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 - Ask the insurer/provider to update their criteria to SOC v.8, if outdated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

V.A.S.E. for both youths and caregivers Assess for informed consent/assent

(4) Session (V.A.S.E)

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 genderaffirming 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.