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**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO**

ADREE EDMO (a/k/a MASON EDMO),

Plaintiff,

v.

IDAHO DEPARTMENT OF
CORRECTION; HENRY ATENCIO, in his
official capacity; JEFF ZMUDA, in his
official capacity; HOWARD KEITH
YORDY, in his official and individual
capacities; CORIZON, INC.; SCOTT
ELIASON; MURRAY YOUNG; RICHARD
CRAIG; RONA SIEGERT; CATHERINE
WHINNERY; and DOES 1-15;

Defendants.

Case No.: 1:17-cv-00151-BLW

**PLAINTIFF'S SUBMISSION OF
IMPEACHMENT OR CONTRADICTORY
EVIDENCE FOR THE SECOND
DECLARATION OF KRINA STEWART**

Complaint Filed: April 6, 2017
Discovery Cut-Off: August 31, 2018
Motion Cut-Off: None Set
Trial Date: None Set

Per the Court’s direction (PI Hr’g Tr. at 446:12-14), Plaintiff hereby submits the following impeachment or contradictory evidence for the Second Declaration of Krina Stewart, ECF No. 101-1:

Par. No.	Declaration Cite	Impeachment or Contradictory Evidence
¶ 5	My duties include, but are not limited to, providing individual and group therapy to inmates diagnosed with Gender Dysphoria.	Ms. Stewart testified that her reference to “individual therapy” “is an individualized clinical contact, which isn’t necessarily the same thing as individual like psychotherapy. It’s primarily check-ins with support for what they’re going through.” 15:25-16:15. Ms. Stewart further testified that, “[d]epending on the individual and their treatment plan, they may be seen once monthly or once over two months. Where is my opinion, regular kind of in-depth psychotherapy would probably be more frequent than that” and the “primary treatment modality that we use with most clients is group treatment. So the curriculum, the topics, is developed by the—by the group facilitator, which is not necessarily the assigned clinician. So rather than having two or more clinicians working on the same symptoms in different ways, then that’s left to the group facilitator rather than the assigned clinician.” 17:11-18:4.
¶ 6	I have received training in the clinical treatment of inmates diagnosed with GD.	Ms. Stewart testified that prior to her work at IDOC (beginning in 2015) she had never received any specific training on treating patients with gender identity disorder or gender dysphoria. 27:8-12. In 2017 and 2018, she attended IDOC all-clinician trainings that spent approximately 2 hours and 3-4 hours on gender dysphoria, respectively. 27:18-

Par. No.	Declaration Cite	Impeachment or Contradictory Evidence
		<p>28:7, 28:23-29:23. At the 2018 IDOC all-clinician training, the presenters provided an article by Dr. Steven Levine. 31:3-15. The presenters also provided a document called “On Regret of Gender Transition.” 37:8-20, Stewart Dep. Ex. 2 at IDOC_Stewart_ pg. 40-41.</p> <p>Ms. Stewart testified that in March 2017 she considered herself “becoming familiar with gender dysphoria.” 91:15-18.</p>
¶ 9 ¶ 14	<p>Edmo cycles through depressive episodes, although Edmo does not or cannot separate Edmo’s feelings of depression from Edmo’s GD.</p> <p>While SRS may reduce Edmo’s dysphoria, Edmo’s depression will still be present and Edmo will still have dependency and other issues that may be made worse by undergoing a serious surgery.</p>	<p>Ms. Stewart testified that it can be difficult to distinguish between dysphoria arising from depression and dysphoria arising from gender dysphoria and there can be some overlap. 72:22-73:3. Ms. Stewart is “not aware of the specific research” regarding whether alleviating gender dysphoria can help alleviate dysphoria from depression. 73:4-10.</p>
¶ 9	<p>Edmo is very focused on Edmo’s GD as the main cause of Edmo’s depression and attempts at self-castration.</p>	<p>Ms. Stewart testified that Ms. Edmo reported to her on November 2, 2016 that she was “experiencing frequent depression and thoughts of self-castration related to Edmo’s gender dysphoria and limited ability to feminize...Edmo inquired about one-on-one therapy due to being unable to participate in the GD group.” 52:10-53:3, Stewart Dep. Ex. 4 at CORIZON 0584.</p> <p>Ms. Stewart testified that Ms. Edmo reported “Struggling with attempts/desire to self-castrate on average four days per week” and that she worked with Ms. Edmo to set a treatment goal over the next six months that “Edmo will report a decrease in average frequency of</p>

Par. No.	Declaration Cite	Impeachment or Contradictory Evidence
		<p>thoughts of self-castration from four days per week to three days per week.” 56:9-57:20, Stewart Dep. Ex. 4 at CORIZON 0585.</p> <p>Ms. Stewart testified that none of the interventions she identified for Ms. Edmo in her treatment plan of November 2016 would be able to alleviate Ms. Edmo’s gender dysphoria or her desire to self-castrate. 58:15-59:16, Stewart Dep. Ex. 4 at CORIZON 0585</p> <p>When Ms. Stewart saw Ms. Edmo on January 2, 2017, a couple of days after her attempt to castrate herself, Ms. Stewart did not formulate a new treatment plan for Ms. Edmo or add any additional treatments to that plan. 65:5-25, Stewart Dep. Ex. 4 at CORIZON 0597.</p>
<p>¶ 9</p> <p>¶ 12</p> <p>¶ 14</p>	<p>Edmo chooses to focus solely on Edmo’s GD and typically insists that Edmo has no other underlying mental health concerns.</p> <p>Edmo is placing every expectation on SRS relieving Edmo’s depression, anxiety, and relationship issues.</p> <p>I am also concerned about Edmo’s belief that SRS will solve all Edmo’s issues with depression, anxiety, low sense-of-self, and problems in relationships.</p>	<p>Ms. Stewart testified that she recorded in a progress note that Ms. Edmo told her that “Edmo reported expecting [surgery] to decrease Edmo’s dysphoria/depression by about 80 percent. Edmo reported feeling that the [surgery] will address a significant piece of Edmo’s dysphoria, allowing Edmo to manage stressors and depression more effectively.” 78:22-79:25, Stewart Dep. Ex. 4 at CORIZON 1305-1306.</p>
<p>¶ 10</p>	<p>Edmo has also demonstrated traits consistent with borderline personality disorder, including unstable relationships, self-harm, and poor sense-of-self.</p> <p>Edmo’s cutting of other body parts is not self-surgery. Rather, cutting of other body parts is an unhealthy way to process feelings of emotional pain and depression and is common in people</p>	<p>Ms. Stewart testified that two weeks prior to her deposition, she reviewed the DSM criteria for borderline personality disorder and circled criteria she felt Ms. Edmo met. 31:20-32:12. She testified that she did not remember whether she had documented Ms. Edmo meeting potential criteria for</p>

Par. No.	Declaration Cite	Impeachment or Contradictory Evidence
¶ 13	<p>diagnosed with borderline personality disorder.</p> <p>One of my biggest concerns about Edmo receiving SRS at this time is Edmo's borderline traits.</p>	<p>borderline personality disorder prior to that, and that "putting together documentation for this declaration" is what prompted her to consider and document criteria for borderline personality disorder. 33:2-16.</p>
¶ 12 ¶ 13	<p>While SRS could be very helpful in relieving Edmo's GD at some point, it is not appropriate for Edmo at this time.</p> <p>SRS is an irreversible procedure that will be stressful for Edmo. I do not believe that Edmo has the tools to manage the stress of the procedure itself and the life changes that will come afterward. Edmo needs to address Edmo's underlying mental health issues and have those well controlled before undergoing such a serious, life-altering procedure</p>	<p>Ms. Stewart testified that she has never treated a patient who has had gender confirmation surgery to treat gender dysphoria. 36:23-37:7.</p> <p>Ms. Stewart testified that she has never personally assessed a patient with gender dysphoria for gender confirmation surgery. 46:4-7.</p> <p>Ms. Stewart testified that she has been part of discussion in the MTC about whether surgery is medically necessary for approximately two or three patients with gender dysphoria. While she has been on the Management and Treatment Committee, the MTC has never recommended gender confirmation surgery for any patient. 46:8-47:2.</p>
¶ 12	<p>First, Edmo has not addressed, and at times refuses to recognize, that Edmo has other serious mental health issues that would not be resolved by receiving SRS.</p>	<p>Ms. Stewart testified that her own assessment of Ms. Edmo's mental health on November 2, 2016 was that Ms. Edmo "appears to be managing Edmo's mental health in general population at this time with the assistance of psych meds and accessing clinical services." 55:1-8, Stewart Dep. Ex. 4 at CORIZON 0584.</p>
¶ 12	<p>However, Edmo's failure to work through Edmo's other mental health problems by refusing to attend groups and recognize Edmo's other serious mental health issues means that Edmo will certainly have those same issues with depression, anxiety, and low self-esteem after receiving SRS.</p>	<p>Ms. Stewart testified that she is aware of times when Ms. Edmo did accept referral to mental health groups but was placed on the wait list for those groups. 83:3-6. Ms. Stewart believed that happened at least twice, for the health</p>

Par. No.	Declaration Cite	Impeachment or Contradictory Evidence
		relationships group and the mood management group. 84:10-18.
¶ 14	Edmo should work through and manage Edmo’s underlying mental health issues before receiving SRS.	Ms. Stewart testified that she agrees there is a group of individuals whose gender dysphoria cannot be fully alleviated without surgical treatment, and for that group, there is a limit to how much psychotherapy or processing can alleviate their gender dysphoria. 76:2-14. She testified that it is not her opinion that group of individuals is obligated to participated in psychotherapy and processing prior to receive surgery to treat gender dysphoria. 76:15-21.
¶ 17	Edmo lost Edmo’s job after a DOR for theft and was moved to Unit 10.	Ms. Stewart testified that it is her understanding that potentially hundreds of inmates at ISCI were disciplined for theft related to alleged theft of JPay funds. 102:13-21.

Dated: October 26, 2018

Respectfully Submitted,
 NATIONAL CENTER FOR LESBIAN RIGHTS
 FERGUSON DURHAM
 HADSELL STORMER & RENICK LLP

By: /s/ Lori Rifkin
 Lori Rifkin
 Shaleen Shanbhag
 Attorneys for Plaintiff

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 26th day of October, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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Lori Rifkin

Stewart Dep.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

ADREE EDMO (a/k/a MASON EDMO),)
)
 Plaintiff,)

vs.)

Case No.

IDAHO DEPARTMENT OF CORRECTION;)
HENRY ATENCIO, in his official)
capacity; JEFF ZMUDA, in his)
official capacity; HOWARD KEITH)
YORDY, in his official and)
individual capacities; CORIZON,)
INC.; SCOTT ELIASON; MURRAY YOUNG;)
RICHARD CRAIG; RONA SIEGERT;)
CATHERINE WHINNERY; AND DOES 1-15;)
Defendants.)

1:17-cv-00151-BLW

_____)

DEPOSITION OF KRINA STEWART

OCTOBER 2, 2018

REPORTED BY:

JEFF LaMAR, C.S.R. No. 640

Notary Public

1 Ms. Edmo?

2 A. Yes.

3 Q. And for how many of those approximately ten
4 patients have you been their -- well, let me back up.

5 My understanding from other folks who have
6 testified and reviewing the records is that patients at
7 ISCI have an assigned primary clinician; is that
8 correct?

9 A. Correct.

10 Q. Okay. So for how many of these
11 approximately ten patients with gender dysphoria who
12 you've provided treatment to were you their assigned
13 primary clinician?

14 A. Approximately five.

15 Q. As a lead clinician do you carry a
16 caseload?

17 A. Yes.

18 Q. And so what were your general
19 responsibilities as a clinician at ISCI?

20 A. Responsibilities are the same as the lead
21 clinician, with the exception of the addition of some
22 administrative and supervisory role as a lead
23 clinician. Otherwise, it's similar to what's written
24 on my resumé.

25 Q. Okay. Okay. So on your resumé, one of the

1 bullet points under your current, I guess, job
2 description is "Provide mental health assessment,
3 treatment, and referrals for individuals incarcerated
4 in an Idaho state prison facility."

5 Can you describe to me what is encompassed
6 by the treatment that you provide.

7 A. Yes. Treatment is an individualized
8 clinical contacts, which isn't necessarily the same
9 thing as individual like psychotherapy. It's primarily
10 check-ins with support for what they're going through.
11 It's referrals to group treatment. And then depending
12 on their treatment plan and the goals that they're
13 working towards, we can process, you know, recent
14 stressors or symptoms that they're dealing with,
15 provide homework assignments.

16 Q. And do you also provide any group
17 treatment?

18 A. Yes.

19 Q. What group treatment do you individually
20 provide?

21 A. Currently I run one of the gender dysphoria
22 process groups.

23 Q. Any other groups that you run?

24 A. Not currently. In the past I've run PTSD
25 groups, mood management groups, self-care groups.

1 Q. Any others?

2 A. I think that's all.

3 Q. Okay. If you think of any others as we go,
4 let me know.

5 So for the individual clinical contacts
6 that you described, how long do those tend to be,
7 either an average time or, if it's more appropriate,
8 the range of time that those tend to last?

9 A. Most often they last anywhere from 20 to 45
10 minutes.

11 Q. And you said that they're not necessarily
12 the same thing as individual psychotherapy. What would
13 you describe as the difference between the individual
14 clinical contacts and individual psychotherapy?

15 A. Some of it is the frequency. Depending on
16 the individual and their treatment plan, they may be
17 seen once monthly or once every two months. Whereas in
18 my opinion, regular kind of in-depth psychotherapy
19 would probably be more frequent than that. It also
20 changes the treatment plans.

21 Q. How does it change the treatment plans?

22 A. The primary treatment modality that we use
23 with most clients is group treatment. So the
24 curriculum, the topics, is developed by the -- by the
25 group facilitator, which is not necessarily the

1 assigned clinician. So rather than having two or more
2 clinicians working on the same symptoms in different
3 ways, then that's left to the group facilitator, rather
4 than the assigned clinician.

5 Q. How long have you been running one of the
6 GD groups?

7 A. For approximately a year and a half.

8 Q. And how often does that group meet?

9 A. Weekly.

10 Q. For how long?

11 A. Two hours.

12 Q. And how many -- I'm sure it's varied over
13 time. Like I don't know that actually.

14 Has the number of people varied over time
15 that attend your group?

16 A. Yes.

17 Q. And what has the range been as far as how
18 many people are attending?

19 A. Between two and eight.

20 Q. And you mentioned the PTSD group as one of
21 the things you've facilitated in the past?

22 A. Yes.

23 Q. How long did you run a PTSD group for?

24 A. I don't know the exact time period. I
25 could estimate between six months to a year.

1 Management and Treatment Committee?

2 A. I don't remember the exact time period.

3 Q. You're on it now; is that right?

4 A. Yes.

5 Q. Can you estimate about how long you think
6 you've been attending those meetings.

7 A. Approximately a year and a half.

8 Q. Prior to your work with the Idaho
9 Department of Correction, had you received any specific
10 training on treating patients with gender identity
11 disorder or gender dysphoria?

12 A. No.

13 Q. And since you began your work at Idaho
14 Department of Correction, have you received specific
15 training on treating patients with gender identity
16 disorder or gender dysphoria?

17 A. Yes.

18 Q. And can you describe what kinds of
19 trainings you've received.

20 A. There has been training in our
21 all-clinician training sponsored by IDOC for the last
22 two years, including -- so 2017 and 2018.

23 Q. Anything else?

24 A. I've also been supervised by Jeremy Clark,
25 who's a WPATH member. That supervision has included

1 supervision based -- or for treatment for GD.

2 Q. Any other trainings? Again, I'm
3 specifically asking about gender identity disorder or
4 gender dysphoria.

5 A. No. I attended a lecture about working
6 with nonbinary and transgender youth. It was not
7 specific to treating GD.

8 Q. It looks like in the materials that you
9 provided there are some training materials included
10 here regarding treatment for gender dysphoria; is that
11 correct?

12 A. Yes.

13 Q. Are those training materials you received
14 through the IDOC annual trainings?

15 A. Yes.

16 Q. Okay. And the annual IDOC clinician
17 training, as you've got it listed on your resumé, is
18 that -- and it sort of breaks out different topics. Is
19 that all offered as kind of one training, one single
20 training unit?

21 MR. HALL: Object to form.

22 THE WITNESS: Can you clarify that?

23 Q. (BY MS. RIFKIN): So is there like you get
24 your annual IDOC training every year for a week or for
25 two days and it covers a bunch of topics, or is it

1 something that's spread out throughout the year?

2 A. The first. It's an annual training once a
3 year covering multiple topics.

4 Q. Okay. So it's sort of a block training?

5 A. Yes.

6 Q. Okay. How long does the overall training
7 last?

8 A. Three days.

9 Q. And can you give me an estimate within that
10 how long the training regarding treating patients with
11 gender dysphoria lasted in 2017 and 2018?

12 A. I'm not sure. It's likely on my
13 certificates.

14 Q. Oh, okay. So if we look at page 5, for
15 example -- oh, that's 2015. I'll let you find it.

16 A. Page 6 includes two hours of gender
17 dysphoria. That would have been 2017. Although the
18 year didn't get marked on the certificate.

19 Q. Got it.

20 A. Page 10 doesn't specifically list the
21 number of hours in 2018. I believe it was between
22 three and four hours specifically for gender dysphoria.

23 Q. Okay. Thanks.

24 And who gave the training in 2017 regarding
25 gender dysphoria? Do you recall?

1 A. From the 2018 gender dysphoria training
2 with IDOC.

3 Q. Okay. You also have an article beginning
4 on page 42 by Stephen Levine.

5 Have you reviewed this article?

6 A. I have not.

7 Q. Okay. Was it provided to you?

8 A. Yes.

9 Q. By whom?

10 A. By the presenters of the gender dysphoria
11 presentation at our all-clinician training in 2018.

12 Q. Was that the IDOC training we've been
13 talking about?

14 A. Yes.

15 Q. Okay.

16 MR. HALL: I'm sorry, did you say you had or
17 have not?

18 THE WITNESS: I have not.

19 MR. HALL: Not.

20 Q. (BY MS. RIFKIN): All right. Then on
21 page 66, what is this document?

22 A. This is a photocopy of the beginning of
23 borderline personality disorder in the Diagnostic and
24 Statistical Manual.

25 Q. Version?

1 A. Version 5.

2 Q. And why is this included in the packet?

3 A. In response to your request for
4 documentation, I felt like it was relevant.

5 Q. Okay. And there are some circles.
6 Did you make those?

7 A. I did.

8 Q. Okay. And what do those represent or mean?

9 A. They indicate criteria that I believe
10 there's a possibility that Edmo meets those criteria.

11 Q. And when did you make those circles?

12 A. About two weeks ago.

13 Q. Was that during a treatment session with
14 her?

15 A. No.

16 Q. Okay. What were you doing, I guess, that
17 occasioned you to make those marks on the DSM
18 description?

19 A. I was reviewing documents after completing
20 a treatment plan with Edmo.

21 Q. Did anybody ask you to affirmatively
22 consider whether Ms. Edmo met or meets any of the
23 criteria for the borderline personality disorder?

24 MR. HALL: Object to form.

25 THE WITNESS: Did anybody ask me? I'm not sure

1 what you're asking.

2 Q. (BY MS. RIFKIN): Did you have any
3 communication with anybody where they asked you to
4 consider whether Ms. Edmo met any of the criteria for
5 borderline personality disorder?

6 A. No.

7 Q. Had you, prior to two weeks ago, documented
8 potential criteria for Ms. Edmo meeting borderline
9 personality disorder?

10 A. I don't -- I don't remember. It may be in
11 some of my notes.

12 Q. What prompted you to consider and document
13 these criteria after your session with Ms. Edmo two
14 weeks ago?

15 A. I was putting together documentation for
16 this declaration.

17 Q. Okay.

18 MR. EATON: I know you're a little soft-spoken,
19 but if you could speak up just a little bit, I'd
20 appreciate it.

21 THE WITNESS: Okay. I'm sorry. I'll try.

22 MR. EATON: Thank you.

23 Q. (BY MS. RIFKIN): We remind a lot of
24 witnesses who haven't done depositions before.

25 MR. EATON: We all do it.

1 now.

2 How did it occur that you began attending
3 MTC meetings?

4 A. I started running or facilitating one of
5 the gender dysphoria process groups.

6 Q. Okay. And are the facilitators of the GD
7 groups always part of the MTC, as far as you
8 understand?

9 A. That's been my experience.

10 Q. And what do you understand your role to be
11 as part of the MTC?

12 A. I am a mental health clinician working
13 directly with inmates with gender dysphoria and
14 providing treatment specific to gender dysphoria.

15 Q. Are you familiar with a document referred
16 to as the WPATH Standard of Care 7?

17 A. Yes.

18 Q. Have you ever read that document?

19 A. Yes.

20 Q. Is that document something you rely on in
21 your treatment of patients with gender dysphoria?

22 A. Yes.

23 Q. Have any of the patients that you've
24 treated with gender dysphoria had what's referred to as
25 sex reassignment surgery or gender confirmation

1 surgery?

2 A. No.

3 Q. Have you ever treated a patient who has had
4 surgery to treat gender dysphoria?

5 MR. HALL: Object to form. Vague.

6 MR. EATON: Join.

7 THE WITNESS: No.

8 Q. (BY MS. RIFKIN): You know, sorry, I missed
9 one document I wanted to ask about back in this stack
10 before we go on in what's been marked as Exhibit 2. If
11 you could turn to page 40. There's a document titled
12 "On Regret of Gender Transition," pages 40 and 41.

13 Have you reviewed this document?

14 A. Yes.

15 Q. And how did you identify this document?

16 A. This was also provided to me as part of the
17 training, the all-clinician training.

18 Q. Okay. Do you recall whether this is
19 material from the 2017 or 2018 training?

20 A. 2018.

21 Q. As far as you are aware, are all of the
22 materials that were provided to you in the 2018
23 all-clinician training related to gender dysphoria
24 included in this packet?

25 A. I believe so, to the best of my knowledge,

1 assessment that was provided to them. And as a team we
2 determine whether or not they meet the criteria for
3 that diagnosis.

4 Q. Have you ever personally assessed a patient
5 with gender dysphoria for sex reassignment surgery or
6 gender confirmation surgery?

7 A. No.

8 Q. Have you been part of discussions in the
9 MTC about a specific patient, whether surgery is
10 medically necessary for a specific patient with gender
11 dysphoria?

12 A. Yes.

13 MR. HALL: Object to form. Vague, foundation.

14 MR. EATON: Join.

15 Q. (BY MS. RIFKIN): For how many patients
16 have you been part of a discussion in the MTC regarding
17 medical necessity for surgery?

18 A. I don't know.

19 Q. Can you give an estimate.

20 A. Two or three.

21 Q. And while you've been on the MTC, has the
22 MTC ever recommended gender confirmation surgery for
23 any patient?

24 A. No.

25 Q. Have you ever recommended gender

1 confirmation surgery for any patient?

2 A. No.

3 MR. HALL: Counsel, we've been going about an
4 hour.

5 Do you mind if we take a break?

6 MS. RIFKIN: No, that's great. Yeah.

7 (Recess.)

8 (Exhibit 4 marked.)

9 Q. (BY MS. RIFKIN): All right. So what's in
10 front of you now has been marked as Exhibit 4. And
11 these are excerpts from treatment records for Ms. Edmo
12 that we were provided. And if you need to, I know your
13 timeline that you made is also in the Exhibit 2, so if
14 you need to pull that out, let me know.

15 It looks like, based on my review of the
16 records -- I could be wrong -- that your first contact
17 with Ms. Edmo was during the suicide risk assessment
18 that is on Corizon 0559, page 1 of this exhibit; is
19 that correct?

20 A. Yes, that's correct.

21 Q. Okay. Were you Ms. Edmo's assigned
22 clinician at that point?

23 A. Yes.

24 Q. So you said that you had been her assigned
25 clinician since July 1st, 2016; is that right?

1 fill out afterwards, after they've left.

2 Q. Okay. Got it. And is your practice to
3 fill out the Clinical Contact Note immediately after
4 you see each patient, or do you see kind of your
5 patients for that chunk of time and then fill out
6 Clinical Contact Notes for all of them?

7 A. It varies, depending on my schedule and how
8 long contacts go and how much time I have to do
9 paperwork in between contacts.

10 Q. Okay. So this contact with Ms. Edmo was
11 November 2nd, 2016; is that right?

12 A. Yes.

13 Q. Okay. And at that time she wasn't able to
14 attend GD group because of the assault that had
15 happened; is that correct?

16 A. Correct.

17 Q. So you wrote here, "Edmo reported
18 experiencing frequent depression and thoughts of
19 self-castration related to Edmo's gender dysphoria and
20 Edmo's limited ability to feminize."

21 And this is what she's telling you; right?

22 A. Yes.

23 Q. Okay. "Edmo inquired about one-on-one
24 therapy due to being unable to participate in the GD
25 group. Discussed treatment options and Edmo's ability

1 to access Edmo's assigned clinician via Concern Forms
2 and open clinics in order to meet one on one as
3 needed."

4 When there's a reference in that sentence
5 to "assigned clinician," was that you?

6 A. Yes.

7 Q. Okay. That threw me off.

8 What treatment options do you recall that
9 you discussed with Ms. Edmo in response to her inquiry
10 about one-on-one therapy?

11 A. I don't recall exactly, but based on the
12 documentation that I'm looking at, we discussed my
13 recommendations for group referrals, aside from the GD
14 process group, specifically healthy relationships. We
15 discussed providing Edmo with handouts and the
16 information that was being provided in the GD process
17 group, and specifically using Concern Forms and open
18 clinics to request one-on-one support as needed.

19 Q. Did you refer Ms. Edmo at that time for
20 individual psychotherapy using the process we talked
21 about earlier in the deposition?

22 A. I did not.

23 Q. The next sentence says, "Edmo inquired
24 about being provided the handouts for the GD group,
25 which was previously discussed and approved by the

1 Q. In terms of the assessment section of this
2 note, you wrote, "Edmo appears to be managing Edmo's
3 mental health in general population at this time with
4 the assistance of psych meds and accessing clinical
5 services."

6 That represents your own assessment of her
7 mental health?

8 A. At that time, yes.

9 Q. Okay. Your assessment notes don't include
10 any discussion or reference to her reports of thoughts
11 of self-castration.

12 Is there a particular reason for that?

13 A. It mentions that in the second sentence.

14 Q. Oh.

15 A. Not in my assessment, correct, there's not
16 a reason for that.

17 Q. No reason for that?

18 A. Not anything specific I can think of.

19 Q. In your opinion, was that a significant
20 mental health concern for her?

21 MR. HALL: Object to form.

22 THE WITNESS: Yes, she identified that as a
23 significant mental health problem for her.

24 Q. (BY MS. RIFKIN): And in your opinion, in
25 terms of your clinical opinion, did you believe

1 thoughts of self-castration to represent a significant
2 clinical issue?

3 A. Yes.

4 Q. And so under "Plan," there's a treatment
5 plan that is the next page of this document.

6 Is that the treatment plan that goes along
7 with this clinical contact?

8 A. Yes.

9 Q. Okay. So turning to that page,
10 Corizon 0585, was this document something that you
11 would have filled out with Ms. Edmo?

12 A. Yes.

13 Q. All right. Can you just describe to me
14 what the "Problem" column and "Goal" columns mean or
15 how you use them in this treatment plan.

16 A. So the way that I do a treatment plan, and
17 the way that I have done it with Edmo, is the problem,
18 so the clinical problem which is identified by the
19 client -- this is a very collaborative process. It is
20 identified by the client, in this case identify by
21 Edmo. We discuss options for what the goal could
22 reasonably be within kind of the time period that this
23 treatment plan covers. Those are also discussed and
24 agreed to by the client.

25 And then we also discuss treatment

1 interventions with the hope and the goal for the
2 treatment interventions to be that they help the client
3 reach the goals that were identified.

4 Q. Okay. So the first problem, problem No. 1,
5 states, "Edmo reports struggling with attempts/desire
6 to self-castrate on average four days per week."

7 And so my understanding, based on what you
8 just said, is that's a problem identified by Ms. Edmo?

9 A. Correct.

10 Q. Okay. And then the goal states, "Edmo will
11 report a decrease in average frequency of thoughts of
12 self-castration from four days per week to three days
13 per week."

14 How did you arrive at that goal?

15 A. So that would have been a discussion with
16 Edmo about what did Edmo feel was a reasonable
17 expectation within the six-month time period that this
18 treatment plan would have covered to kind of improve
19 the problem in this case to decrease those thoughts of
20 self-castration.

21 Q. So of the interventions listed below,
22 there's a first column that says "Interventions problem
23 number," does that represent which problem number those
24 interventions are designated to address?

25 A. Yes.

1 Q. Okay. In this collaborative treatment plan
2 process, how are potential interventions for problems
3 identified?

4 A. So some of those interventions are kind of
5 just documenting the services that are available to all
6 clients. And then the rest are things that are
7 discussed with the client, just ideas for how to move
8 towards that goal.

9 Q. So which of these interventions listed
10 below are designed to address Ms. Edmo's reported
11 problem of struggling with attempts slash desire to
12 self-castrate on average four days per week?

13 A. Sorry. I wasn't paying attention. Can you
14 say that again?

15 Q. Sure. Which of the interventions listed
16 here are designed to address problem No. 1, that she
17 reported of struggling with attempts slash desire to
18 self-castrate on average four days per week?

19 A. So the interventions identified are, the
20 first one, "Edmo will identify four warning signs of
21 depression/dysphoria that lead to the desire to
22 self-castrate."

23 The next one is, "Edmo will attend mental
24 health groups per client's request as scheduled. Edmo
25 is not currently enrolled in groups. Referred to

1 Healthy Relationships and GD support when able. Edmo
2 will take medication as prescribed by psychiatry or
3 designee, as indicated, reporting any changes,
4 concerns, or side effects. Edmo will utilize open
5 clinic Concern Forms to report unsuccesses/struggles of
6 utilizing provided handouts and/or homework."

7 Q. And was it your clinical opinion that by
8 using these interventions you've just identified
9 Ms. Edmo would be able to alleviate her gender
10 dysphoria?

11 A. No.

12 Q. Was it your clinical opinion that by using
13 these interventions you just identified Ms. Edmo would
14 be able to alleviate her desire to self-castrate?

15 MR. HALL: Object to form. Vague.

16 THE WITNESS: No, not exactly.

17 Q. (BY MS. RIFKIN): How in your clinical
18 opinion would these interventions you just identified
19 address the problem Ms. Edmo reported of struggling
20 with attempts slash desire to self-castrate?

21 A. So the goal, as written, was not to like
22 get rid of thoughts of self-castration. It was to
23 decrease them from four days a week to three days a
24 week. My thought process and the interventions that
25 were listed was that Edmo struggled to identify

1 A. It depends on the moment.

2 Q. And what about Ms. Edmo's tone of voice, do
3 you think that's feminine or masculine?

4 A. I feel like it is more neutral.

5 Q. All right. If you turn to what's page
6 number Corizon 0597.

7 This is another Clinical Contact Note for
8 your contact with Ms. Edmo; is that right?

9 A. Yes.

10 Q. And did you see her January 2nd, 2017.

11 A. Yes.

12 Q. And this was a couple days after Ms. Edmo
13 attempted to castrate herself; is that correct?

14 A. Yes.

15 Q. Did you formulate a new treatment plan for
16 Ms. Edmo during this contact?

17 A. No, I did not.

18 Q. Was the treatment plan we just talked about
19 from November 2nd, 2016, was that the treatment plan,
20 then, that was still in effect for her going forward
21 from January 2nd, 2017?

22 A. Yes.

23 Q. Did you add any additional treatments to
24 that plan on January 2nd, 2017?

25 A. No.

1 management group? Or why did you refer her to attend
2 the mood management group?

3 A. Edmo was and is diagnosed with major
4 depressive disorder, which also comes with feelings of
5 dysphoria. It's not specifically related to gender.
6 But there are feelings of dysphoria, and because that
7 clinical significant distress and impairment can have
8 similar presentations, there would be some overlap in
9 dealing with the feelings of dysphoria and finding ways
10 to cope with and process those feelings.

11 Q. Do you believe that you are able to
12 distinguish between Ms. Edmo's dysphoria that arises
13 from depression versus dysphoria that arises from
14 gender dysphoria?

15 A. Sometimes.

16 Q. And what determines whether you're able to
17 distinguish between those or not?

18 A. A lot of it determines -- or a lot of it is
19 whether or not Edmo is sharing what Edmo's experienced,
20 and whether or not Edmo can identify those differences
21 as well.

22 Q. Based on your experience and training, can
23 it be difficult to distinguish between dysphoria
24 arising from depression and dysphoria arising from
25 gender dysphoria?

1 A. Yes.

2 Q. Can those be related?

3 A. Yes, there can be some overlap.

4 Q. Are you aware, based on your experience and
5 training, of whether alleviating gender dysphoria can
6 help alleviate dysphoria from depression?

7 MR. EATON: Object to form.

8 MR. HALL: Join.

9 THE WITNESS: I'm not aware of the specific
10 research.

11 Q. (BY MS. RIFKIN): So if you can turn back
12 to the -- I guess you might want to keep the other in
13 front of you so you've got your timeline. But if you
14 can turn back to what we've marked as Exhibit 4, which
15 is that, to Corizon 1307.

16 MR. HALL: Are you done with this one?

17 MS. RIFKIN: You can put it sort of back
18 together, I think. We might refer to it again.

19 MR. HALL: Yeah. I'll just leave it there.

20 Q. (BY MS. RIFKIN): All right. Are you on
21 1307?

22 A. Yes.

23 Q. The first part of this page is notes from a
24 clinical session you had with Ms. Edmo on May 3rd,
25 2017; is that accurate?

1 A. Restate.

2 Q. Do you agree that there are some
3 individuals with gender dysphoria whose gender
4 dysphoria cannot be fully alleviated without surgical
5 treatment?

6 MR. HALL: Same objection.

7 MR. EATON: Join.

8 THE WITNESS: Yes.

9 Q. (BY MS. RIFKIN): For that group of
10 individuals whose gender dysphoria cannot be fully
11 alleviated without surgical treatment, would you agree
12 that there's a limit to how much psychotherapy or
13 processing can alleviate their gender dysphoria?

14 A. Yes.

15 Q. Is it your opinion that that group of
16 individuals is obligated to participate in
17 psychotherapy and processing prior to receiving surgery
18 to treat gender dysphoria?

19 A. Is required to? Was that the question?

20 Q. Yes.

21 A. That is not my opinion.

22 Q. If you can turn to page -- let's see, it's
23 Corizon 1306. But the encounter note begins on 1305.
24 So the encounter note, I guess, for June 21st, 2017,
25 begins at the bottom of 1305.

1 Do you see that?

2 A. Yes.

3 Q. Okay. And then this is a clinical
4 appointment that Ms. Edmo had with you; is that right?

5 A. Yes.

6 Q. Okay. So I'm going to ask you about
7 something that's on part of the subjective, the "S"
8 section, but it's on 1306. It says, "Edmo reported
9 expecting GRS to decrease Edmo's dysphoria/depression
10 by about 80 percent. Edmo reported feeling that the
11 GRS will address a significant piece of Edmo's
12 dysphoria, allowing Edmo to manage stressors and
13 depression more effectively."

14 And that's the subjective, that represents
15 what Ms. Edmo told you; correct?

16 A. Correct.

17 Q. Was that in response to questions that you
18 asked her?

19 MR. HALL: Object to form. Foundation.

20 THE WITNESS: Most likely.

21 MR. HALL: Don't guess.

22 Q. (BY MS. RIFKIN): Based on your
23 recollection, were those statements most likely in
24 response to questions that you asked Ms. Edmo?

25 A. Yes.

1 Is that mental health groups?

2 A. Yes.

3 Q. Okay. Were there times that you're aware
4 of when Ms. Edmo did accept referrals to mental health
5 groups but was placed on the wait list for those?

6 A. Yes.

7 Q. Do you know about how many times that
8 happened?

9 A. I don't know.

10 Q. Okay. Were there times that Ms. Edmo
11 started to attend any mental health groups besides the
12 GD group that you're aware of?

13 A. Not in the time that I have been treating
14 Ms. Edmo.

15 Q. You were her primary clinician at
16 November 7th, 2016; correct?

17 A. Yes.

18 Q. Okay. And I think what you said is that
19 you're not aware, sitting here today, whether there
20 were times or not that she was on the wait list or what
21 those times were?

22 A. That's not what I said.

23 Q. Okay. So sitting here today, were there
24 times that you're aware of that she accepted referrals
25 for mental health groups but was on the wait list?

1 A. Yes.

2 Q. And then I asked you how many times that
3 happened.

4 A. Yes.

5 Q. Okay. And that's what you can't say
6 sitting here today?

7 A. Correct.

8 Q. Okay. Thank you for clarifying or allowing
9 me to clarify.

10 Can you give me an estimate of how many
11 times that happened.

12 A. During the time that I've been treating
13 Edmo, it has happened at least twice.

14 Q. Okay. Do you remember what groups that was
15 for?

16 A. The healthy relationships group and the
17 mood management group. I would have to verify the
18 healthy relationships group.

19 MS. RIFKIN: Fair. Okay. Let's mark this as
20 the next exhibit, please.

21 (Exhibit 6 marked.)

22 MS. RIFKIN: All right. So this document
23 actually does have a Bates stamp, which is GG_534. And
24 I don't know why it cut off in copying. But the record
25 example does have the Bates stamp on it.

1 saying what Edmo says that I did.

2 Q. (BY MS. RIFKIN): Do you recall saying
3 anything about your familiarity with gender dysphoria
4 to Ms. Edmo around March 2017?

5 A. I don't remember.

6 Q. Have you ever, as far as you recall, told
7 Ms. Edmo that you're not familiar with gender
8 dysphoria?

9 A. I don't recall using those words.

10 Q. Do you recall ever saying something that
11 had a similar meaning?

12 MR. HALL: Object to form.

13 THE WITNESS: I don't recall specifically saying
14 something like that to Edmo.

15 Q. (BY MS. RIFKIN): In March 2017 did you
16 consider yourself familiar with gender dysphoria?

17 A. I considered myself becoming familiar with
18 gender dysphoria.

19 Q. Do you recall ever expressing something
20 like that to Ms. Edmo, that you were in the process of
21 becoming familiar with gender dysphoria at that time?

22 A. Not specifically in my memory.

23 Q. What do you mean when you said a moment ago
24 that you were becoming familiar with gender dysphoria
25 at that time?

1 What kind of unit is Unit 10?

2 A. Unit 10 is also a general population unit.

3 Q. And is there a particular way that you
4 characterize or label that unit, Unit 10?

5 A. No. It's a general population unit.

6 Q. What do you believe is the significance of
7 that Ms. Edmo was moved from Unit 13 to Unit 10?

8 A. Significance of what?

9 Q. Why did you include that information in
10 your declaration?

11 A. Because it was a change from the previous
12 declaration that I had written.

13 Q. Do you have an understanding of whether the
14 DOR for theft that you mentioned was related to alleged
15 theft of JPay funds?

16 A. That's my understanding.

17 Q. And do you have an understanding of whether
18 potentially hundreds of inmates at ISCI were
19 disciplined for similar reasons?

20 MR. HALL: Objection. Form, relevance.

21 THE WITNESS: That's my understanding.

22 MR. EATON: Join.

23 MS. RIFKIN: All right. Well, let's just take a
24 minute break and I'll figure out if I have anything
25 else.

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REPORTER'S CERTIFICATE

I, JEFF LaMAR, CSR No. 640, Certified Shorthand Reporter, certify:

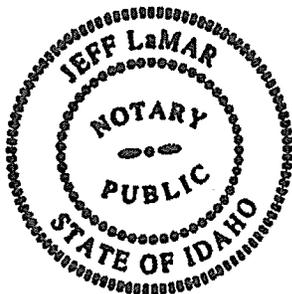
That the foregoing proceedings were taken before me at the time and place therein set forth, at which time the witness was put under oath by me.

That the testimony and all objections made were recorded stenographically by me and transcribed by me or under my direction.

That the foregoing is a true and correct record of all testimony given, to the best of my ability.

I further certify that I am not a relative or employee of any attorney or party, nor am I financially interested in the action.

IN WITNESS WHEREOF, I set my hand and seal this
5th day of October, 2018.



[Handwritten Signature]

JEFF LaMAR, CSR NO. 640
Notary Public
Post Office Box 2636
Boise, Idaho 83701-2636

My commission expires December 30, 2023

Stewart Dep.
Exh. 2

On Regret of Gender Transition

by Ami B. Kaplan, LCSW on June 18, 2011

There are some people who undergo a gender transition (either fully or to some extent) and then regret having done so and “de-transition”. This post attempts to explore this phenomenon.

Some reasons why this might occur include:

- **The person is not transsexual.** The person may have found by going through their transition that they are not in fact comfortable living in the other gender and that they feel either *gender queer* or more closely aligned with the natal gender. Certainly instances of transitions involving surgery might have been prevented if there were a greater attempt to determine this beforehand; however, just like with non-trans issues, we often go ahead with things we think are right for us only to discover that they aren't. Sometimes the discovery just isn't possible without trying it out. The 'real life experience' (see WPATH's [standards of care](#)) is an attempt to systematize this discovery process before any major surgeries.
- Regardless of whether the person is truly transsexual or not, it's possible that because of having lived so long with gender dysphoria and accompanying social and physical dissatisfaction, **one may think of a full gender transition as a magical ticket to happiness.** I have seen this (sometimes unconscious) wish accompanied by other unrealistic expectations such as: the idea that one will have a social community, better social skills, be more popular, etc. When this turns out not to be true, there can be confusion and uncertainty that tends to focus on one's gender transition. It may be that the gender transition *was* in the person's best interest, yet other causes of unhappiness and personal problems had not been sufficiently explored and worked through. Sometimes with gender variant people, work on other problems are delayed because the gender issues tend to take precedence.
- **The person encountered too many problems with transition** (i.e. dissatisfaction with their post-transition life). These problems could include lack of family support, loss of partner, problems with transition in the workplace, disappointment with the outcome of surgery and problems “passing” as the new gender. Additionally, **transitioning is hard.** There are many hoops to jump

through and one enters into a group of discriminated against people. This can be exceedingly disconcerting for some.

Levels of regret

Certainly a person who has made a gender transition can have certain regrets that are not extreme enough to cause them to wish to de-transition. The WPATH Standards of Care notes that “cases are known of persons who have received hormone therapy and sex reassignment surgery who later regretted their inability to parent genetically related children”. Other less extreme regrets can involve loss of certain benefits of privileges commonly associated with one gender or another.

Some research on regret:

Pfafflin F., Junge A. (1992) Sex Reassignment: 30 Years of International Follow-up Studies after SRS: A Comprehensive Review, 1961-1991 [publication online]. Translated from German into American English by Roberta B. Jacobson and Alf B. Meier. IJT Electronic Books.

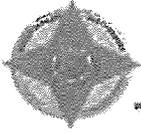
This study looked at 70 previous studies and reviews on outcomes following sex reassignment surgery. These included 2000 individuals from 1961 to 1991. This doesn't take into account individuals who transition without surgery. About 70% of MTF individuals were satisfied and 90% of FTM individuals.

Krege S., Bex A., Lummen G., et al. (2001). Male-to-female transsexualism: a technique, results and long-term follow-up in 66 patients. BJU International. 88:396-402.

This study shows little or no regrets possibly due to surgical advances.

<https://tgmentalhealth.com/2011/06/18/on-regret-of-gender-transition/>

Stewart Dep.
Exh. 4

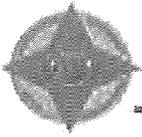


IDAHO DEPARTMENT OF CORRECTION
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SUICIDE RISK ASSESSMENT

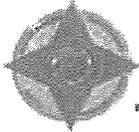
DATES OF WATCH/OBSERVATION				
DATE PLACED ON WATCH	08/31/2016	DATE PLACED ON OBSERVATION	09/01/2016	DATE REMOVED FROM WATCH/OBSERVATION
OFFENDER LAST NAME	EDMO	OFFENDER FIRST NAME	MASON	IDOC#
				94691
				DOB
				[REDACTED]
				DATE OF REPORT
				09/01/2016
INSTITUTION	ISCI	OFFENSE	SEXUAL ABUSE OF CHILD <16	REGULAR HOUSING UNIT
				UNIT 9
				CURRENT HOUSING UNIT
				UNIT 16 HC
CURRENT LEVEL OF CARE (LOC)	CMHS1 - Correctional MH Services			
It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change.				
SRA REPORT TYPE	Incoming/Follow-up Concurrent	RISK LEVEL	Low	
REASON FOR REFERRAL				
Edmo was placed in restrictive housing, SPI Status, due to stated sexual activity and stated possible PREA incident with no information given. Edmo placed on Suicide Watch in Unit-16 per Policy #315 due to making statements of suicidal ideation to restrictive housing staff.				
MENTAL STATUS EXAM				
Edmo presented as alert and Ox4. Edmo reported being "okay". Edmo's affect was flat. Edmo was soft spoken and eye contact was WNL. Edmo denied current SI/HI/SHB. Edmo's thought content was relevant and process was logical. Edmo was cooperative with the interview.				
INTERVIEW				
Edmo reported doing "okay". Edmo stated Edmo reported a possible PREA incident and was placed in Unit 8 due to this. Edmo reported feeling overwhelmed last night and considered harming Edmo's self. Edmo reported having concerns about returning to Unit 8. Edmo stated, "The more I'm alone, the more pressure I feel from other inmates, the more I'm going to do something" indicating an expectation that Edmo may engage in self-injurious behaviors. Edmo reported no support system in the community. Edmo reported having a few friends on the yard that Edmo trusts and can be supportive. Edmo identified coping skills for managing stress. Edmo identified some hope that Edmo's future will be better than today. Edmo stated the Edmo is looking forward to "getting back to normal". Edmo defined this as "not feeling dirty anymore" and "not feeling targeted." Edmo requested information on dealing with sexual assault.				
INTENT TO DIE				
Denied current intent				
PLAN OR METHOD				
No plan/method identified				

Exh. No.	4
Date	10/2/18
Name	Stewart
M & M Court Reporting	



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
EDMO	MASON	94691		09/01/2016
ACCESS TO MEANS				
Access to means limited while on suicide watch/close observation				
HISTORICAL FACTORS (check all that apply)				
Family history of suicide	<input type="checkbox"/>	First time prison term	<input checked="" type="checkbox"/>	
Inmate history of suicide attempts	<input checked="" type="checkbox"/>	Current Ad Seg	<input type="checkbox"/>	
History of substance abuse	<input checked="" type="checkbox"/>	Other (list below)	<input type="checkbox"/>	
Edmo denied a family history of suicide. Edmo reported a history of suicide attempts, including two significant attempts - one in 2010 via overdose and one in 2011 via cutting. Edmo reported a history of substance abuse including alcohol, heroin, and methamphetamine. Edmo reported this is Edmo's first time in prison; Edmo has been in prison since 2011. Edmo is not currently Ad Seg.				
Per PSI: Edmo reported 3 suicide attempts (2010 cutting & 2010/11 overdose). Edmo reported a history of substance abuse including alcohol and marijuana.				
KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply)				
Sleeping difficulties or irregular sleeping hours	<input checked="" type="checkbox"/>	Recent personal loss or crisis	<input type="checkbox"/>	
Non-compliance with prescribed psych medications	<input type="checkbox"/>	Neglect of personal hygiene	<input type="checkbox"/>	
Weight loss or loss of appetite	<input type="checkbox"/>	Long or life sentence	<input type="checkbox"/>	
Progressive health problems (chronic or terminal illness)	<input type="checkbox"/>	Poor compliance with treatment	<input type="checkbox"/>	
DOR	<input type="checkbox"/>	Conflict on tier	<input type="checkbox"/>	
Family event	<input type="checkbox"/>	Conflict with bunkmate	<input type="checkbox"/>	
Gambling or other debt	<input type="checkbox"/>	Parole/court hearing	<input type="checkbox"/>	
Fearful for safety	<input checked="" type="checkbox"/>	Other (list below)	<input checked="" type="checkbox"/>	
Relationship	<input type="checkbox"/>	Reported a possible PREA Incident	<input type="checkbox"/>	
PSYCHOLOGICAL FACTORS				
Edmo reported sleeping less than normal (4-5hrs per night). Edmo reported medication compliance and a decrease appetite, however Edmo reported eating regularly to avoid becoming nauseated. Edmo reported fear for Edmo's safety related to the reported PREA incident/threats that led Edmo to be placed in restrictive housing on SPI status. Edmo reported working with security to address safety issues.				
Edmo was last seen on 07/28/2016 by PNP Seys and diagnosed with GDD, Major Depressive Disorder, and Alcohol Use Disorder. Edmo was prescribed Effexor XR 225 mg. AM and is taking hormones for GDD. Edmo was recently discharged from the Behavioral Health Unit to general population after assaulting another inmate in Unit 16.				



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OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
EDMO	MASON	94691	[REDACTED]	09/01/2016

PROTECTIVE FACTORS

Edmo identified hope for improvements in Edmo's future. Edmo identified coping skills for managing stress including listening to music, reading books, and socializing with people. Edmo will have daily clinical contact while on close observation.

EVALUATION OF RISK POTENTIAL *(It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is indicated below. This level of risk will change over time and should be modified as circumstances change.)*

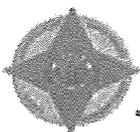
The offender is currently a low risk for self harm

RECOMMENDATIONS

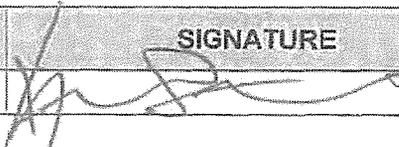
It is clinically recommended that Edmo be released from suicide watch to close observation.

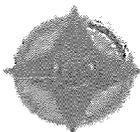
RISK REDUCTION/TREATMENT PLAN ADDENDUM

RISK REDUCTION PLAN		
PROBLEM <i>(The problem(s) should be specific to the offender's current reporting issues)</i>	GOAL <i>(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))</i>	INTERVENTION <i>(The interventions need to be specific and measurable to each of the two types of goals and relate to the presenting problem(s) of the offender)</i>
Edmo made self-injurious statements in response to becoming overwhelmed with Edmo's current situation	1) Edmo will refrain from harming self and others for the next 24 hours 2) Edmo will report a willingness to identify and use coping skills to manage current stress	1) Edmo will have daily clinical contact while on close observation 2) Edmo will work with clinical and security staff to address safety and mental health concerns related to current situation



IDAHO DEPARTMENT OF CORRECTION
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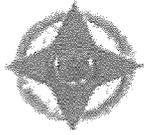
OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
EDMO	MASON	94691	[REDACTED]	09/01/2016
RISK REDUCTION PLAN CON'T				
CHANGE IN LOC REQUIRED?		NEW LOC IF APPLICABLE (enter in CIS if LOC has changed)		
No		Not Applicable		
NATURE OF INCIDENT			DEGREE OF MEDICAL INTERVENTION	
Verbal threat without action			None	
OFFENDER'S STATED INTENT			LAST SUICIDE WATCH	
Desire to speak with someone			6-12 months	
TREATMENT PLAN UPDATE				
The offender will return to their previous treatment plan upon stabilization				
ADDITIONAL COMMENTS				
REPORT COMPLETED BY	CREDENTIAL	DATE	SIGNATURE	
K. Stewart, B916	LPC	09/01/2016	 LPC	



IDAHO DEPARTMENT OF CORRECTION
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CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number		
EDMO, MASON D		94691	09/08/2016		
SUBJECTIVE	Met with inmate Edmo for clinical contact 3 of 3 following release from close observation. Edmo reported doing "better" now that Edmo is in Unit 16 instead of Unit 8. Edmo reported being unsure about the process that Edmo is going through; Edmo was informed that an RHPC hearing is likely next. Edmo reported sending a concern from to CS Watson to request to stay in Unit 16 if not granted PC. Edmo was given self-care focused handouts to help cope with the reported situation. Edmo inquired about possible individual counseling sessions in the future. Edmo reported significant anxiety, particularly when walking on the breezeway for a medical appointment today. Edmo reported med compliance and eating normally. Edmo reported sleeping a lot. Edmo denied SI/HI/SHB.				
	OBJECTIVE	Orientation	Appearance	Behavior	Response to Interviewer
		X 4	Clean	Normal	Cooperative
		Mood (by report)	Affect (observed)	Thought Process	Thought Content
		"Good"	Appropriate	Logical	Relevant
		Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
		NO	NO	NO	NO
		Consciousness	Attention	Insight	Judgment
		Normal	Normal	Average	Intact
	LOC	Last MHE date	TX plan date	Date last saw provider	
CMHS 1	Optional to add	Optional to add	Optional to add		
ASSESSMENT	Edmo appears to be maintaining stability in segregation in Unit 16 at this time. Edmo appears to be low risk for self-injurious behavior.				
	PLAN	Follow-up according to LOC. Weekly seg checks on Wednesdays and Saturdays. Edmo can access additional services via concern forms as needed.			
Name		Credential(s)	Signature		
K. Stewart, B916	LPC				



IDAHO DEPARTMENT OF CORRECTION
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CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)	IDOC #	Date/Time Problem number
EDMO, MASON D	94691	11/02/2018

SUBJECTIVE

Met with inmate Edmo for clinical contact and to review treatment plan per LOC. Edmo reported experiencing frequent depression and thoughts of self-castration related to Edmo's gender dysphoria and Edmo's limited ability to feminize. Edmo inquired about 1-on-1 therapy due to being unable to participate in the GD group. Discussed treatment options and Edmo's ability to access Edmo's assigned clinician via concern forms and open clinics in order to meet one-on-one as needed. Edmo inquired about being provided the handouts for the GD group, which was previously discussed and approved by the clinical team. Edmo was informed that Edmo can access those handouts via Edmo's assigned clinician. Edmo reported doing well and feeling comfortable in general population; Edmo reported feeling comfortable with Edmo's current cellie (a cousin). Discussed Edmo's mental health problems/goals/interventions. Edmo's updated treatment plan was completed, reviewed, and signed.

Following the above interview, Edmo agreed to and participated in an interview to complete an evaluation requested by the parole commission.

OBJECTIVE

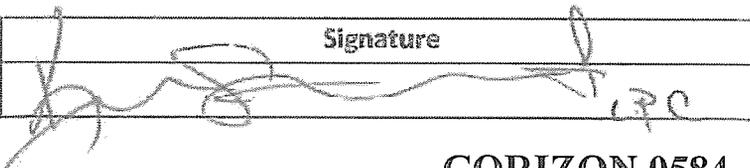
Orientation	Appearance	Behavior	Response to Interviewer
X 4	Clean	Normal	Cooperative
Mood (by report)	Affect (observed)	Thought Process	Thought Content
"Good"	Flat	Logical	Relevant
Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
NO	NO	NO	NO
Consciousness	Attention	Insight	Judgment
Normal	Normal	Average	Intact
LOC	Last MHE date	TX plan date	Date last saw provider
CMHS 1	Optional to add	Optional to add	Optional to add

ASSESSMENT

Edmo appears to be managing Edmo's mental health in general population at this time with the assistance of psych meds and accessing clinical services.

PLAN

Edmo was provided with a copy of Edmo's treatment plan and with the handouts for the GD group (through page 57 of "The Transgender Workbook"). Follow-up according to LOC and current treatment plan. Edmo can access additional MH services via concern forms and open clinics as needed.

Name	Credential(s)	Signature
K. Stewart, B916	LPC	

IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN

Offender Name: EDMO, MASON D Date: 11/02/2016

IDOC # 94691 Date of Birth: [REDACTED] LOC: CMHS-1

PROBLEM (in operational terms)		GOAL (short-term objective)
1	Edmo reports struggling with attempts/desire to self-castrate on average 4 days per week	Edmo will report a decrease in average frequency of thoughts of self-castration from 4 days/wk to 3 days/wk.
2	Edmo reports struggling with feelings of dysphoria related to gender identity, especially related to limitations of feminizing.	Edmo will identify at least two ways Edmo could feel more feminine within IDOC policy
3		

INTERVENTIONS Problem #	Treatment Intervention	Staff/Person Responsible	Frequency/Duration	Date Goal Closed
1	Edmo will identify 4 warning signs of depression/dysphoria that lead to the desire to self-castrate	Edmo	As needed	
2	Edmo will review GD handouts provided by clinical staff. Edmo meet with assigned clinician to discuss reactions to handouts and prosocial ideas for ways to feminize	Edmo/Clinician	As needed	
1, 2	Edmo will attend mental health groups per client's request as scheduled. Edmo is not currently enrolled in MH groups. Referred to Healthy Relationships & GD Support when able	Edmo	As scheduled	
1, 2	Edmo will take any medication prescribed by psychiatry or designee, as indicated, reporting any changes, concerns, or side effects.	Edmo/Psychiatry	As prescribed	
1, 2	Edmo will utilize open clinics concern forms to report on successes/struggles of utilizing provided handouts and/or homework.	Edmo/Clinician	As needed	

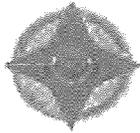
Prepared by: K. Stewart, LPC B916 Offender Signature: [Signature] Date: 11/2/16
 Signature: [Signature] Date: 11/2/16



IDAHO DEPARTMENT OF CORRECTION
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CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number	
EDMO, MASON D		94891	12/14/2016	
SUBJECTIVE	Met with Edmo for clinical contact per LOC and to provide Edmo with GD group materials. Edmo reported doing okay, although Edmo reported being depressed. Edmo reported being told to top Edmo's time by the parole commission, which was disappointing. Edmo reported having a cold right now, also. Edmo stated Edmo just wants to rest and feels doing so is helpful at this time. Discussed being aware of potential isolation and problems with doing so while depressed. Edmo reported awareness of how to use open clinic and concern forms to access MH services as needed. Edmo denied SI/HI/SHB.			
	Orientation	Appearance	Behavior	Response to Interviewer
	X 4	Clean	Normal	Cooperative
	Mood (by report)	Affect (observed)	Thought Process	Thought Content
	"Okay"	Depressed	Logical	Relevant
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
	NO	NO	NO	NO
	Consciousness	Attention	Insight	Judgment
	Normal	Normal	Average	Intact
	LOC	Last MHE date	TX plan date	Date last saw provider
CMHS 1	Optional to add	Optional to add	Optional to add	
ASSESSMENT	Edmo appears to be depressed at this time, but is managing symptoms with psych meds and coping skills at this time.			
PLAN	Follow-up per LOC. Edmo can access additional MH services via concern forms and open clinics as needed.			
Name	Credential(s)	Signature		
K. Stewart, B916	LPC			



IDAHO DEPARTMENT OF CORRECTION
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CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)	IDOC #	Date/Time	Problem number
EDMO, MASON D	94891	01/02/2017	

SUBJECTIVE

Met with Edmo in the infirmary for clinical contact per primary passdown following engaging in self-injurious behaviors related to GD. Edmo reported being "tired." Edmo reported meeting with a clinician yesterday and being informed that she would communicate with the MTC concerning Edmo's GD concerns. Edmo reported having attended open clinic a couple of times recently. Edmo reported not being sure what treatment will be provided since Edmo is not currently allowed to attend GD group. Edmo denied current SI/SHB. Edmo agreed to attend open clinic on a Tuesday to meet with Edmo's assigned clinician to discuss support.

OBJECTIVE

Orientation	Appearance	Behavior	Response to Interviewer
X 4	Clean	Slow	Cooperative
Mood (by report)	Affect (observed)	Thought Process	Thought Content
"Tired"	Depressed	Logical	Relevant
Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
NO	NO	NO	NO
Consciousness	Attention	Insight	Judgment
Lethargic	Moderate Attention	Average	Intact
LOC	Last MHE date	TX plan date	Date last saw provider
CMHS 1	Optional to add	Optional to add	Optional to add

ASSESSMENT

Edmo appears to be struggling with depression and GD. Edmo appears to be low-risk for self-injurious behaviors at this time and is aware of how to access help as needed.

PLAN

Follow-up according to LOC. Edmo agreed to attend open clinic on a Tuesday after being released from the infirmary in order to check in with assigned clinician.

Name	Credential(s)	Signature
K. Stewart, B916	LPC	

STAFF: Povar, Jared

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 05/03/2017 TIME: 10:20:32(MT) DURATION: minutes TYPE: MH Clinician - Individual Contact LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic			
S	NOTES: Met with inmate Edmo for clinical contact and to update Edmo's treatment plan per LOC. Edmo reported Edmo is attending the GD group and feels that it is going "okay." Edmo stated that Edmo doesn't feel that it is an "intervention," but that Edmo gets some new perspectives and feels that is helpful. Edmo stated Edmo informed the group clinician that Edmo is refusing to attend the Social Skills group and will appeal the MTC decisions to require it because it does not have anything to do with Edmo's gender dysphoria and does not treat the GD in any way. Edmo was reminded that we previously discussed the connection between the GD group, the requirement to attend the Social Skills group, and why that had been decided. Edmo acknowledged it was previously discussed; Edmo reported continued refusal to participate in the Social Skills group. Edmo reported attending open clinic previously and being told that Edmo's mental health transportation hold was removed. Edmo was informed that, per CIS, the MH transportation hold remains, as previously discussed, and is effective until July 2017. Edmo stated that Edmo doesn't care either way that it can be removed or can remain and Edmo doesn't have a preference either way. Edmo reported meeting with the psychiatrist yesterday and discontinuing Remeron due to pharmacy not providing the dosage correctly; Edmo reported continuing to take Effexor. Edmo identified that Edmo's desire to self-castrate is often triggered by "depression" (hopelessness, lack of self-worth), which then triggers Edmo's gender dysphoria, which then feeds the depression. Edmo stated that, even though Edmo feminizes anyway, being unable to feminize increases Edmo's dysphoria and depression. This contradiction was challenged; Edmo agreed to identify self-worth and self-image as triggers for Edmo's dysphoria rather than the inability to feminize within IDOC policy. Edmo's treatment plan was reviewed and updated to reflect Edmo's current identified problems and goals for treatment. Edmo signed the treatment plan and was provided with a printed copy per Edmo's request.		
O	NOTES: None		
	Person <input checked="" type="radio"/> Y <input type="radio"/> N Situation <input checked="" type="radio"/> Y <input type="radio"/> N Abnormal movements: <input checked="" type="radio"/> N <input type="radio"/> Y: <input checked="" type="checkbox"/> Guarded <input type="checkbox"/> Flat Thought Content: <input checked="" type="checkbox"/> No evident psychosis	Place <input type="radio"/> Y <input type="radio"/> N Insight: <input type="radio"/> Poor <input checked="" type="radio"/> Fair <input type="radio"/> Good Current Suicidal Ideation: <input type="radio"/> N <input checked="" type="radio"/> Y: Speech: <input checked="" type="checkbox"/> Unremarkable Cognitive functioning: <input checked="" type="checkbox"/> No gross cognitive deficits apparent	Time <input type="radio"/> Y <input type="radio"/> N Judgment: <input type="radio"/> Poor <input checked="" type="radio"/> Fair <input type="radio"/> Good Appearance/Behavior: <input checked="" type="checkbox"/> Adequate grooming & hygiene Thought Form: <input checked="" type="checkbox"/> Goal directed <input checked="" type="checkbox"/> Perseverative
A	NOTES: Edmo appears to continue to struggle with self-worth and gender dysphoria. Edmo tends to focus on external factors as causes of Edmo's dysphoria and is hesitant to explore intrinsic factors. Edmo was able to identify the internal/emotional cycle that often contributes to Edmo's desire to self-harm, which can be helpful in continued work on Edmo's triggers/warning signs. STANDARD FORM: MH Individualized Treatment Plan Provisional Diagnosis: N/A		
P	APPT SCHEDULED: MH - Clinician - Individual Contact WITH: Stewart, Krina ON: 07/03/2017 AT: 23:00:00(MT) APPT SCHEDULED: MH - Treatment Plan Review WITH: Stewart, Krina ON: 11/03/2017 AT: 23:00:00(MT) NOTES: Follow-up per LOC and current treatment plan. Consult with MTC regarding Edmo's refusal to complete Social Skills group. Edmo can access additional MH services via concern forms and open clinics as needed.		
E	NOTES: TimeStamp: 3 May 2017 11:35:31 (MT) --- User: Krina Stewart (STEKR01)		
	ADDENDUM: 05/03/2017 14:51:15 Clark, Jeremy This clinician is writing in the review notes about the follow up during the MTC meeting in June forgot to time stamp when that note was made. The note was added just before this addendum. TimeStamp: 3 May 2017 15:51:54 (MT) --- User: Jeremy Clark (CLAJE01)		
	STAFF: Stewart, Krina		

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 05/02/2017 TIME: 09:45:53(MT) DURATION: minutes TYPE: MH Psychiatrist - Medication Renewal LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S	NOTES: This encounter was system generated when the prescription drug below was reordered from the Drug Prescription Order screen CHSS037B.	
O	NOTES: None	
A	NOTES: None STANDARD FORM: MH Individualized Treatment Plan	
P	DRUG PRESCRIPTION: VENLAFAXINE HCL XR CP24 150 Mg Cp24 VERBAL BY: Stoddart, Jeremy EFFECTIVE DT: 05/02/2017 RT: PO DOSE: 2 STRENGTH: 150 MG METHOD: Daily Dose FREQ: QAM FOR: 210 DAYS EXPIRATION DATE: 11/27/2017 REFILLS: 3 STATUS: Discontinued - Other NOTES: None	
E	NOTES: None	
	STAFF: Stoddart, Jeremy	

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 05/02/2017 TIME: 09:26:49(MT) DURATION: minutes TYPE: MH - Psychiatrist - Scheduled LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S	NOTES: Psychiatry follow up.	
	Current housing: <input checked="" type="radio"/> General population <input type="radio"/> Mental Health unit <input type="radio"/> Medical observation/infirmary <input type="radio"/> Segregation <input type="radio"/> Crisis cell <input type="radio"/> Other:	Follow-up exam: <input checked="" type="radio"/> Routine <input type="radio"/> Urgent <input type="radio"/> Emergent <input type="radio"/> Patient requested Exam conducted: <input checked="" type="radio"/> On site <input type="radio"/> Telemedicine
	Current symptoms: The inmate reported no change in clinical situation. Still perseverates a lot on gender dysphoria, feels frustrated that identity and anatomy differ from each other and has occasional thoughts of autocastration. Denied any intent and described intention to "just take it day by day and keep myself physically safe." Has no intention to parole because continues to get DORs for "looking too effeminate in violation of IDOC policy." Feels trapped between being true to self and obeying the rules. Did not take Remeron because nursing was dispensing a full 15mg pill instead of breaking it in half for 7.5mg dose. Described adequate sleep, appetite and energy. Reported good compliance with Effexor and denied side effects. "abandoned hope for future goals until I get out because of this gender dysphoria in the way."	

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 08/08/2017 TIME: 08:22:08(MT) DURATION: minutes TYPE: MH - Clinician - Individual Contact LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S NOTES: Met with inmate Edmo in my office in the Education building for clinical contact per LOC and to follow-up on increased anxiety reported to the psych provider. Edmo reported doing well today, although tired because it is earlier than Edmo prefers. Edmo denied questions or concerns. Edmo reported the appointment with the psych provider went well and nothing was changed. I asked about the increase in anxiety; Edmo reported some increase in general anxiety and believes it is related to Edmo's gender dysphoria. Edmo was offered to be enrolled in Mood Management to address anxiety and depression symptoms, which would be helpful in addition to the support Edmo received in the gender dysphoria group. Edmo denied wanting to participate in a Mood Mgmt group. Edmo reported being able to manage the anxiety by secluding Edmo's self briefly in Edmo's cell in order to re-center Edmo's self; Edmo reported this works well. Edmo denied significant increases in gender dysphoria recently and stated Edmo feels some hope for the future due to Edmo's current lawsuit, which helps decrease Edmo's dysphoria. Edmo denied thoughts of self-castration at this time. Edmo denied SI/HI/SHB. Edmo reported having requesting to have Edmo's MH facility hold removed and is hoping that will be staffed at the next MTC meeting. Edmo reported trying to get a job and hoping to be able to move to SICI for a better chance at being able to work.		
O NOTES: None		
Person <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Place <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Time <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Situation <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Insight: <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good	Judgment: <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good
Abnormal movements: <input type="checkbox"/> N <input checked="" type="checkbox"/> Y:	Current Suicidal Ideation: <input type="checkbox"/> N <input checked="" type="checkbox"/> Y:	Appearance/Behavior: <input checked="" type="checkbox"/> Adequate grooming & hygiene
<input checked="" type="checkbox"/> Calm & cooperative	Mood/Affect: <input checked="" type="checkbox"/> Stable affect/mood congruent	Speech: <input checked="" type="checkbox"/> Unremarkable
Thought Form: <input checked="" type="checkbox"/> Goal directed	Thought Content: <input checked="" type="checkbox"/> No evident psychosis	Cognitive functioning: <input checked="" type="checkbox"/> No gross cognitive deficits apparent
A NOTES: Edmo is assessed as calm and stable at this time and managing Edmo's MH in GP. Edmo would benefit from attendance in a Mood Mgmt group to process anxiety/depressive symptoms and learn additional coping skills. STANDARD FORM: MH Individualized Treatment Plan Provisional Diagnosis: N/A		
P NOTES: It was recommended that Edmo participate in Mood Mgmt group; Edmo declined. CS Clark was emailed to request that Edmo's MH hold be added to the agenda at the next MTC meeting. Follow-up per LOC. Edmo can access additional MH services via HSRs and open clinics as needed.		
E NOTES: TimeStamp: 8 August 2017 08:38:02 (MT) -- User: Krina Stewart (STEKR01)		
STAFF: Stewart, Krina		

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 07/26/2017 TIME: 10:56:23(MT) DURATION: minutes TYPE: Practitioner - Review LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S NOTES: pt in to CDP to discuss changing Sublingual estradiol to transdermal.		
O NOTES: pt AOX3 NAD, pt exam deferred for discussion. pt currently on recommended dose of estradiol by GD specialist 3mg BID.		
A NOTES: None STANDARD FORM: MH Individualized Treatment Plan		
P NOTES: cont POC, refer to GD specialist at next appointment.		
E NOTES: pt edu on POC, pt states understanding and agrees to wait to speak with specialists in December.		
STAFF: Martin, Steve		

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 07/25/2017 TIME: 07:25:58(MT) DURATION: minutes TYPE: MH - Psychiatrist - Scheduled LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S NOTES: TimeStamp: 25 July 2017 07:27:27 (MT) -- User: Scott Eliason (ELISCO1)		
Current symptoms: The inmate reported she is doing "alright." She said that her mood "still depressed- it is there. Sometimes it is bad and sometimes it is manageable." She complained about feeling anxious and constantly being watched. "It isn't anyone in particular but I just feel like everyone is watching me." She said that she thinks that maybe it has to do a little with her wanting to transition and not being able to do it. She is back in the gender dysphoria groups and feels more supported there. She denied suicidal thoughts. She reported good med compliance.		
O NOTES: None		
<input checked="" type="checkbox"/> Alert, Oriented x 3	<input checked="" type="checkbox"/> Calm/Cooperative	<input checked="" type="checkbox"/> No Apparent Distress
<input checked="" type="checkbox"/> Adequate Grooming/Hygiene	Mood: <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Labile <input type="checkbox"/> Dysphoric	Affect: <input checked="" type="checkbox"/> Full <input type="checkbox"/> Restricted
Suicidal Ideation: <input type="checkbox"/> N <input checked="" type="checkbox"/> Y	Homicidal Ideation: <input type="checkbox"/> N <input checked="" type="checkbox"/> Y	Speech: <input checked="" type="checkbox"/> Normal Rate/Rhythm
Thought process: <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Remarkable:	Thought Content: <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Remarkable:	Cognitive Functioning: <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Remarkable:
A NOTES: None STANDARD FORM: MH Individualized Treatment Plan Brief summary: The inmate reported she was doing "okay." Mood and anxiety appear fairly stable. She notes some continues anxiety and dysphoria about transitioning.		
P NOTES: None		
E NOTES: Gender dysphoria		
STAFF: Eliason, Scott		

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 06/21/2017 TIME: 15:30:08(MT) DURATION: minutes TYPE: MH - Clinician - Individual Contact LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S NOTES: Met with inmate Edmo in my office in the Education Bldg for clinical contact per LOC. Edmo reported not doing very well lately and experiencing an increase in gender dysphoria. Edmo reported staying busy and trying not to dwell on it too much. Edmo reported doing okay in Edmo's housing unit and has continued to take Effexor; Edmo reported having experienced significant withdrawal symptoms when trying to discontinue Effexor. Edmo reported she intends to continue taking it at this time. Edmo reported maybe it helps. Edmo reported attending the GD group every week and getting some possible benefit from it. Edmo was informed the MTC is aware of Edmo's refusal to attend Social Skills group as an intervention and support Edmo's continued		

CORIZON 1305

attendance in the GD group. Edmo reported asking the group facilitator to request that the MTC provide an evaluation for gender reassignment surgery and was informed the request has been noted. Edmo reported expecting GRS to decrease Edmo's dysphoria/depression by about 80%. Edmo reported feeling that the GRS will address a significant piece of Edmo's dysphoria, allowing Edmo to manage stressors and depression more effectively. Edmo reported that the dysphoria often occurs without Edmo being aware of it until Edmo is experiencing it. Edmo identified some "touchy subjects" that often trigger Edmo's dysphoria, particularly subjects that are taken for granted by cisgender individuals (e.g. being able to carry a biological child). Edmo reported managing the dysphoria okay at this time, but it is constantly there. Edmo reported some struggles with trying to describe gender dysphoria to others because it is an indescribable feeling, which is difficult for Edmo. Edmo reported taking things one day at a time for now because having expectations/plans tends to lead to disappointment and depression, so staying in the present is more useful. Edmo inquired about when the MTC will meet again and confirmed that Edmo can send a concern form with questions Edmo would like addressed.

O NOTES: None

Person <input checked="" type="radio"/> Y <input type="radio"/> N	Place <input type="radio"/> Y <input type="radio"/> N	Time <input checked="" type="radio"/> Y <input type="radio"/> N
Situation <input type="radio"/> Y <input type="radio"/> N	Insight: <input type="radio"/> Poor <input checked="" type="radio"/> Fair <input type="radio"/> Good	Judgment: <input type="radio"/> Poor <input checked="" type="radio"/> Fair <input type="radio"/> Good
Abnormal movements: <input type="radio"/> N <input type="radio"/> Y:	Current Suicidal Ideation: <input type="radio"/> N <input type="radio"/> Y:	Appearance/Behavior: <input checked="" type="checkbox"/> Adequate grooming & hygiene
<input checked="" type="checkbox"/> Calm & cooperative <input checked="" type="checkbox"/> Flat	Speech: <input checked="" type="checkbox"/> Unremarkable	<input checked="" type="checkbox"/> Logical
Thought Content: <input checked="" type="checkbox"/> No evident psychosis	Cognitive functioning: <input checked="" type="checkbox"/> No gross cognitive deficits apparent	

A NOTES: Edmo appears to continue to experience symptoms of gender dysphoria and is focused on gender reassignment surgery as the only effective treatment option.
STANDARD FORM: MH Individualized Treatment Plan

Provisional Diagnosis: N/A

P APPT SCHEDULED: MH - Clinician - Individual Contact WITH: Stewart, Krina
ON: 08/21/2017 AT: 23:00:00(MT)

NOTES: Follow-up per LOC and Tx plan. Edmo can access additional MH services via concern form and open clinic as needed.

E NOTES:

TimeStamp: 21 June 2017 15:54:34 (MT) --- User: Krina Stewart (STEKR01)

STAFF: Stewart, Krina

IDOC#: 94691 Inmate Name: EDMO, MASON D.
ENCOUNTER DATE: 05/17/2017 TIME: 07:35:45(MT) DURATION: minutes TYPE: Nurse - Verbal/Telephone Orders
LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic

S NOTES: Chronic Care medication renewal

O NOTES: None

A NOTES: None
STANDARD FORM: MH Individualized Treatment Plan

P DRUG PRESCRIPTION: ESTRADIOL TABS 1 Mg Tabs VERBAL BY: Povar, Jared
EFFECTIVE DT: 05/17/2017 RT: PO DOSE: 3 STRENGTH: 1 Mg METHOD: Normal Dose
FREQ: BID FOR: 365 DAYS EXPIRATION DATE: 05/16/2018 REFILLS: 11 STATUS: Order Discontinued at Pharmacy Vendor (DR)

DRUG PRESCRIPTION: FINASTERIDE (UD) TABS 5 Mg Tabs VERBAL BY: Povar, Jared
EFFECTIVE DT: 05/17/2017 RT: PO DOSE: 1 STRENGTH: 5 Mg METHOD: Normal Dose
FREQ: QD FOR: 90 DAYS EXPIRATION DATE: 08/14/2017 REFILLS: 2 STATUS: Discontinued - Other

NOTES: None

E NOTES:

TimeStamp: 17 May 2017 07:39:54 (MT) --- User: Ryan Douglas (DOURY01)

STAFF: Douglas, Ryan
NURSE SIGNATURE:

IDOC#: 94691 Inmate Name: EDMO, MASON D.
ENCOUNTER DATE: 05/16/2017 TIME: 14:24:56(MT) DURATION: minutes TYPE: Practitioner - Chronic Care-Follow-up
LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic

S NOTES: CC - GD

1. GD
For all diseases since last visit, describe new symptoms: PT states "feels fine". Denies with hot flashes, chills, palpitations, weight gain or loss. medications? Yes No N/A diet? Yes No N/A with exercise? Yes No N/A

O NOTES: VSS. NAD.

HEENT/neck: WNL	Heart: RRR	Lungs: CTA
Abdomen: bsx4	Extremities: WNL	GU/rectal: N/A
Other: N/A		

A RELATED PROBLEM: Other Diagnosis: Pt. Specific Chronic Condition Gender identity disorder, unspecified [F64.9]
MEDICAL DIAGNOSIS: Gender identity disorder, unspecified [F64.9]

NOTES: None
STANDARD FORM: MH Individualized Treatment Plan

1. G F P NA I S W NA GD

P APPT SCHEDULED: Practitioner - Chronic Care-Follow-up WITH: Rogers, William
ON: 08/31/2017 AT: 08:00:00(MT)

NOTES: Continue POC. Labs due in Dec.

Reviewed Lab/Procedures/Reports with Patient: Yes No NA Indicated Treatment Plan changes discussed: Yes No NA

E NOTES:

TimeStamp: 16 May 2017 14:35:18 (MT) --- User: Jared Povar (POVJA01)

Education Provided: Nutrition Exercise Test Results Medication Management

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 10/20/2017 TIME: 11:24:21(MT) DURATION: minutes TYPE: MH - Psychiatrist - Scheduled LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S NOTES: TimeStamp: 20 October 2017 11:26:18 (MT) --- User: Emily Hutchison (HUTEM02)		
Current symptoms: "Same, nothing new." Mood is "Stable." Some anxiety, with apprehension, hypervigilance which she accepts as 'normal' given her surroundings. Effexor has helped, and she has concerns about tolerance. Says "I haven't reached that point yet," meaning that she is still finding some efficacy, especially for depression. Denies SI/HI		
O NOTES: None		
<input checked="" type="checkbox"/> Alert, Oriented x 3 <input checked="" type="checkbox"/> Calm/Cooperative <input checked="" type="checkbox"/> No Apparent Distress <input checked="" type="checkbox"/> Adequate Grooming/Hygiene Appearance/Behavior: Significant underbite Mood: <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Labile <input type="checkbox"/> Dysphoric Suicidal Ideation: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y Homicidal Ideation: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y Speech: <input checked="" type="checkbox"/> Normal Rate/Rhythm Thought process: <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Remarkable: Thought Content: <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Remarkable: Cognitive Functioning: <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Remarkable:		
A NOTES: None STANDARD FORM: MH Individualized Treatment Plan Brief summary: Doing well, with no major complaints other than ongoing gender dysphoria concerns and transition while in prison.		
P NOTES: MEDICATION DISCONTINUED VIA THIS ENCOUNTER- Medication Name: 'VENLAFAXINE HCL XR CP24', Order Number: 0109419, Authorized By: Hutchison, Emily, Timestamp: 10/20/2017 10:33:29		
E NOTES: Med s/e, complications with discontinuation		
STAFF: Hutchison, Emily		

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 10/04/2017 TIME: 09:42:57(MT) DURATION: minutes TYPE: MH Clinician Individual Contact LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S NOTES: Met with inmate Edmo in my office in the Education Bldg for clinical contact and to review Edmo's treatment plan per LOC. Edmo was not in the foyer when called for; I found Edmo in the computer lab after checking the call-out for conflicting appointments. Edmo agreed to meet with me. Edmo was informed the decision to remove Edmo's facility hold is pending the ARC's approval; Edmo was informed the ARC will hopefully meet this week or next to review the recommendation. We reviewed Edmo's treatment plan; Edmo reported the problems have not changed. Edmo reported requesting information on Gender Reassignment Surgery from another clinician and was told that it would need to be treatment planned. Edmo's treatment plan was updated to include Edmo working with clinical staff on becoming more informed of GRS and the impacts it could have. Edmo reported some housing concerns in Edmo's current unit and reported another clinician was going to speak with the DW regarding Edmo's request to move to Unit 15 with another transgender inmate. Edmo inquired about the ability to borrow books on transgender from clinical staff. Edmo denied further mental health concerns at this time.		
O NOTES: None		
Person <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Situation <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Abnormal movements: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y:	Place <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Insight: <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good Current Suicidal Ideation: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y: Mood/Affect: <input checked="" type="checkbox"/> Stable affect/mood congruent Thought Form: <input checked="" type="checkbox"/> Goal directed Cognitive functioning: <input checked="" type="checkbox"/> No gross cognitive deficits apparent	Time <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Judgment: <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good Appearance/Behavior: <input checked="" type="checkbox"/> Adequate grooming & hygiene Speech: <input checked="" type="checkbox"/> Unremarkable Thought Content: <input checked="" type="checkbox"/> No evident psychosis
A NOTES: Edmo appears to be maintaining Edmo's baseline level of functioning in GP at this time. STANDARD FORM: MH Individualized Treatment Plan Provisional Diagnosis: N/A		
P NOTES: Treatment plan updated, Follow-up per LOC. Edmo can access additional MH services via HSR and open clinics as needed. Will consult with Edmo's GD group facilitator regarding information on GRS and housing situation.		
E NOTES: TimeStamp: 4 October 2017 09:52:32 (MT) --- User: Krina Stewart (STEKR01)		
STAFF: Stewart, Krina		

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 09/30/2017 TIME: 13:16:39(MT) DURATION: minutes TYPE: Nurse - Sick Call - Scheduled LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S H/S REQUEST RECEIVED: 09/30/2017 TYPE: Routine NOTES: Request Date: 09/30/2017 HSR 1046882 RED STREAKS/SWELLING IN GROIN AREA		
Chief Complaint: RED STREAKS/SWELLING IN GROIN AREA Describe: SAW POVAR, PA IN FEB 2017 FOR SAME ISSUE at worst 10	Onset Date: 3 DAYS AGO Associated Factors: <input checked="" type="checkbox"/> Pain scale is now What makes it worse: <input checked="" type="checkbox"/> Redness	Have you had this problem before: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Itching <input checked="" type="checkbox"/> Tenderness <input checked="" type="checkbox"/> Fever <input checked="" type="checkbox"/> Swelling <input checked="" type="checkbox"/> Athlete's foot
O CURR: 12:16:39 TEMP: 98.8 PULSE: 108 RP: 16 BP: 117/82 HT: 5 ft. 7 in. WT: 190 lb BLOOD SUGAR: NA WksGest: 0 LMP: 01/01/1000 EDD(Initial): 01/01/1000 EDD(Final): 01/01/1000 HT(Fundal): 0 WT(Cml): 0 FHR: 0 PRES: PROTEIN: GLUCOSE: NITRITES: LEUC: FETAL MOVEMENT: O2 SAT: 100.00% SOURCE: Room Air NOTES: BP WNL, HRRR ELEVATED, LCTA BILAT A&OX4		

STAFF: Wise, Nicholas
NURSE SIGNATURE: _____

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 03/14/2018 TIME: 18:30:52(MT) DURATION: minutes TYPE: MH Clinician DOR Recommendation LOCATION: Idaho State Correctional Institution (ISCI) SETTING: Clinic	
S	NOTES: TimeStamp: 14 March 2018 18:34:55 (MT) --- User: Bradley Raburn (RABBR01) Upload DOR Recommendation
O	SCANNED DOCUMENT/PHOTO TYPE: Mental Health TITLE: DOR Recommendation NOTES: N/A
A	NOTES: N/A STANDARD FORM: MH Individualized Treatment Plan
P	NOTES: N/A
E	NOTES: TimeStamp: 14 March 2018 18:35:18 (MT) --- User: Bradley Raburn (RABBR01)
STAFF: Raburn, Bradley	

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 03/13/2018 TIME: 14:41:20(MT) DURATION: minutes TYPE: MH - Clinician - Assessment/Update LOCATION: Idaho State Correctional Institution (ISCI) SETTING: Clinic	
S	NOTES: Edmo was placed on the institutional call-out to complete clinical contact and an annual assessment update per LOC. Edmo did not show to the scheduled appointment. Edmo was confirmed on the institutional call out with no conflicts. Assessment update completed via records review. Failure to attend memo sent. Date of Initial MH Assessment: 04/26/2012 Current LOC: <input checked="" type="checkbox"/> CMHS-1 Reason for Update: <input type="checkbox"/> Change <input type="checkbox"/> Referral Update <input checked="" type="checkbox"/> Annual Review Change/Update due to legal situation or sentence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Comment: FTRD: 07/03/2021 PED: 07/04/2014 Change/Update in Education: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Change/Update in Marital or Family Situation: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Change/Update in Current Medication: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Comment: Medication was recently increased Change/Update in Current Diagnosis: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
O	SCANNED DOCUMENT/PHOTO TYPE: Mental Health TITLE: 2018_03_13 NS Memo NOTES: Unable to assess due to inmate not attending appointment; assessment update completed via records review
A	NOTES: None STANDARD FORM: MH Individualized Treatment Plan Completed via records review: 30yo inmate with diagnoses of MDD, GAD, Alcohol UD, and Gender Dysphoria. Edmo is currently prescribed MH medications and has follow-up with the psych provider. Edmo was last seen by the psych provider in Jan 2018 and was assessed as follows: "30 yo with depression, anxiety and GD undergoing hormone treatment with ongoing mood and anxiety symptoms. Has somewhat of a resigned affect about her stint in prison, just waiting it out." Venlafaxine was increased at that time. Edmo is not currently attend the Gender Dysphoria group, but has during the past year. Edmo has recently begun to no-show to clinical appointments more frequently. Edmo is current working at CI (hired as of 3/2/2018). Edmo appears to lack motivation to work on Edmo's mental health outside of medication management at this time. Edmo has been provided with multiple opportunities to engage in mental health treatment to work on anxiety, depression, and social skills and has refused to do so. Edmo remains focused on Edmo's gender dysphoria being the only mental health issues that need to be treated.
P	NOTES: None Remain CMHS-1 for continued clinical follow-up. Follow-up per LOC. Edmo can access additional MH services via HSR and open clinic as needed.
E	NOTES: TimeStamp: 13 March 2018 14:58:09 (MT) --- User: Krina Stewart (STEKR01)
STAFF: Stewart, Krina	

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 03/08/2018 TIME: 14:32:00(MT) DURATION: minutes TYPE: Practitioner - Chronic Care-Follow-up LOCATION: Idaho State Correctional Institution (ISCI) SETTING: Clinic	
S	NOTES: Pt in for CDP f/u for GID. Pt reports that she is doing OK overall, she states that she is frustrated that we have not replaced the Spironolactone with another medication yet. Otherwise she denies any problems or concerns at this time 1. GID with medications? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A with diet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A with exercise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
O	NOTES: A&O, NAD HEENT/neck: supple, no thymomeagly Heart: RRR, no MRG Lungs: CTAB with normal respiratory effort Extremities: no edema
A	NOTES: None STANDARD FORM: MH Individualized Treatment Plan 1. <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA <input type="checkbox"/> I <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> NA GID
P	NOTES: Reviewed that we will ensure her labs get to Dr. Alviso and plan to request further orders. LFT's greatly increased with Spironolactone, LFT's have returned to normal since discontinuing Spironolactone f/u with CDP in 90 days and with SC PRN - pt verbalized understanding of POC Reviewed Lab/Procedures/Reports with Patient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Indicated Treatment Plan changes discussed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
E	NOTES: see plan
Education Provided: <input checked="" type="checkbox"/> Nutrition <input checked="" type="checkbox"/> Exercise <input checked="" type="checkbox"/> Test Results <input checked="" type="checkbox"/> Medication Management	

CHS0073 - Condensed Health Services Encounter																	
Name: EDMO, MASON D.	IDOC#: 94691																
IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 03/30/2018 TIME: 15:08:54(MT) DURATION: minutes TYPE: MH - Clinician Individual Contact LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic																	
S	NOTES: Met with inmate Edmo in a private office in the Education Bldg for clinical contact and to update Edmo's treatment plan. Edmo reported doing "good." Edmo reported working in CI now, which Edmo enjoys. Edmo reported doing okay in Edmo's current housing unit. Edmo reported specifically not wanting to move to ICIO; however, Edmo reported being okay with moving to ISCC if it happens. Edmo denied feeling strongly about moving to ISCC or remaining at ISCI, but is okay with either option. Edmo initially denied MH concerns aside from previously reported gender dysphoria related to Edmo's anatomy not matching Edmo's gender identity. I brought up Edmo's treatment plan and Edmo said to just keep it the same as it has been, nothing has changed. I challenged Edmo on whether the recent treatment plan is appropriate due to Edmo no longer engaging in MH treatment aside from MH medication (not attending call-outs with assigned clinician, no longer attending GD group, etc.). After discussing LOC and treatment plan options, Edmo said it doesn't matter what LOC because Edmo is still not engaging in those services. We discussed the option to sign a refusal for clinical services, including that services were recommended and being refused; Edmo expressed concern about how that would reflect on Edmo. Edmo questioned which services were being recommended that Edmo would be refusing. We discussed the previous recommendation to participate in a Mood Management group to help process and learn skills to manage/reduce depressive symptoms; I also feel that some coping skills learned in that group may also assist Edmo in managing gender dysphoria mood-related symptoms. Edmo appeared to consider attending, likely to prove the recommendation wrong. Discussed the importance of attitude and being open to the possibility that the group may be beneficial; Edmo denied believing it would be helpful and felt that there's no point in attending. I informed Edmo that I am not placing Edmo on the waitlist for the group at this time, but I do clinically believe that it would be helpful if Edmo chose to give it a chance. I informed Edmo that one of my concerns with reducing Edmo's level of care is that I feel that it is helpful for Edmo to have opportunities for clinical follow-up due to Edmo's reluctance to ask for help if needed. Edmo participated in updating Edmo's treatment plan, including being honest about what goals/interventions Edmo would realistically participate in. Edmo reported feeling intense hatred for Edmo's penis and believing that is the primary source of clinical distress for Edmo. Edmo reported trying to not self-castrate due to wanting to have gender reassignment surgery and having been told that the genitals must remain intact for that surgery to be successful. Edmo reported one of Edmo's recent coping skills to manage Edmo's desire to self-castrate has been cutting on other places on Edmo's body. Edmo reported not wanting to tell staff when this occurs due to expecting to be put on suicide watch and feeling punished for doing "what works." We discussed the dangers and possible risks of cutting behaviors. Edmo denied current SI/HI/SHB. We also discussed Edmo's distrust of clinical and security staff; Edmo reports not wanting to reach out to staff when having trouble because Edmo doesn't feel that staff will do anything helpful.																
O	NOTES: None																
	<table border="1"> <tr> <td>Person <input type="radio"/> Y <input type="radio"/> N</td> <td>Place <input type="radio"/> Y <input type="radio"/> N</td> <td>Time <input type="radio"/> Y <input type="radio"/> N</td> </tr> <tr> <td>Situation <input type="radio"/> Y <input type="radio"/> N</td> <td>Insight: <input type="radio"/> Poor <input checked="" type="radio"/> Fair <input type="radio"/> Good</td> <td>Judgment: <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good</td> </tr> <tr> <td>Abnormal movements: <input type="radio"/> N <input type="radio"/> Y:</td> <td>Current Suicidal Ideation: <input type="radio"/> N <input type="radio"/> Y:</td> <td>Appearance/Behavior: <input checked="" type="checkbox"/> Adequate grooming & hygiene</td> </tr> <tr> <td><input checked="" type="checkbox"/> Guarded</td> <td>Mood/Affect: <input checked="" type="checkbox"/> Stable affect/mood congruent</td> <td>Speech: <input checked="" type="checkbox"/> Unremarkable</td> </tr> <tr> <td>Thought Form: <input checked="" type="checkbox"/> Goal directed</td> <td>Thought Content: <input checked="" type="checkbox"/> No evident psychosis</td> <td>Cognitive functioning: <input checked="" type="checkbox"/> No gross cognitive deficits apparent</td> </tr> </table>		Person <input type="radio"/> Y <input type="radio"/> N	Place <input type="radio"/> Y <input type="radio"/> N	Time <input type="radio"/> Y <input type="radio"/> N	Situation <input type="radio"/> Y <input type="radio"/> N	Insight: <input type="radio"/> Poor <input checked="" type="radio"/> Fair <input type="radio"/> Good	Judgment: <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good	Abnormal movements: <input type="radio"/> N <input type="radio"/> Y:	Current Suicidal Ideation: <input type="radio"/> N <input type="radio"/> Y:	Appearance/Behavior: <input checked="" type="checkbox"/> Adequate grooming & hygiene	<input checked="" type="checkbox"/> Guarded	Mood/Affect: <input checked="" type="checkbox"/> Stable affect/mood congruent	Speech: <input checked="" type="checkbox"/> Unremarkable	Thought Form: <input checked="" type="checkbox"/> Goal directed	Thought Content: <input checked="" type="checkbox"/> No evident psychosis	Cognitive functioning: <input checked="" type="checkbox"/> No gross cognitive deficits apparent
Person <input type="radio"/> Y <input type="radio"/> N	Place <input type="radio"/> Y <input type="radio"/> N	Time <input type="radio"/> Y <input type="radio"/> N															
Situation <input type="radio"/> Y <input type="radio"/> N	Insight: <input type="radio"/> Poor <input checked="" type="radio"/> Fair <input type="radio"/> Good	Judgment: <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good															
Abnormal movements: <input type="radio"/> N <input type="radio"/> Y:	Current Suicidal Ideation: <input type="radio"/> N <input type="radio"/> Y:	Appearance/Behavior: <input checked="" type="checkbox"/> Adequate grooming & hygiene															
<input checked="" type="checkbox"/> Guarded	Mood/Affect: <input checked="" type="checkbox"/> Stable affect/mood congruent	Speech: <input checked="" type="checkbox"/> Unremarkable															
Thought Form: <input checked="" type="checkbox"/> Goal directed	Thought Content: <input checked="" type="checkbox"/> No evident psychosis	Cognitive functioning: <input checked="" type="checkbox"/> No gross cognitive deficits apparent															
A	NOTES: Edmo appears to continue to struggle with gender dysphoria and depressed mood regularly. Edmo is unwilling to approach recommended treatment options with an open mind. Although a Mood Mgmt MH group is clinically recommended to assist in treatment of Edmo's depressed and dysphoric mood symptoms, Edmo is likely to get very little benefit from attending with Edmo's current attitude. Edmo continues to be guarded and uncooperative during clinical contacts with me, but often opens up more throughout the contact as Edmo is challenged on thinking errors. Edmo appears able to manage Edmo's symptoms in general population at this time. Edmo would benefit from continued clinical follow-up. STANDARD FORM: MH Individualized Treatment Plan Provisional Diagnosis: N/A																
P	NOTES: Tx plan updated. Follow-up per LOC. Edmo can access additional MH services via HSRs and open clinics as needed																
E	NOTES: TimeStamp: 30 March 2018 15:14:00 (MT) --- User: Krina Stewart (STEKR01)																
	STAFF: Stewart, Krina																

CHS0073 - Condensed Health Services Encounter		
Name: EDMO, MASON D.	IDOC#: 94691	
IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 03/17/2018 TIME: 15:54:45(MT) DURATION: minutes TYPE: MH - Clinician - DOR Recommendation LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S	NOTES: DOR Rec completed and uploaded to encounter	
O	SCANNED DOCUMENT/PHOTO TYPE: Mental Health TITLE: DOR Rec Edmo 94691 NOTES: DOR Rec Edmo 94691	
A	NOTES: DOR Rec Edmo 94691 STANDARD FORM: MH Individualized Treatment Plan	
P	NOTES: DOR Rec Edmo 94691	
E	NOTES: DOR Rec Edmo 94691 STAFF: Clemens, Erica	

CHS0073 - Condensed Health Services Encounter		
Name: EDMO, MASON D.	IDOC#: 94691	
IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 03/15/2018 TIME: 09:43:25(MT) DURATION: minutes TYPE: Nurse - Verbal/Telephone Orders LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic		
S	NOTES: Order updates per Alvisp. check EST and TEST. in 3 months	
O	NOTES: None	
A	NOTES: None STANDARD FORM: MH Individualized Treatment Plan	
P	LAB TEST ORDERED: ESTRADIOL LAB TEST ORDERED: COMP. METABOLIC (CMP) APPT SCHEDULED: Lab WITH: Wise, Nicholas ON: 06/16/2018 AT: 09:43:25(MT) APPT SCHEDULED: Lab WITH: Wise, Nicholas ON: 06/16/2018 AT: 10:53:00(MT) NOTES: None	
E	NOTES: admin only	

CHSS0273 - Condensed Health Services Encounter	
Name: EDMO, MASON D.	IDOC#: 94691
IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 05/18/2018 TIME: 11:26:15(MT) DURATION: minutes TYPE: MH - Psychiatrist - Medication Renewal LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic	
S	NOTES: This encounter was system generated when the prescription drug below was reordered from the Drug Prescription Order screen CHSS037B.
O	NOTES: None
A	NOTES: None
P	DRUG PRESCRIPTION: VENLAFAXINE HCL XR CP24 150 Mg Cp24 VERBAL BY: Hutchison, Emily EFFECTIVE DT: 05/18/2018 RT: PO DOSE: 2 STRENGTH: 150 MG METHOD: Daily Dose FREQ: QAM FOR: 210 DAYS EXPIRATION DATE: 12/13/2018 REFILLS: 6 STATUS: Received from Pharmacy NOTES: None
E	NOTES: None
	STAFF: Hutchison, Emily

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 05/18/2018 TIME: 11:06:17(MT) DURATION: minutes TYPE: MH - Psychiatrist - Scheduled LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic
S H/S REQUEST RECEIVED: 05/04/2018 TYPE: Routine NOTES: Request Date: 05/04/2018 2018_5_04_HSR_1087504 MH Meds HSR was dated on 5/02/18 and it was received on 5/04/18. Inmate states on HSR that he wants to change MH med "Effexorxr" level from 450 mg to 300 mg. Scheduled for Psych Nurse TimeStamp: 4 May 2018 11:57:55 (MT) --- User: Dan Roe (ROEDA01)

Current symptoms: I'm doing "Alright," and mentions seeing a private consultant (Dr. Alviso- FMRI clinic who's treating her gender dysphoria/hormone tx) who brought up lowering Effexor dose given elevated LFTs (in Jan 2018, which resolved in Feb 2018, repeat labs ordered as well). Anxiety is worse than depressive symptoms. Describes a cycle of several day's long of having more energy then crashing for the next few days, and then repeating. When she's feeling more energy, she feels "On," with some racing thoughts, extra energy and she's more productive. She then "Crashes" for several days, with low mood, fatigue, and need for extra sleep. She cannot relate the above mood fluctuations to changes in her sleep, eating or work habits/behaviors; denies illicit drug use. Discussed at length medication options for her, since she believes the venlafaxine is helpful for her and yet doesn't want to harm her liver. Also discussed mood stabilizers for her description of cycling moods.

O NOTES: None

Alert, Oriented x 3 Calm/Cooperative No Apparent Distress Adequate Grooming/Hygiene
Mood: Euthymic Labile Dysphoric Affect: Full Restricted Suicidal Ideation: N Y
Homicidal Ideation: N Y Speech: Normal Rate/Rhythm Thought process: Unremarkable Remarkable:
Thought Content: Unremarkable Remarkable: Cognitive Functioning: Unremarkable Remarkable:

A NOTES: None

Brief summary: 30 yo bio male who identifies as female, undergoing hormone treatment, who also has depression and anxiety. Based on her report today, she likely has cyclothymia with infrequent episodes of severe major depression. She acknowledges her cutting behaviors and gender dysphoria as contributing to her moods. Will honor her wishes to decrease venlafaxine, however her LFTs were not elevated at last test, thus it's unlikely that the SNRI is damaging her liver. Discussed tapering venlafaxine anyway, and then adding lithium to see if that helps stabilize her mood cycling, which she is in agreement with. Labs will be redrawn 6/16, thus with that data we can make a more informed decision regarding her liver functioning, as well as renal and thyroid.

P NOTES:

Reduce dose of venlafaxine to 300 mg po daily; will then try to reduce further to 150 mg po given her concerns over liver function tests (after follow up in mid -July) IF her mood and anxiety are stable.
Will likely start lithium in 1.5 months, after evaluating how she dose with reduced venlafaxine. She wants to read up on and think about lithium for a while, thus it's not being started today.
RTC ~ mid-July
MEDICATION DISCONTINUED VIA THIS ENCOUNTER- Medication Name: 'VENLAFAXINE HCL XR CP24', Order Number: 0183016, Authorized By: Hutchison, Emily. Timestamp: 05/18/2018 10:26:14

E NOTES: med effects: indications and s/e of lithium treatment; w/d aspects of venlafaxine

STAFF: Hutchison, Emily

IDOC#: 94691 Inmate Name: EDMO, MASON D. ENCOUNTER DATE: 05/18/2018 TIME: 09:13:00(MT) DURATION: minutes TYPE: MH - Clinician - Individual Contact LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic
S NOTES: Met with inmate Edmo in a private office in the Education Bldg for clinical contact per LDC. Edmo reported being "okay today." Edmo reported not liking the inconsistency of the weather today, but otherwise doing alright. Edmo reported work is going well and getting along okay in Edmo's housing unit. Edmo reported requesting a single cell and is waiting for it to be approved. Edmo stated that Edmo has been feeling a little more down and decided that Edmo may benefit from a Mood Mgmt group, which is why Edmo sent a concern form reporting a change of mind and requesting to be referred to that group. Edmo was informed that Edmo was added to the group recently and is on the call-out. Edmo reported intent to watch the call-out to attend group. We discussed the new workbooks recently provided in the GD process groups and Edmo was offered one; Edmo expressed interest in the workbook and inquired about returning to group again. Edmo expressed concern about not being able to get off work for the group and was provided with a signed note to inform Edmo's supervisor of the day/time

of the group and to request that Edmo be able to attend. Edmo was provided a copy of the workbook and signed the workbook agreement (see attached). Edmo reported an additional stressor of working to have communication with Edmo's husband (married in December) approved due to Edmo's husband being housed at ISCC. Edmo reports staying in touch with Edmo's mother-in-law, but is looking forward to being able to communicate with Edmo's husband directly. Edmo denied additional MH concerns at this time and reported that most things are "the same."

O SCANNED DOCUMENT/PHOTO TYPE: Mental Health TITLE: 2018_05_18 MH Workbook Agreement
NOTES: None

Person <input checked="" type="radio"/> Y <input type="radio"/> N	Place <input checked="" type="radio"/> Y <input type="radio"/> N	Time <input checked="" type="radio"/> Y <input type="radio"/> N
Situation <input checked="" type="radio"/> Y <input type="radio"/> N	Insight: <input type="radio"/> Poor <input checked="" type="radio"/> Fair <input type="radio"/> Good	Judgment: <input type="radio"/> Poor <input checked="" type="radio"/> Fair <input type="radio"/> Good
Abnormal movements: <input checked="" type="radio"/> N <input type="radio"/> Y:	Current Suicidal Ideation: <input checked="" type="radio"/> N <input type="radio"/> Y:	Appearance/Behavior: <input checked="" type="checkbox"/> Adequate grooming & hygiene
<input checked="" type="checkbox"/> Guarded <input checked="" type="checkbox"/> Dysphoric	Speech: <input checked="" type="checkbox"/> Unremarkable	Thought Form: <input checked="" type="checkbox"/> Goal directed
<input checked="" type="checkbox"/> Logical	Thought Content: <input checked="" type="checkbox"/> No evident psychosis	Cognitive functioning: <input checked="" type="checkbox"/> No gross cognitive deficits apparent

A NOTES: Edmo continues to be very guarded when we are meeting; however, it appears that Edmo may be cautiously willing to start sharing more slowly. Edmo would benefit from continuing to work on building Edmo's resilience as a transgender individual and working through the workbook provided, particularly in a group setting to continue to encourage/support pro-social skills.

Provisional Diagnosis: N/A

P NOTES: Provided Transgender workbook. Signed agreement (see attached). Provided with note for work to attend GD process group. Emailed group facilitator to reenroll Edmo in the GD group. Follow-up per LOC. Edmo may access additional MH services via HSRs and open clinics as needed.

E NOTES:
TimeStamp: 18 May 2018 10:03:15 (MT) --- User: Krina Stewart (STEKR01)

STAFF: Stewart, Krina

IDOC#: 94691 Inmate Name: EDMO, MASON D.
ENCOUNTER DATE: 05/14/2018 TIME: 17:12:59(MT) DURATION: minutes TYPE: Practitioner - Medication Renewal
LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic

S H/S REQUEST RECEIVED: 05/02/2018 TYPE: Routine
NOTES: Request Date: 05/02/2018
HSR 1087506 need spironolactone renewed; dc'd was good until 1/29/19

O NOTES: None

A NOTES: None

P NOTES: MRD to patient: Spironolactone cannot be renewed due to history of elevated liver function tests - Dr. Alviso's current order is not to restart the Spironolactone

E NOTES: n/a

STAFF: Eldredge, Summer

IDOC#: 94691 Inmate Name: EDMO, MASON D.
ENCOUNTER DATE: 04/09/2018 TIME: 11:14:28(MT) DURATION: minutes TYPE: Practitioner - Medication Renewal
LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic

S NOTES: This encounter was system generated when the prescription drug below was reordered from the Drug Prescription Order screen CHSS037B.

O NOTES: None

A NOTES: None

P DRUG PRESCRIPTION: FINASTERIDE (UD) TABS 5 Mg Tabs VERBAL BY: Haggard, Rebekah
EFFECTIVE DT: 04/09/2018 RT: PO DOSE: 1 STRENGTH: 5 Mg METHOD: Normal Dose
FREQ: QD FOR: 90 DAYS EXPIRATION DATE: 07/07/2018 REFILLS: 1 STATUS: Received from Pharmacy
DRUG COMMENTS: Why must this drug be used instead of one included on the formulary? Gender Dysphoria hormone regimen per Wellness Center specialist orders
What formulary drugs have been tried? preferred agent Avodart not acceptable for this indication per Dr Alviso
What was outcome? n/a

NOTES: None

E NOTES: None

STAFF: Haggard, Rebekah

IDOC#: 94691 Inmate Name: EDMO, MASON D.
ENCOUNTER DATE: 04/05/2018 TIME: 08:41:59(MT) DURATION: minutes TYPE: Nurse - Verbal/Telephone Orders
LOCATION: Idaho State Correctional Institution [ISCI] SETTING: Clinic

S H/S REQUEST RECEIVED: 04/05/2018 TYPE: Routine
H/S REQUEST RECEIVED: 04/05/2018 TYPE: Routine
NOTES: Request Date: 04/05/2018
HSR 1105103 spironolactone renewal; order made 1/30/18 - 1/29/19 but was discontinued?
Dr. Alviso D/C per related lab values. No order to restart spironolactone at this time.

Request Date: 04/05/2018
HSR 1105104 Estradiol renewal; 1/4/18 - 4/3/18
Being renewed today.

O NOTES: None

A NOTES: None

P DRUG PRESCRIPTION: ESTRADIOL TABS 2 Mg Tabs VERBAL BY: Eldredge, Summer
EFFECTIVE DT: 04/05/2018 RT: PO DOSE: 2 STRENGTH: 2 Mg METHOD: Normal Dose