

# Understanding and Utilizing the Companionship Model in Working with Transgender and Gender Diverse Youth Seeking Gender Affirming Care

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## 1. The Companionship Model (TCM-Y)

The model highlights clinicians' intentional shift from an assessor to a companion role while navigating gatekeeping with intentionality, centering assessment on clients' access to resources, and recognizing the significance of dismantling gatekeeping within the medical system.

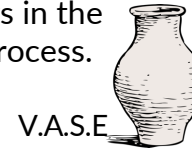
## 2. Becoming a Companion from the Beginning

- **Prior to the first session,**
  - Proactively provide clients necessary information in navigating medical gatekeeping
  - Ask the insurer/provider to update their criteria to SOC v.8, if outdated
- **Commit to advocacy work (e.g., provide pro-bono referral sessions)**

## 3. Action Steps: for both youths and caregivers

Clinicians are encouraged to use four actions:

- **Validating** that sessions can often bring a wide range of feelings: nervousness, distrust, fear, excitement, etc.
- **Asking** how they feel about the session and gender transition
- **Sharing** clinician's critical understanding of the assessment process as an informed consent/assent process, understanding of youths' decisional capacity and autonomy, and importance of centering the session on increasing access to resources.
- **Engaging** both youths and caregivers in the assessment and gender transition process.



## 4. Centering Access to Resources

### ❖ Relationship with Peers/School

- Increasing access to affirming peers and teachers
- Connecting with LGBTQ+ peers (including online)
- Identifying LGBTQ+ resources or clubs at school

### ❖ Relationship with Family

- Identifying supportive family figures
- Managing family dynamics throughout gender transition

### ❖ Access to Affirming Mental Health Care

- Referring to low-cost/free mental health resources and local/online support groups

### ❖ Access to Education (Caregivers)

- Connecting caregivers to accurate educational materials
- Providing caregivers with social support options for their children

### ❖ Access to Parent Support Group (Caregivers)

- TNB Youth Parent Group (e.g., PFLAG)
- Identifying supportive community members

## 5. Session Steps

Use correct pronouns and their chosen names

① Client calls in

② Provide Info

Provide necessary information in navigating medical gatekeeping

Orient them to session goals and elicit questions, provide info packets

③ Initial Call w/caregiver

④ Session (V.A.S.E)

V.A.S.E. for both youths and caregivers

Assess for informed consent/assent

Explore gender history/goals

⑤ Assess Needs

Explore youths' and caregivers' access to resources

Provide specific resources based on individual needs

⑦ Provide Resources

\* Adapt steps flexibly based on individual client needs.



## Criteria for Youths' Referral Letters (SOC v. 8)

### Puberty blocking agents/Hormone

- a. Gender incongruence is marked and sustained over time
- b. Meets the diagnostic criteria for gender incongruence in situations where a diagnosis is necessary
- c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment
- d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally
- e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
- f. Reached Tanner stage 2

### Gender Affirming Surgery

- a. Gender incongruence is marked and sustained over time
- b. Meets the diagnostic criteria for gender incongruence in situations where a diagnosis is necessary
- c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment
- d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally
- e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
- f. At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated.