HELP!
I NEED SOMEBODY!
CONSIDERATIONS WHEN WORKING WITH THE TRANSGENDER COMMUNITY
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Statements from ASHA website
- Individuals who are transgender may elect to have voice and communication therapy to help them use their voice in a safe way. The speech-language pathologist (SLP) provides voice and communication training. The SLP will look at a variety of aspects of communication:
  - Voice production
    - Vocal quality
    - Pitch
    - Resonance
    - Intonation and stress patterns (the rhythm of speech)
    - Volume/intensity
    - Rate (how fast or slow the person speaks)
  - Language
  - Speech sound production (articulation)
  - Pragmatics (social rules of communication)
  - Nonverbal communication

What do we hope to accomplish with this population?
- Aid each client in achieving a gender congruent voice in an efficient and safe manner.
- Client-specific treatment plans
  - Behavioral intervention, surgery or a combination of the two

Who makes up a typical transgender voice caseload?
- Most clients seeking voice/speech therapy are transfemales.
- Hormone therapy has not been perceived to have a significant effect on voice or the perception of feminine voice.
- 10-25% of transmales seek our services.
- 75-90% of trans men will achieve acceptable voice results, lowering of pitch into a gender neutral or male range, after 6-8 months of hormone therapy.
- Male speaking patterns must be learned through behavioral therapy.
  - Difficulty adjusting to laryngeal alterations
  - Difficulty naturally adopting male speaking patterns

Evaluation considerations
- Every individual client needs to undergo a thorough voice evaluation before starting therapy.
- Identify or rule out any pathology, laryngeal irritants (e.g., reflux) that would compromise the voice modification process.
  - Observe client's vocal profile
    - Habitual speaking pitch, overall accessible pitch range
    - Habitual breathing/tone, overall accessible range
    - Resonant quality (comfort)
  - Voice quality (CAP-V)
  - Aerodynamic capabilities
  - Stabilization
    - Role play scenarios – observe what client considers feminine presentation
    - What does their comfort zone look like? How willing are they to jump outside those boundaries?
  - Counseling
    - Discuss client's perception of his/her voice
    - Listen to other voices for comparison, assessment development
    - Provide a safe, secure enabling environment that supports voice exploration

Table I: Voice characteristics of gender neutral voice

<table>
<thead>
<tr>
<th>Gender</th>
<th>Perceived Voice Characteristics</th>
</tr>
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<tbody>
<tr>
<td>Female</td>
<td>5 3 4 3 5</td>
</tr>
<tr>
<td>Male</td>
<td>2 1 6 2 5</td>
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Table II: Voice characteristics of gender neutral voice

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Establishing treatment goals

- Consider the client’s
- Specific communication needs
- Biological constraints
- Personality
- Age, generation, cultural influences
- Access to therapy
- Goal importance
- Transfer and maintenance

Behavioral treatment considerations: PITCH & RESONANCE

<table>
<thead>
<tr>
<th>Feminization</th>
<th>Masculinization</th>
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<td><strong>Pitch</strong></td>
<td><strong>Resonance</strong></td>
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| Pitch markers for perception of female voice:  
- Avg. speaking pitch = 180 Hz, range of ~140-300 Hz.  
- Male range: ~200-350 Hz, female range: ~140-200 Hz.  
- Increased speaking pitch contributes to voice feminization, but does not necessarily result in listener perception of speaker as female  
- Proximity of habitual pitch to pitch floor |
| Feminine communication patterns targeted for transfemale clients  
- Upward intonation patterns  
- Larger pitch range within utterances |
| Masculine communication patterns targeted for transmale clients  
- Decrease pitch variation, while avoiding monotonicity  
- Intensity as a perceptual cue to convey information  
- Males tend to speak slightly louder than females  
- Transfemale clients will benefit from modification of their loudness range to maintain desirable aspects of feminine voice quality  
- Male speakers tend to accent/stress points with shifts in loudness more noticeably than with pitch |

Therapy Approaches to address pitch modification

- Resonant Voice Therapy  
  - Increased forward resonance fosters feminine voice quality & increased speaking pitch with focus on easy production – goal: no laryngeal strain or effort |
- Flow Phonation  
  - Balanced exhalation and phonation to achieve vocal efficiency powered by adequate airflow  
  - Target desired speaking pitch (somewhat breathy/light for MtoF; stronger/heavier/louder for FtoM)  
- Vocal Function Exercises  
  - Voice exercises designed to strengthen and balance laryngeal musculature & achieve balance between airflow and muscle effort |

Surgical Intervention Considerations

- Target with trans female clientele = elevate pitch by altering vocal fold tension, mass or both  
  - Vocal fold elongation: Cricothyroid approximation procedure  
  - Suture front aspect of thyroid cartilage to cricoid ring  
  - Pitch lowers over time as tissues stretch or sutures pull through cartilage |
  - Vocal fold reduction procedure  
  - Can be combined with laryngeal prominence reduction and/or shortening of the pharynx |
  - Increase tension: produce scar on vocal folds |
  - Results are variable as healing and scar production can be unpredictable |
  - Voice is likely to be softer and rougher, but it may be easier to use |

- Surgical intervention is rarely indicated with trans male clients  
  - Relaxation thyroplasty is possible to reduce vocal fold tension  
  - Voice is more likely to be softer and rougher, but it may be easier to use |

Behavioral treatment considerations: INTONATION & INTENSITY

- Pitch variability when speaking  
  - Feminine communication patterns targeted for transfemale clients  
  - 1-2 pitch inflections per minute  
  - Larger pitch range within utterances  
  - Increased pitch range, while avoiding monotonicity |
| Intonation & Intensity | |
Other communication considerations

- Speaking rate and articulation
  - All rates vary across individuals
  - Rate (whether slow or fast) can be used to signal the speaker's confidence, personality, or the emotional tone of the message

- Articulation
  - Articulation refers to the precision of speech sounds, not just the sound itself

- Volume
  - Volume can be used to signal the speaker's confidence, emotion, or how much the speaker believes in the message

- Language
  - Vocabulary
    - Tag phrases, hedges, conditional clauses associated with feminine language patterns
  - Pragmatic elements
    - Laughter & other non-speech vocalizations that can draw negative attention
  - Nonverbal communication
    - Body language and movement
    - Posture
      - Relationship to communication partners

References

- Schneider, Amy, MS, R.P.C.O.C. & Grant, Mark, MD (2011). Transgender voice and communication - vocal health and considerations. Article available on UCSF Medical Center website.
- Refer to citations included with this slide for surgery-related, acoustic and aerodynamic research with this client population.