily rule out sex reassignment surgery, but they may necessitate delayed entry into the program while themselves being treated.

The psychological evaluation is conducted by Dr. Heard. In addition to the above, you will be able to discuss the difficulties which current and past patients have encountered and receive counseling that will lead to the adoption of a course of treatment best suited to your individual needs.

On the basis of the data obtained from the Intake Interview, Psychiatric Evaluation, and Psychological Evaluation, it will be decided whether it is advisable for you to pursue cross-gender living. **Acceptance into the program means that we feel it is appropriate for you to attempt to live in the role of choice. It does not mean approval for surgery.**

PRIVATE AND GROUP THERAPY

Program clients may schedule private therapy sessions as necessary. These sessions may be with either Dr. Heard, Dr. Studevant, or another licensed professional of your choice.

Program clients are required to participate in group therapy twice per month. Group sessions are currently held on the second and third Monday of each month, 7:00 p.m. to 8:30 p.m., at our Dana Point facility.

Clients must attend group therapy for three months prior to being referred for medical evaluation and initiation of hormone therapy. The reason for this three month delay in initiating hormone therapy is to permit the patient to explore alternatives to hormonal and surgical sex reassignment. Although hormonal therapy is thought by many to serve as a reversible, probationary period to test the patient's adjustment to the changes and demands imposed by the desired sex role, it has been found that estrogen therapy causes testicular atrophy with permanent infertility (after one to six months) and breast development with proliferation of mammillary ducts and accumulation of fatty tissue (after six to twelve months) which can only be reversed surgically. Likewise, beard development in the female-to-male as well as deepening of the voice do not revert to normal with discontinuation of androgen therapy.

Clients failing to attend the prescribed two group therapy sessions per month will be discontinued from hormone therapy, unless special arrangements have been made in advance with Dr. Heard.

MEDICAL EVALUATION

Following acceptance into the program and attendance at six group sessions, you will be provided a letter of introduction which will permit you to proceed with the medical evaluation and initiation of hormone therapy.

You should be aware that standard laboratory tests are for the most part non-contributory to the diagnosis of transsexualism. They are necessary, however, to rule out possible contraindications to hormone therapy and/or risks of surgery. For example, estrogen and testosterone raises lipids presenting possibility of heart attack. High triglyceride levels and heart disease precludes estrogen treatment.

We refer to Gerald Leve, M.D., a board certified physician in internal medicine and endocrinology, and a associate clinical professor at UCLA School of Medicine.

Dr. Leve is a private physician, experienced in the treatment of transsexuals, who cooperates with our gender dysphoria program. His initial medical examination includes comprehensive history and physical examination, electro-cardiogram, chest X-ray, appropriate endocrine and routine blood tests, as well as urinalysis.

Dr. Leve spends considerable time during this examination in carefully evaluating each patient, medically and endocrinologically, to insure safety of receiving hormones. He has proven to be most exacting and careful in his follow-up of patients in order to avoid any deleterious or disasterous side effects relating to hormone administration. Consequently, you will be required to return at periodic intervals for proper monitoring in order to insure that no unwanted side effects should occur.

REAL-LIFE TEST

It has been proven that the diagnosis of transsexualism is best confirmed by the one- to two-year real-life test. This test allows the rehabilitative effect of sex reassignment to be observed and recorded as it occurs. It requires that the person become rehabilitated hormonally, socially, vocationally, and interpersonally in the sex of reassignment prior to the irrevocable step of surgery.

The real-life test allows the transsexual to experience what it means to be treated, day in, day out, as a member of the opposite sex. This experience is imperative to complement the solipsistic, inner conviction and imagery of being a member of the opposite sex.

Real-Life Test (Cont'd)

The client is free to initiate the real-life test at his or her discretion. However it should be noted that the one- to two-year requirement does not begin until full-time cross-living has begun.

SURGERY

Appropriate referrals will be made to qualified surgeons co-operating with the program upon sucessful completion of all program requirements. We currently have a working relationship with Stanley Biber, M.D., Trinidad, Cclorado; Alfred Koonin, M.D., Torrance, California; and Drs. Foerster and Reynolds, M.D., Oklahoma City, Oklahoma. **The choice of surgeon belongs to the patient, however.**

FEE SCHEDULE

Intake Interview	$ 20.00 p/hr
Psychiatric Evaluation	$ 75.00 p/hr
Psychological Evaluation	$ 60.00 p/hr
Medical Examination	$250.00 p/hr
Group Therapy	$ 60.00 p/mo

Fee schedules are subject to change. Charges will be made by the professional providing services, not by the Gender Dysphoria Program.

INSURANCE

Private health insurance companies have become far more liberal in providing coverage for sex reassignment and related therapies. However, health insurance policies generally contain a pre-existing condition clause. Consequently, it is quite probable that you may have to finance the surgery personally.

Joanna Clark is available to assist in obtaining insurance benefits. She has been very successful in obtaining benefits for clients.

FOR ADDITIONAL INFORMATION CONTACT

Joanna M. Clark	(714) [redacted]
Jude Patton	(714) [redacted]

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