

Establishing a Rural Transgender Care Network

by

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## ABSTRACT

Transgender care networks are few and far between. Rural transgender care is even more difficult to come by and is seldom discussed in the literature. This article provides a comprehensive literature review of rural transgender care and describes the process of establishing holistic transgender care in a rural town or community. Social workers have a key role to play in transgender care, especially in rural areas where services are often difficult to find or nonexistent. The authors provide social workers with key information about how to locate services and physicians, and train them to provide affirming and compassionate care to those seeking transition. This article also provides information for health care providers who wish to make their own practice more inclusive to the transgender population.

*Key Words:* transgender, gender dysphoria, rural, social work

## DEDICATION

The pursuit of higher education is a commitment that requires a great amount of sacrifice. The sacrifices I have had to make in order to make my dreams come true have been made so much easier by the incredible people in my life. I dedicate this work to them.

To my fiancé- Connor thank you for always being there to support me when I began to doubt myself. You have been a constant source of motivation and encourage. I could not have done this without you.

For my sisters- Breanne, Lauren, and Cecelia, thank you for being the strong, independent women that you are and encouraging me to do the same.

To my parents- Thank you for all of your love and support over the years. You raised me to believe that I could do anything that I set my mind to. Thank you for supporting my decision to further my education in order to make my dreams come true.

To the rest of my friends and family- Thank you all for the outpouring of love and support that I have received over the past three years. The people in my life who have stood by me throughout this process have made every sacrifice worthwhile.

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## CHAPTER 1: INTRODUCTION

### Introduction

When researching transgender care in rural areas very little information can be located. Even less can be found about establishing transgender care networks or any transgender care in rural communities. This lack of literature could certainly be the reason that transgender care is difficult for those in rural area to access or locate. Practitioners may feel that they are not qualified to provide care to transgender individuals. They may also be unsure of how to go about establishing services in their area. The authors hope that this article can be a small step in rectifying that situation.

The purpose of this article is to review literature surrounding rural transgender care and to outline a professional, interdisciplinary transgender care network in a rural community. The authors will discuss relevant literature in the field of rural transgender care and where more research and discussion is needed. A comprehensive literature review of rural transgender care was conducted using the ProQuest database PsychINFO and PsychArticles. The keywords used were: rural, transgender, care, and gender dysphoria. The keywords were used in multiple combinations to ensure that all research relevant to the purpose of this article would be uncovered. The authors also included in this literature a few key articles related to transgender issues outside of the realm of rural practice. This was done to provide adequate information for those practitioners interested in establishing transgender care in their area.

The authors will describe in detail an existing transgender care network in a rural community in Michigan. This network includes a number of different providers and treatment options, with a social worker training providers and referring clients to resources. The process of setting up the network, training all providers involved, and referring clients to their needed

resources will be discussed for those interested in establishing a similar system. Additionally the authors will include information for physicians interested in establishing transgender care within their practice.

## CHAPTER 2- LITERATURE REVIEW

### Literature Review

The term gender dysphoria refers to the DSM-5 diagnosis of a severe emotional distress caused by a marked incongruence between one's identified gender and the gender they were assigned at birth (American Psychiatric Association, 2013). It is often used interchangeably with the term transgender, meaning a person who identifies with a gender other than the one they were assigned at birth (Stroumsa, 2014). Although related, it is important to note that these terms describe two very different things. Gender dysphoria is the emotional distress caused by gender incongruence and transgender is the identity of having gender incongruence. A transgender person may wish to undergo treatment for gender dysphoria, which is often to transition from one gender to another. Transition has three main aspects: social, medical, and legal (Collazo, Austin & Craig, 2013). Social transition is identifying as the new gender and adopting name, pronouns, and lifestyle that coincide with that gender. Medical transition is the act of physically changing form one gender to another through the use of hormone replacement therapy, gender reassignment surgery, or other cosmetic procedures. Legal transition would be legally changing the name and gender marker on one's identification.

For many transgender people the process of transition is an essential step toward living as their complete and honest selves but this is very difficult if resources for transition and mental health are not made available. In most states transgender resources are few and far between and the struggle to find services is made especially difficult in rural communities and conservative states (Koch & Knutson, 2016). Because transgender care is not limited to one discipline, finding comprehensive treatment is difficult, even for those lucky enough to have located some resources. This lack of resources is due in part to a lack of training among social workers and

medical professionals in how to care for transgender clients in a holistic way (Parameshwaran, Cockbain, Hillyard & Price, 2016; Austin, Craig & McInroy, 2016).

Treating gender dysphoria and assisting in transition for a transgender person is not a job that can be fully accomplished by one well-intentioned care provider. This task spans across many different disciplines and specialties including, but not limited to, mental health care, primary health care, speech therapy, body hair removal, and cosmetology (Wylie et. al, 2016) It is nearly impossible for one care provider to specialize in all of these fields so it becomes the responsibility of the client to locate and coordinate these resources. This may be easier to do in urban areas, leaving transgender people in rural areas struggling to get the transition care that they need (Koch & Knutson, 2016). Some internet resources have been established to compile lists of transgender care providers in order to assist in this process. However, more often than not, this result in clients having to travel long distances to secure the individual resources they need (Koch & Knutson, 2016). Until comprehensive transgender care centers can be established across the nation, which is the authors goal for their own network, it is necessary for professionals to bridge the gap between services and train their colleagues and fellow service providers in effectively treating transgender clients locally.

### **Standards of Care**

Historically, very little research has been completed that relates to the transgender community. In the 1940's Harry Benjamin became a world-renowned transgender expert and advocate establishing standards of care that were used for many decades (Wylie et. al, 2016). Since that time organizations such as the World Professional Association for Transgender Health have moved to the forefront of transgender care research and health care policy, conducting studies and issuing standards of care that are recommended across the globe. These standards of

care are written in a way that allows them to remain flexible and therefore easier to adapt to a specific client's needs in the transition process [World Professional Association for Transgender Health (WPATH), 2012]. Health care workers and mental health providers are expected to be knowledgeable of these standards of care and are also encouraged to seek out training and supervision from a professional who has been previously trained in them (WPATH, 2012). The standards of care lay out the transition process, including the type of referrals that should be made when progressing to each step with a client (WPATH, 2012). WPATH has, however, done away with the lived experience requirement for hormones and surgery. This change was made in order to ensure the safety of those pursuing transition as well as to ensure that each transgender person would have the power to control their own transition in order to achieve the comfort they are looking for (Wylie et. al, 2016). The standards of care also identify the various roles mental health care workers can play in the care of transgender individuals. These roles include that of the psychotherapist, counselor, or family therapist, the educator or advocate, and the diagnostician (WPATH, 2012). All of these roles can be easily filled by a well-trained social worker.

### **Social Work in Transgender Care**

Social workers have a pivotal role to play in the area of transgender care. The authors' experience suggests that much of transgender care requires connecting clients to resources, advocating for culturally competent client care, empowering the client to take control of their transition, and supporting the client through the turmoil that the transition process can sometimes be. These are all things that social workers are uniquely trained to do. The authors' transgender care network has a social worker at its center because they are so uniquely trained and can fill many roles for clients and assist them in many ways.

Research compiled by Collazo, Austin, and Craig (2013) demonstrates the value of a social worker in transgender care. The most important role a social worker can take on behalf of a transgender client is that of the advocate (Collazo, Austin & Craig, 2013). This may be because in transgender care a social worker could be advocating for their client on several different levels. On an individual level a social worker refers clients to services and ensures that they get the treatment that they need. In order to be a truly competent advocate to the transgender community on this level a social worker must educate themselves about transgender issues and model culturally competent behavior for other professionals their client may come into contact with throughout their transition (Collazo, Austin & Craig, 2013). It is not acceptable for a social worker to rely heavily on the client to educate them about the transgender community. Of course it is always necessary to listen to the individual experiences of gender for each client and empower them to take control of their transition in their own way (Collazo, Austin & Craig, 2013) but a social worker should have their own knowledge of transgender care to pull from.

On an interpersonal level a social worker may advocate for a client within the client's family during the coming out process. Social workers are invaluable when facilitating the coming out process with clients. White Holman and Goldberg (2006) suggest that the clinician facilitate the coming out process by evaluating with the client their readiness to come out and how safe it is for the client to announce that they are ready to take the next step in their transition (as cited in Collazo, Austin & Craig, 2013). To further support their client the social worker could invite the client to bring the people they would like to come out to into the therapy session so that during the conversation the clinician will be able to assist the client in whatever way they may need. In the authors' experience, this may also include advocating for a minor's access to transition services. Often parents are concerned about whether or not their child should move

forward with transition and the social worker takes on the role of advocating for the child. In the authors' experience a social worker could ease the parents' fears by educating about the benefits of hormone blockers, which can delay puberty and give the child time to decide whether or not they want to move forward with transition. This advocacy could also be as simple as compiling research for parents on transition in younger populations and discussing the risks and rewards of starting transition before or during puberty. Parents may fear that beginning transition will lead directly to surgery. Educating them about the non-surgical options for transition, including hormone blockers and hormone replacement therapy may help them to begin seeing new possibilities for their child.

On a community level a social worker may be required to ensure that the client's school, workplace, physician's office or other often used services are properly prepared and trained to be and environment. In these situations it may again be useful to model the culturally competent behavior that should be used in the places where the client needs to feel safe (Collazo, Austin & Craig, 2013). Providing trainings to the service providers who are likely to work with transgender clients can be immensely beneficial. This training will often include education on pronoun usage, preferred name use, and terminology specific to the transgender community. As always, there is larger scale advocacy as well, in which social workers strive to create policy change in order to better protect and serve the transgender community as a whole. Social workers can also work to reduce the stigma on the transgender community. The DSM-5 has come a long way in depathologizing the transgender identity by changing Gender Identity Disorder into Gender Dysphoria (Collazo, Austin & Craig, 2013). This change has shifted the focus of treatment from treating the gender identity to instead treating the distress that is created by gender incongruence and body dysphoria. Remaining up to date on policy change within a

client's specific state or county is vital to the legal aspects of transition and allows the social worker to guide their client through the process of name change or gender marker change. Name change requirements vary from state to state and sometimes even county-to-county so it is important for the clinician to remain up to date so that they may provide their clients with the best information possible (Collazo, Austin & Craig, 2013). Social workers can advocate for their transgender clients during their legal transition by speaking with judges and other public officials about how to make the process as smooth and stress free as possible for clients. Gender marker change can be very tricky in states that require specific surgical procedures in order to qualify. The informed social worker can guide their clients through this process with the least amount of client distress possible.

### **Medical Aspects of Transgender Care**

As vital as a social worker is to the social and legal aspects of transition, they would not be able to assist their clients through physical transition without the help of skilled and competent health care providers. There is a misconception among health care providers that only an endocrinologist or other specialist can work in transgender health care. This is far from accurate. According to Wylie and colleagues (2016) primary care practitioners can handle a majority of transgender services, whether that is a family physician, a nurse practitioner, a physician's assistant or a specialist. Transgender clients need all kinds of health services from trained and affirming practitioners. A national survey has found that 23% of transgender individuals may avoid regular physicals or health care (James, et. al, 2016). In the authors' experience this is because of their dysphoria and previous negative experiences in the health care environment. This is the point where cultural competency is critical, especially in rural communities. Prejudice and lack of knowledge among health care providers negatively impacts

access to transgender care in those communities (Koch & Knutson, 2016), but this can be combatted through training of the provider and staff about what transgender really is and how to effectively work with transgender patients.

Many health care professionals remain unaware that a primary care provider can administer hormone replacement therapy. It is recommended that inexperienced practitioners receive training from a provider that has experience administering hormones since there is little in the way of formal training while in medical school (Wylie et. al, 2016). Acquiring this type of one-on-one training can be difficult in a rural environment and may require creative methods of sharing information with other practitioners from a distance. The process of hormone therapy requires regular blood tests in order to ensure that the client's system remains properly balanced and they do not develop too many negative side effects (Wylie et. al, 2016). Because of the regular upkeep it is vital that the client be able to maintain consistent contact with their health care provider. It is also important to maintain consistent care with no disruption in treatment because ending hormone therapy is often traumatic for the patient and leads to worse mental health outcomes (Wylie et. al, 2016). Health care providers need to not only be trained in how to administer hormones but also what steps need to be taken to assess for hormone therapy eligibility (Wylie et. al, 2016). In many states it is required that a mental health professional assess a patient's eligibility and make a referral to the health care practitioner. The authors' experience has shown that it is important that the social worker and primary practitioner have a good working relationship that allows them to communicate about a shared client's needs throughout transition. The WPATH standards suggest that transgender women undergo hormone therapy for one year before getting breast implants for best results, and that all transgender clients undergo hormone therapy for one year before moving forward to genital reassignment

surgery (WPATH, 2012). It should be noted, however, that the standards of care are left open enough for transgender care professionals to assist their clients in achieving the transition that is most suitable for them on a schedule that is comfortable for them.

The surgical aspects of medical transition cannot be performed by a primary care physician and require thorough assessment of the client prior to treatment (Wylie et. al, 2016). The WPATH standards of care require two referral letters in order for a transgender person to move forward in the process of genital reassignment surgery (WPATH, 2012). This is because the process of genital surgery takes a much larger toll on a client than hormone therapy or chest reconstruction surgery. The additional letter needs to be written by a psychologist and involves a more thorough evaluation of overall mental health. In the authors' experience the second evaluation can be long and stressful for clients so it is important that the social worker explains the process thoroughly and prepares the client for any stress they may feel. Medical transition can also include facial surgeries and other surgeries to help transgender people to better align with the gender they identify with (Wylie et. al, 2016).

### **Other Aspects of Transgender Care**

Physical transition is not limited to medical procedures and can also include the services of hair removal specialists, speech therapists, image consultants, and cosmetologists (Wylie et. al, 2016). Accessing these resources can be very anxiety inducing for transgender clients who may not feel comfortable in these settings. Hair removal specialists are utilized for hair removal for both cosmetic reasons and in preparation for reassignment surgery. Speech and language therapist work closely with clients to help to naturally alter their voice so that it more closely resembles the gender they identify with (Wylie et. al, 2016). Image consultants are utilized occasionally to help clients master the art of dressing as their identified gender (Wylie et. al,

2016). Many transgender people feel very self-conscious about possibly wearing androgynous clothes or hairstyles. An image consultant helps the client to perfect their look, but unfortunately is not often an option unless the client lives in an urban area. Transgender clients in a rural area may instead rely on a cosmetologist to give them advice on their hair, makeup, and overall appearance, or they may rely on their support group.

Group work with transgender clients is immensely important and effective. It is the experience of the authors that group work provides an excellent way to relate all the treatments available to one another. Clients are able to discuss experiences they have had utilizing the care network's resources and give each other advice and encouragement relating to their transition. Clients working within a group are able to share experiences about their social transition (Collazo, Austin & Craig, 2013) and help each other to work through situations that may have come up since the last individual session (Dickey & Loewy, 2010). Group work with transgender clients can vary drastically depending on the needs of the community (Dickey & Loewy, 2010) however, some guidelines remain true regardless of the group type. For instance with transgender clients it is immensely important to screen clients to ensure that they are a good fit for group before inviting them to join (Heck, Croot & Robohm, 2015). Clients who are not mentally ready for the group experience can easily become overwhelmed by the amount of information and detail shared within an open format support group. Clients who are not socially prepared for the group experience can become detrimental to other group members' progress (Heck, Croot & Robohm, 2015). Group work can be incredibly helpful to the process of social transition by socializing clients in a controlled environment and allowing them to test their new social norms as they navigate gender (Dickey & Loewy, 2010).

## **Rural Transgender Care**

A literature search for studies relating to the rural transgender community turns up very little. Most research relates to the LGBT community and fails to identify the differences between transgender identities and experiences, and the experiences of those who identify as lesbian, gay, or bisexual. One article (Koch and Knutson, 2016) focused on case studies of rural transgender clients and the struggles they faced when trying to access care. Some obstacles to care include transportation, time, cost, and identifying resources (Koch & Knutson, 2016).

In many ways the obstacles of transportation and time are very much linked. Rural transgender clients may have to travel over great distances in order to access services. A client could be driving for hours to get to an appointment with a care provider that could take just as long depending on the services (Koch & Knutson, 2016). This can become incredibly frustrating if a client does not have their own vehicle or if they have numerous appointments in various different locations. There is a need to centralize services for rural transgender clients as well as more long distance methods of meeting client needs. This could include tele-therapy for counseling sessions or the further development of speech therapy apps that can allow transgender clients to travel less to access services.

Cost is an obstacle that is closely linked to transportation. The price of gas or public transportation can be above and beyond what a client can afford, especially considering that rural clients are more likely to have lower incomes (Koch & Knutson, 2016). Rural clients are also more likely to be uninsured and less likely to know whether or not their insurance will cover service, meaning that the price of medical services could be coming directly out of their pocket (Koch & Knutson, 2016). Some solutions to this obstacle could be to charge on a sliding scale for clients whose insurance does not cover gender services or connecting clients to resources that

can help them pay for some of their expenses. Agencies utilizing a sliding scale system of pay could look to grants or other funding sources to offset their costs.

Locating friendly and accepting resources can be difficult for clients located in a rural community. Often times resource websites are out of date or only include a couple of options that may be too far away (Koch & Knutson, 2016). One way to ensure that clients have access to friendly and affirming resources would be to compile a list of area resources that would be easy for clients to access and providing this information during individual or group therapy sessions. In rural areas locating all the necessary resources can be nearly impossible (Koch & Knutson, 2016). It may then become necessary for the social worker advocate to locate area services that could be trained in how to be affirming and safe for transgender clients.

Throughout the review of the literature it became very clear to the authors that the topic of rural transgender care networks was not an area that has been heavily researched. A handful of useful articles can be found on what an effective transgender care practice looks like in either the medical or mental health field. Rarely do you see these two fields talked about as working in tandem with one another, let alone with all of the additional services that transgender clients require. When searching for rural transgender care even less can be found, making the pool of studies very small for research purposes. No information could be located that discussed establishing an interdisciplinary care network for transgender clients in any community, rural or urban. There is a clear gap, not just in the current body of research but also in services.

Transgender clients in rural communities deserve the same quality care that can be found in urban areas. By training other professionals in cultural competency and establishing connections across disciplines social workers can begin to centralize services and ease the stresses of transition for so many transgender people.

## **CHAPTER 3- GREATER MICHIGAN GENDER SERVICES**

### **Greater Michigan Gender Services**

One program's experience illustrates a network that connects professionals from various fields in a way to provide comprehensive treatment opportunities for clients. Greater Michigan Gender Services is a transgender care network, run by a dedicated social worker in a rural community in middle Michigan. The social worker acts as the client advocate, ensuring that each client has access to the treatments and services they need. Through group therapy the clients can then share their various transition experiences and benefit from one another. The social worker also refers to many care providers including a physician. The physician focuses on safety and ensuring that every client is well informed and on track for the transition they see for themselves. The following sections will describe this network in detail in an effort to inform other practitioners.

### **Role of the Social Worker**

As the literature has shown, social workers have a vital role to play in transgender care. The network that the authors are a part of is one that began with a single social worker in search of services for transgender clients. The role of the social worker in a network such as this is that of an advocate and case coordinator. Setting up such a network can only happen if the social worker is willing to be an advocate that locates the needed services and creates those that cannot be located.

When attempting to establish a transgender care network it is important to first determine what services transgender individuals in the area need. These services could include physicians, speech therapists, hair removal specialists, or psychologists for second referral letters. Most of these services should be available in some form within the surrounding areas. In rural areas the

search radius may need to be extended and the social worker may need to find ways to bring services into their community. This could be accomplished by providing space for an out of town provider to see clients on a semi-regular basis. As an advocate the social worker should make every attempt to locate services that could be made available to their clients.

After locating potential service providers the social worker should begin the process of selecting which providers they would like to include in their network. The social worker should look for providers who are already sympathetic to the LGBTQ community if at all possible. The providers selected should be interviewed about their current knowledge of transgender issues and their willingness to expand their practice to one that is friendly to the transgender community. During this process it may be necessary for the social worker to evaluate the intake paperwork of the providers they have selected. Intake forms are one of the first impressions potential clients may get of a practice or care provider. It is important that these forms do not impose gender roles on clients in any way and allow the client to be referred to by their chosen name.

Once providers have been selected the social worker would further their work as an advocate by educating providers and staff about transgender issues. This training should be an introduction to the area of transgender care. Topics discussed should include, but are not limited to, definitions of various transgender identities, proper name and pronoun uses, and gender-neutral language use. It is the social worker's responsibility to ensure that every service they refer clients to has been trained in transgender affirmative care and is up to date on the latest in transgender care research and knowledge. The social worker should bring any advanced training they receive in transgender issues back to the providers in their network. This will allow every professional in the network to stay up to date, allowing transgender clients to access the best care possible.

Once the care network is established and trained, the social worker can take on the role of case coordinator. This means interviewing clients to determine what services they may need to achieve the transition that they have in mind for themselves. The social worker should keep in mind any special conditions that may make clients suited for some providers over others. For example, a client with a complex medical history may require a physician better equipped to maintain difficult hormone levels. For this reason it is important to have options in care providers for clients wherever possible. The social worker's role as case coordinator does not end once the necessary referrals are made. The social worker should remain available to clients as they go through transition in case further needs become apparent. If the population in the area is large enough it may be within the social worker's role to host a support group for transgender and gender variant individuals. A support group would allow clients to share their experiences with one another and could also give the social worker insight into how the network is serving its clients.

### **Role of the Physician**

There is a misconception in the field of medicine that transgender care can only be taken on by a specialist with years of training. This misconception has undoubtedly contributed to the shortage in transgender health care options. However, it is relatively easy for a physician to convert their practice into one that can provide competent and compassionate care to transgender individuals seeking transition services. One of the authors has established this type of competent and compassionate, transgender inclusive practice. This author's experience informs the following guidelines on beginning transition related services in an established practice.

The first step in establishing transgender services within an existing practice is for the physician to educate themselves about hormone replacement therapy protocols for transgender

patients. Many scholarly resources are available, the most reliable being the WPATH Standards of Care (WPATH, 2012). Accessing protocols from established clinics or physicians may also be beneficial but should always be checked against WPATH standards to ensure that the best care is being delivered.

The second, and most important step is to create detailed consent forms. These consent forms should include a wide range of information about the process of transitioning with hormone replacement therapy. Risks associated with hormone replacement therapy should be clearly stated and require a patient initial or signature. Consent forms should also include detailed information about the level of care associated with hormone replacement therapy. This could mean laying out an outline for how often blood work and follow up visits is required. It could also include detailed instruction on how patients use their medication. Finally a time line of anticipated changes should be included so that the patient is prepared for the results of their transition. A detailed set of consent forms with multiple signatures or initials required ensures that the physician does not skip over any vital information during the initial visit. The physician's primary concern should always be patient health and safety.

Once the physician is well informed on the topic of hormone replacement therapy and has created consent forms that ensure the safety and health of the patient it is time to begin training staff. Training staff to be caring and compassionate to transgender patient needs is crucial, especially if patients will be visiting a shared office or practice. It is important that the physician encourage staff to use gender-neutral language as often as possible and explain to the staff what kind of practice they are trying to create. It would also be beneficial to ask the social worker at the center of the transgender care network to provide some training to staff on proper language

and cultural competency. Once the consent forms are drawn up and the physician and staff are properly informed the practice can begin seeing transgender patients seeking transition services.

It is not necessary to become the primary care provider for every transgender patient that a physician sees. It can be easier to originally begin seeing them specifically for their transition needs. If a primary care physician is something that the patient needs then that can be discussed, but taking on every transgender client as their primary care provider can overwhelm a small practice. The physician's role in this type of network should be to provide transition specific care to patients referred to them by the social worker. The physician can assume that the patient has already been screened by the social worker for any mental health problems. However, it is important to review the referral letter carefully for each new patient. This letter should include information about other health problems or mental health concerns that may be important when deciding the best course of treatment. The letter should also detail the symptoms of gender dysphoria that the patient has reported. With this information in hand the physician should focus their intake on the physical changes that the patient would like to see as a result of HRT and the dysphoria that they experience.

As with any other population special circumstances may arise through the course of HRT. One of those concerns may be other medication that the patient is currently on. Some mental health medications may be able to be reduced or eliminated throughout the course of hormone replacement therapy and it is important to discuss these changes with the patient. If other problems occur, such as a patient not absorbing the medication properly, refer back to protocols previously researched or reach out to more established clinics. As the field of transgender care continues to grow it is important that professionals maintain helpful relationships with one another to ensure the best care for patients.

## CHAPTER 4- DISCUSSION

### **Discussion**

Even with growing awareness of transgender issues there remains a clear gap in transgender care in rural environments. Services can be difficult to locate or non-existent in rural environments. This could be due to a lack of transgender specific training among professionals that could provide care. Clients often are required to be their own advocate or travel great distances to find the services that they require. Transportation and cost are two barriers to rural transgender care that are closely linked (Koch & Knutson, 2016). The cost of transportation added on to the cost of services could be enough to discourage those in need from seeking treatment. Without proper care transgender people will continue to suffer from untreated gender dysphoria.

Social workers have a key part to play in providing care to transgender individuals. As advocates and clinicians social workers have the ability to serve transgender clients on several levels, improving their life in a more holistic way. Social workers can advocate for services in areas that may not have experience in transgender care. They can also treat clients in the clinical setting and refer them to other services they may need. Social workers need to be trained in how to address the problems in transgender care. This type of education could not only improve the well-being of the transgender community but could improve social workers' ability to advocate for client within other vulnerable populations.

Medical professionals also require further training in transgender topics. It is a common misconception that only specialists can provide to care to patients seeking transition services. Primary care providers and general practitioners are capable of providing many transgender services within their own practice. Standards of care and hormone protocols are easily available

to any practitioner who plans to add transgender care to the services that their practice or clinic provides. With increased awareness of these facts there could be an increase in the availability of care for transgender people seeking transition.

## CHAPTER 5- RECOMMENDATIONS

### Recommendations

Further research and education is needed in the field of transgender care. Those in the helping professions need to make a priority of serving this vulnerable population in order to improve their quality of life, especially in rural communities. The authors suggest that social workers and health care providers should be at the forefront of this effort.

Social workers can play a key role in increasing the availability of services by locating existing services in their community that are sympathetic to the transgender population. Through the education and training these providers, social workers can create transgender friendly services in rural communities where none previously existed. In this way social workers are not only advocating for transgender inclusive services, but also creating them. Social workers can also serve the important role of clinician and case coordinator for transgender individuals in their rural community. This can be accomplished by providing transgender inclusive counseling services, making their own practice or agency affirming and accepting, and referring to preapproved service providers in the area.

Medical professionals such as physicians must also play a greater role in advocating for transgender inclusive care. This can be accomplished quite easily by abiding by the WPATH standards of care. Once a physician or other health care provider is educated on the protocols for hormone replacement therapy it is easy to retrain staff and create an inclusive and culturally competent environment within an established practice. The health care provider's main priority should be that the patient is safe, healthy, and informed about the treatment they are receiving.

## CHAPTER 6- CONCLUSION

### **Conclusion**

Establishing a professional, interdisciplinary transgender care network in a rural environment may seem like a monumental task. However, with a skilled social worker at its center, working as an advocate and case coordinator it can be accomplished relatively easily. The network detailed in this article is an example of how professionals from various backgrounds and educations can come together to provide affirming, inclusive care to an area that otherwise would offer very little to its transgender community. Until transgender issues are made a part of social work and health care education, providers must make the effort to educate themselves and advocate for their clients and patients. The authors hope that this article assists other professionals in providing the kind of care that transgender individuals in all communities need so desperately.

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