

Understanding and Utilizing the Companionship Model in Writing Referral Letters for Transgender and Gender Diverse 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 gatekeeping to an informed consent approach, centering assessment on clients' access to resources, and recognizing the significance of dismantling gatekeeping within the medical system to improve access to gender-affirming care.

2. Becoming a Companion from the Beginning

- **Prior to the first session,**
 - Contact the insurer/doctor's office for letter requirements.
 - Ask for change if criteria deviate from the Standards of Care v.8
- **Commit to advocacy work (including Pro-Bono)**

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



4. Centering Assessment on Access to Resources

- ❖ **General Social Support**
 - Helping clients to establish connections with local TGD communities
 - Outreach LGBTQ+ Community Center, GSCC
- ❖ **Workplace Support**
 - Identify workplace resources, including employee benefits
- ❖ **Family Support**
 - PFLAG, chosen families
- ❖ **Stable Housing/Finances**
 - Local affordable housing, food banks, SNAP, etc.
 - Beacon, Tenant Resource Center
- ❖ **Access to Mental Health Care**
 - Refer to low-cost/free mental health resources and local/online support groups.
 - The GALAP

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 Referral Letters (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