

Understanding and Utilizing the Companionship Model in Writing Referral Letters for Transgender and Nonbinary People Seeking Gender Affirming Care

Joonwoo Lee, M. Ed. / Doctoral Student in Counseling Psychology at University of Wisconsin-Madison

1. The Companionship Model (TCM)

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,**
 - Contact insurer/doctor's office to learn requirements for the letter
 - Ask insurer/provider to update their criteria to SOC v.8, if outdated
- **Commit to advocacy work (e.g., provide pro-bono referral sessions)**

3. Processing Gatekeeping

Clinicians are encouraged to use four actions:

- **Validating** that referral letter sessions can often bring a wide range of feelings: nervousness, distrust, fear, excitement, etc.
- **Asking** how the client feels about the referral letter session
- **Sharing** the therapist's critical understanding of the process, including the process as gatekeeping and the client as their best expert
- **Engaging** the client in what's being written on the letter with transparency



V.A.S.E

4. Centering Assessment on Access to Resources

- ❖ **General Social Support**
 - Helping clients to establish connections with local TNB communities
 - Local LGBTQ+ community center
- ❖ **Workplace Support**
 - Identify workplace resources, including employee benefits
 - ACLU
- ❖ **Family Support**
 - PFLAG, chosen families
- ❖ **Stable Housing/Finances**
 - Local affordable housing, food banks, SNAP, etc.
 - Tenant Resource Center
- ❖ **Access to Mental Health Care**
 - Refer to low-cost/free mental health resources and local/online support groups.
 - Pro-bono referral letters: The GALAP (thegalap.org)

5. Session Steps

Use correct pronouns and their chosen names

① Client calls in

② Contact for Info

Contact the doctor's office for letter requirements

Processing Gatekeeping (Validate, Ask & Share)

③ Session Starts

④ Explore

Explore clients' needs

Discuss risks and benefits and impact on reproduction

⑤ Informed Consent

⑥ Assessing Needs

Center assessment on client's access to important resources

Engaging the client in what's being written on the letter

⑦ Engage

* Adapt steps flexibly based on individual client needs.



Criteria for Assessment (SOC v. 8)

Hormone Therapy

- a. Gender incongruence is marked and sustained
- b. Meets diagnostic criteria for gender incongruence prior to gender affirming hormone treatment (only in regions where a diagnosis is necessary to access health care)
- c. Demonstrates capacity to consent for the specific gender-affirming hormone treatment
- d. Other possible causes of apparent gender incongruence have been identified and excluded
- e. Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed
- f. Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options.

Surgery

- a. Gender incongruence is marked and sustained
- b. Meets diagnostic criteria for gender incongruence prior to gender-affirming surgical intervention in regions where a diagnosis is necessary to access health care
- c. Demonstrates capacity to consent for the specific gender-affirming surgical intervention
- d. Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options
- e. Other possible causes of apparent gender incongruence have been identified and excluded
- f. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed
- g. Stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated).*

*These were graded as suggested criteria