THE ROLE OF THE SPEECH LANGUAGE PATHOLOGIST WORKING WITH THE TRANSGENDER COMMUNITY:

IT'S MORE THAN JUST VOICE

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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
    - articulation and stress patterns (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 client population?

- Aid each client in achieving a gender congruent voice in an efficient and safe manner.
  - Address client-specific treatment goals, including vocal health
  - Consider behavioral intervention, medical/surgical intervention, or a combination to reach physiological voice goals
  - Work with a team of healthcare professionals to address the needs of each client holistically

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 patients seek our services.
  - 75-90% of transfemales will achieve acceptable voice results, lowering of pitch into a gender-neutral or male range, after 4-5 months of hormone therapy.
  - Masculine and feminine speaking patterns are learned through behavioral therapy.
  - Difficulty adjusting to hormonal changes
  - Difficulty accurately adopting new speaking patterns
  - The profile of this client population is evolving fast!

Gender Continua

The way one thinks and feels inside about their gender.
Understanding how dysphoria impacts the therapeutic process

### Pre-Evaluation considerations

- Client readiness for speech/voice therapy
  - Can they commit time and resources to working on voice?
  - They will be hard work that requires their focused attention.
  - How much will the client be able to practice what is learned in therapy?
  - How many opportunities will the client have to use their new voice and communication skills?
  - Is the client emotionally ready? Do they have a support network to help them practice, encourage motivation?
- Referral source
  - Self
  - Are they seeing a counselor, endocrinologist…is there a team involved in client care?
  - What are their overall expectations?
- Healthcare professional
  - Is your client ready for voice work?
  - Establish client’s preferred pronouns and terminology for your interactions

### Evaluation considerations

- Every transgender client needs to undergo a thorough voice evaluation before starting therapy
  - Identify and rate their overall pronunciation, laryngeal outcomes (e.g., whether they would compensate for voice modification process)
- Obtain client’s vocal profile
  - Habitual speaking rate, overall accessible pitch range
  - Habitual loudness range, overall accessible range
  - Intonation patterns / contours
  - Voice quality (LADY) 
  - Aerodynamic capabilities
- Self rating scales
  - Voice Handicap Index, Jacobson et al. (1997)
- Dynamic assessment
  - Role play scenarios – observe what client considers their gender presentation to be.
  - Consider their ability to match pitch, recognize differences regarding voice production.
  - What does their comfort zone look like? How willing are they to stretch beyond those boundaries?

### Related assessment tools

#### Transgender Specific Tools

- Transgender SIF Voice Questionnaire
  - Davies and Dacakis (2012)
- Transgender Self-Evaluation Questionnaire
  - Davies (2012)
- Transgender Congruence Scale
  - Kivell et al. (2015)

#### Other Recommended Assessment Tools

- Self Concept Questionnaire
- Multi- dimensional scale of perceived social support
  - Zimet, Dahlem, Zimet & Farley (1988)
Transition to treatment

<table>
<thead>
<tr>
<th>Therapy Plan</th>
<th>Treatment Goals</th>
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<td>- Vocal health</td>
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<td>- Resonant voice</td>
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<td>- Pitch and intonation</td>
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<td>Foundational work first... Increase complexity with carryover throughout treatment.</td>
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<td>- Length of treatment varies</td>
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<td>- Consider the client's specific communication needs</td>
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<td>- Age, generation, cultural influences</td>
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<td>- Vocal resonance</td>
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<td>- Transfer and maintenance</td>
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Some receptive work is often needed

- Clients vary in their perception and understanding of which aspects of voice and communication are incongruent.
- Identify models that emulate clients’ gender identity and review video clips to develop awareness of specific communication markers related to gender.
- Design homework creatively to encourage awareness development.

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 voice quality (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

Be ready for a bumpy ride!

- Treatment is led by the client's goals with some agreement about what they think sounds masculine/feminine.
- Clients' desires and goals shift, especially with non-binary clients.
- David Azul: Perception changes so much based on a person, context, media, language, style, where a person is focusing their listening attention, etc.
- As clinicians, we need to:
  - Be open to changes.
  - Be supportive, guiding forces as clients develop their own awareness and identify with particular aspects of speech/voice.
  - Consider creative ways to schedule therapy accordingly.
  - Be a confident, relaxed vocal model.

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Remember your voice physiology...

- Be ready to explore with your clients how they might shape their vocal tracts in various ways to eventually produce a voice quality.
  - That fits them, their personality, their gender identity
  - That is physically reproducible without laryngeal damage or chronic vocal fatigue
- Consider all the places within the vocal tract where vocal resonance can be directed.
  - Spend some time in discovery mode.
  - Encourage your clients to play with their voices.
  - Be a confident, relaxed vocal model.
Behavioral treatment considerations:

**INTONATION & INTENSITY**
- Pitch variability when speaking
  - Frequency variation across intervals
  - Rate varies across individuals
- Emotions: speak with a natural pitch
  - Anger: speak up
  - Happiness: speak down
- Specific task or activity
  - Keep pitch variation minimal
- Practice in online chats or video games

**Other communication considerations**
- Speaking rate and articulation
  - Rate varies across individuals
  - Articulation rate: some people might speak with this population, more about precision and clarity and appropriate word choice
- Vocal fold mass and length
  - Vocal fold mass: affect voice and resonance
  - Vocal fold length: affect pitch and range
- Vocal fold tension
  - Tension in the vocal cords affects the pitch
- Posture
  - Posture affects the sound production
  - Posture can affect the pitch

**A word about motivation**
- Clients need to view voice changes as a reason to develop new skills, not the primary goal of practice.
- There are strategies to encourage career goals and ownership of skills.
- Develop a hierarchy of speaking situations from easy to difficult, gradual step by step.
- Encourage clients to build endurance into their routines.

**Resources**
- **Human Voices Project**: Glossary of gender-related terms
- **University of Illinois Springfield, Gender and Sexuality Student Services**: Resources
- **Perspectives**: Viewpoint articles

**Surgical Intervention Considerations**
- Target with trans female clients
  - Speech: pitch by altering vocal fold tension, mass or bulk
  - Vocal fold approximation: reduction in voice quality and range
  - Reduction in vocal fold tension
- Target with trans male clients
  - Speech: pitch by altering vocal fold tension, mass or bulk
  - Vocal fold approximation: reduction in voice quality and range

**Shout out to SLP colleagues**
- **ASHA SIG 3**: Voice and Communication Treatment for Voice Clinicians
- **Transgender Voice and Communication Training for Gender Expression**: Webinar
  - Wednesday, August 1, 2018, 1:00-3:00 p.m. Eastern time
References

- Schneider, Sarah, MS, SLP-CCC & Courey, Mark, MD (2014). Transgender voice and communication - vocal health and considerations. Available on UCSF Medical Center website.
- Refer to citations included with this article for surgery-related, acoustic and aerodynamic research with this client population.