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Nicholas Brock

Eastern Kentucky University, nicholas_brock13@mymail.eku.edu

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EASTERN KENTUCKY UNIVERSITY

Searching for a Voice:
An Introduction to Transgender Voice and Communication Therapy

Honors Thesis
Submitted
in Partial Fulfillment
of the
Requirements of HON 420
Fall 2019

By
Nicholas Brock

Mentor
Dr. Sue Mahanna-Boden, Ph.D., CCC-SLP
Department of Communication Disorders

Searching for a Voice:
An Introduction to Transgender Voice and Communication Therapy

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Dr. Sue Mahanna-Boden, Ph.D., CCC-SLP
Department of Communication Disorders

Over the last 50 years, the cultural shift in the ideologies that shape the minds of individuals have primarily focused on social progressivism. Specifically regarding the United States, prominent leaders such as Harvey Milk pushed for social freedoms for members of the LGBTQ+ community. While Milk and his following fought for freedom and recognition, other leaders and supporters of the LGBTQ+ movement across the world were also fighting with fire in their hearts in their search for social justice. Barriers broke and glass ceilings shattered during these movements, but there is more to be done, today. As recognition of the individuals that encompass the LGBTQ+ community increases, it is of utmost importance that the health care industry is taking time to understand the community and adopt language and practices that confirm their humanity and existence. Putting this into action, the world of communication disorders is colliding and intertwining with the transgender community. Although the field is starting to provide clinical services to individuals that are transgender, not all speech-language pathologists (SLP) have the training, specifically in the area of transgender voice and communication therapy (TVCT), to be able to assist clients that identify as transgender. The purpose of this resource is to provide knowledge to SLPs, the transgender community, and the general public regarding the variety of methods and techniques used to ensure ethical and successful execution of TVCT.

Keywords and phrases: transgender, transgender voice and communication therapy, speech-language pathology, SLP, TVCT. LGBT, LGBTQ, speech-language pathologist

Table of Contents

List of Images.....	iv
List of Tables.....	v
Acknowledgements	xi
Introduction to the LGBTQ+ Community.....	1
Terminology.....	5
Brief Overview of Transgender Voice and Communication Therapy.....	7
Cultural Awareness and Humility.....	15
Ethical Considerations.....	22
Case History and Evaluation.....	26
Counseling.....	30
Pitch and Intonation Training.....	31
Resonance Training.....	34
Communication Mannerisms.....	35
The Future of Transgender Voice and Communication Therapy.....	37
References.....	38

List of Images

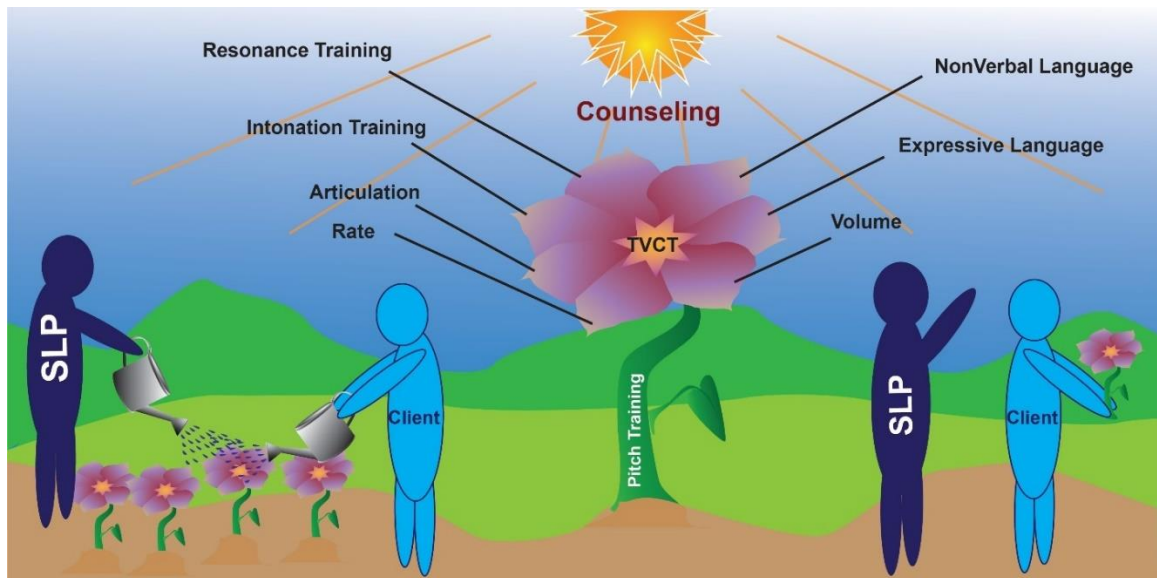


Image 1. Created by Nicholas Brock (2019). Illustrated by Dakota Schemanski. A representation of the Transgender Voice and Communication Therapy (TVCT) flower. Each aspect of TVCT is represented in this image to show its importance, and how the therapy partners

List of Tables

Terminology	Definition
Transgender (TG)	An identity label to describe a person whose gender identity does not align with their biological sex
LGBTQ+	An acronym standing for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning
Transition	The process of changing one's sex or gender socially and/or medically
Male-to-Female (MtF)	Individual assigned male at birth who change their body and/or gender to a more feminine role
Female-to-Male (FtM)	Individual assigned female at birth who change their body and/or gender to a more masculine role
Transgender voice and communication therapy (TVCT)	Therapy conducted by a speech-language pathologist that strives in helping a transgender client adjust their voice to sound more like their desired gender
Gender Dysphoria (GD)	Distress caused by a discrepancy between a person's gender identity and the persons medically assigned sex
Gender-Nonconforming (GN)	Individuals whose gender identity, role, or expression differs from what is considered typical for their medically designed sex
Transition	Process of changing one's gender socially and/or medically
Transfeminine	A transgender individual who identifies as a female
Transmasculine	A transgender individual who identifies as a male
Sex	A medical label used to categorize people based on their chromosomes, hormones, genitalia, and secondary sex characteristics
Gender	A socially constructed identity surrounding notions of "masculinity," "femininity," and "androgyny" which includes aspects of identity and expression

Table 1. A list of terminology outlining the definitions of the words used throughout the text.

Cultural Incompetence	Lack of knowledge surrounding the ideas, beliefs, barriers, and terminology that make up the transgender community.
Cultural Knowledge	Active learning about the ideas, beliefs, barriers, and terminology of the transgender community.
Cultural Awareness	Applying the knowledge learned about the transgender community in order to recognize and understand their needs and the importance of gender affirming health care through TVCT.
Cultural Sensitivity	The growing and refining of skills associated with TVCT, and the appropriate application of TVCT by remaining sensitive to the knowledge learned about the transgender community.
Cultural Competence	The appropriate application of TVCT that supports gender affirming healthcare on a routine basis.
Cultural Proficiency	Using the knowledge and skills developed during cultural competence to partake in scholarly activities (research, teaching, etc.) and educational opportunities that promote the advancement of TVCT and knowledge of the transgender community throughout the SLP population.

Table 2. The Cultural Competence Continuum describing the knowledge and ability of the SLP.

Characteristics of an Ethical SLP Interacting with a Transgender Client
Use appropriate pronouns confirmed by the client
Create a clinical partnership with the client
Understand that the client is the expert of their voice
Use evidence-based practices when treating a transgender client
Provide unbiased services
Recognize the transgender client as a person rather than a label
Educate oneself about the transgender community
Refer the transgender client to a culturally competent SLP if unable to provide effective services
Attend seminars and continuing education opportunities about the transgender community
Be up to date on current practices and terminology regarding clinical services for transgender clients

Table 3. A brief list of characteristics that SLPs must exhibit in order to be deemed as ethical when providing services to transgender clients.

Necessary Information to Gather through Case History Forms and Client Interviews	
Correct Pronouns	Understanding and using the client's correct pronouns are essential in showing respect to the client, validating their gender identity, and building rapport.
Sex Assigned at Birth	This allows the clinician to understand the client's transition process of MtF or FtM.
Gender Identity	It is important for the SLP to understand the client's gender identity, and how they wish to be identified in certain environments. This allows the SLP to gear therapy to meet the communication needs of certain environments and guide the client into new environments.
Support at Home	Support at home dictates success in the use of the new voice and communication style due to practice opportunities (Adler, Hirsch, & Mordaunt, 2012). If support is not available in the home, the possibility of demise rises.
Daily Vocal Use	The client's employment and communication environment dictate how the new voice and communication style is to be used and the context it is used in.
Vocal Hygiene	Vocal hygiene plays a prominent role in ensuring that the client's voice and communication style is healthy. If there are signs of vocal abuse or misuse, these issues must be addressed and replaced with healthy habits in order to not harm the vocal mechanism and get the most out of the new voice and communication style.
Self-Perception of Voice and Communication Style	How the client views their voice and communication style dictates what they would like to see changed and improved upon. Since the client is the expert of their own voice and communication style, their

	<p>self-perception shapes the SLP's therapy approach regarding what to target and when. Successful implementation of TVCT will see the client have a favorable self-perception of their voice and communication style. Davies (as cited in Adler, Hirsch, & Mordaunt, 2012) released the Transgender Self-Evaluation Questionnaire (TSEQ) in order to successfully measure transgender client's (MtF & FtM) self-perception of their voice. Dacakis and Davies (2012) also released a self-perception questionnaire, but it is specifically for MtF clients.</p>
<p>Overall Health</p>	<p>Transitioning is a complex process that requires a team of many doctors and professionals targeting different aspects of health to accomplish a single goal. As a result, the client may be taking a variety of medication or receiving hormone treatment. This may have an effect on their voice and communication style. Additionally, the client may need clearance from an ENT before starting TVCT. However, this may not be feasible due to monetary constraints of the client. The SLP needs to know this medical history to predict possible roadblocks in achieving the desired voice and communication style.</p>

Table 4. A list of necessary information to be gathered through case history forms and client centered interviews. Along with this is a brief description as to why that information is needed and important to the SLP.

Differences between Male and Female Communication Mannerism Characteristics		
Communication Mannerism	Male Characteristics	Female Characteristics
Expressive Language	Men are more to the point, blunt, ask less questions, and speak to establish a place in a hierarchy to acquire information.	Women use more tag phrases and are more elaborate in explanations. Plus, they tend to express thoughts and feelings more often than men, and they ask more questions.
Nonverbal Language	Men tend to take up more space and move body position more frequently than women.	Women are more likely to lean in while listening, take up less space, and use arm movements that are closer to the body. In addition, women smile more than men.
Articulation	Men are more likely to mumble and leave off sounds.	Women tend to elongate vowels and be more concise in their pronunciations.
Volume	Men have a higher vocal intensity than women; thus, they are perceived to be louder than women.	Women speak with a low vocal intensity. Due to this, they are not perceived to be very loud.
Rate	Men orally read louder than women and at a steadier rate with less pauses. Men tend to sound monotoned.	Women tend to speak in short bursts followed by a pause between words.

Table 5. A list explaining how communication mannerisms vary across males and females.

Acknowledgements

I would like to extend a special thank you to Dr. David Coleman and the rest of Eastern Kentucky University Honors program staff. Without them, I would never have had the opportunity to pursue my research, push my limits as a scholar, and branch out into the world of scholarship. I would also like to recognize my wonderful mentor, Dr. Sue Mahanna-Boden, for her exceptional guidance and support as I wrestled with research and composing my honors thesis. Without her guidance in the classroom, clinic, and life, I would not have the love that I do for the pursuit of becoming a future SLP. Lastly, I would like to thank my loving parents for their support throughout this process and instilling in me a love for God, friends, and others. I would not be where I am today if it were not for any of these people.

Introduction to the LGBTQ+ Community

Over the last 50 years, the cultural shift in the ideologies that shape the minds of individuals have primarily focused on social progressivism. Throughout this time, the world has experienced the end of Apartheid in South Africa, the Civil Rights Movement in the United States, the Camp David Peace Accords, and the liberation of countries engulfed by Western imperialism. As these scenes stick in the forefront of people's minds due to their global significance, they overshadow the activism happening on a smaller scale across countries, states, and local municipalities. Specifically regarding the United States, prominent leaders such as Harvey Milk pushed for social freedoms for members of the lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) community. While Milk and his following fought for freedom and recognition, other leaders and supporters of the LGBTQ+ movement across the world were also fighting with fire in their hearts in their search for social justice. Barriers broke and glass ceilings shattered during these movements, but there is more to be done, today. As recognition of the individuals that encompass the LGBTQ+ community increases, it is of utmost importance that the

general populace is taking time to understand the community and adopt language and practices that confirm their humanity and existence.

The number of individuals identifying as LGBTQ+ has gradually increased over the past decade. A recent Gallup survey indicated that in 2017, 4.5% of the population in the United States (US) identified within the LGBT community (Newport, 2018). Although the number of people identifying as LGBTQ+ is on the rise, when a heteronormative individual sees or hears “LGBTQ+” it is often just thought of as an acronym, as if the individuals in this community exist in a small sphere secluded from individuals that do not fall into these specific communities. However, this cannot be further from the truth. The LGBTQ+ community encompasses a wide variety of individuals that identify as lesbian, gay, bisexual, transgender, questioning, and those that may fall into one of the many different labels that is not captured by a simple acronym. In addition, many individuals may identify with the LGBTQ+ community, but people who interact with these individuals may not even realize it.

Due to an increase of the decriminalization of homosexuality, anti-discrimination laws, social programs promoting acceptance, and government intervention and enforcement of laws, the LGB community has been able to flourish and expand across the world (Carlo-Gonzalez, McKallagat & Whitten-Woodring, 2017). However, the transgender community has not seen the same increase in protections and rights as its counterparts. Although legislation is being passed in favor of the lesbian, gay, and bisexual (LGB) community, the transgender community is often excluded from these laws, or the legislation restricts their ability to participate in society without discrimination. In North Carolina, legislation was passed that banned transgender

individuals from using the restroom that correlates with their gender, forcing them to use the bathroom that coincides with their biological sex. A revised version of the bill was released and passed in 2017 that supported the original determinations regarding bathroom use and provided absolutely no protections to transgender individuals (Pomeranz, 2018). While some states across the US pass bills that restrict transgender rights, others do not address it all.

The state of Wisconsin, grants protection from discrimination in the employment and housing sectors based on sexual orientation only, completely disregarding gender identification. On top of this, the majority of states in the US do not prohibit discrimination in the employment and housing sectors against a person based on sexual orientation and gender identity. As government actively strives to restrict transgender rights or fails to intervene all together in the protection of transgender individuals, there has been dire consequences. It has been reported that the school-aged transgender population faces higher rates of substance abuse, homophobic attacks, depression, and suicidal tendencies when compared to heterosexuals and the LGB population (Weir & Piquette, 2018). Regarding the general transgender population, individuals are at higher risks of developing HIV/STDs, mental health issues, becoming victimized, and committing suicide (ODPHP, 2019). These issues have far reaching effects into their lives. It has been estimated that 15-26% of transgender individuals have been fired due to their gender identity, unemployment is double compared to the general population, 19% has experienced homelessness, and 14% live in poverty (Hancock, 2015). As transgender individuals work through societal barriers and discrimination surrounding the economic,

social, and occupational sectors of their lives, for many, the combination of hardships brings forth a poor quality of life.

As the topic of discrimination among the transgender population paints a dreary and gloomy picture, it is important to remember that they are humans, much more than a shocking statistic. When upsetting information is passed to a reader regarding marginalized populations, people are quick to pity that population, but it is essential that pity is not a contributing factor as to why individuals reach out to the transgender population. Although pity indicates that a person recognizes another person's suffering, it is a very superficial recognition, implying that the person is a victim unable to help themselves out of their situation. Rather, individuals should strive for empathy towards the transgender community. Empathy encourages the outsider to put themselves in the other person's shoes, exhibit a sense of understanding, and aim to deepen their understanding of the other individual (Clark, 2009). This encourages the individual not a part of the transgender community to understand, learn, and support the transgender population. As a result, a partnership is born, giving way to the formation of an allyship, a relationship built on trust and support between people coming from a position of societal primacy and marginalized individuals. The allyship helps serve in arming the marginalized community with a voice of positivity, understanding, and advocacy. The human race, especially those that are marginalized in society, is resilient. Coming together for a single cause gives a voice to the voiceless.

Terminology

Throughout this resource, a specific set terminology will be used to accurately describe the LGBTQ+ population. This terminology should be studied and comprehended in order to begin to gain an understanding of transgender voice and communication therapy. For many new to the LGBTQ+ community and transgender voice and communication therapy, these terms may be confusing and hard to follow. In order to keep terminology fresh while reading, please, refer to the chart below. Also, the World Professional Association for Transgender Health (WPATH) provides extensive details into the key concepts that encompass the LGBTQ+ community. The terminology presented in Table 1 below was adapted from the University of Florida's Multicultural & Diversity Affairs Division of Student Affairs (2017) and Pickering (2015).

Terminology	Definition
Transgender (TG)	An identity label to describe a person whose gender identity does not align with their biological sex
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Table 1. A list of terminology outlining the definitions of the words used throughout the text.

It is important to note that appropriate terminology across the LGBTQ+ community is consistently being debated and evolving. As a result, new words are added, words are taken away, and the definition of words change. To stay up to date on terminology and current events relating the LGBTQ+ community, reference the WPATH (<https://www.wpath.org/>) or the Human Rights Campaign (HRC) (<https://www.hrc.org/>).

In addition to the numerous terms associated with the LGBTQ+ community, it is critical to be aware of the multidisciplinary team of professionals associated with transgender voice and communication therapy (TVCT). Transitioning is a process, not something that happens overnight. Transgender (TG) clients are required to go through

extensive testing and screenings in order to receive a diagnosis of gender dysphoria. From there, a team consisting of an endocrinologist, gynecologist, social worker, psychiatrist, plastic surgeon, and speech-language pathologist (SLP) come together to aid in the client's transition (Pickering, 2015). Although there are multiple disciplines coming together to collaborate and provide individualized care to the client, the core team of professionals often vary. In regard to the SLP, they are often overlooked as being an integral part of the team. This is due to a lack of knowledge across disciplines surrounding the variety of services an SLP can provide, and the lack of knowledge and skill among SLPs to support transgender clients. SLPs need to actively advance in their understanding of the transgender population and TVCT in order to fully insert themselves among the multidisciplinary team. They play an essential role in aiding a client in their transition, ensuring ethical practices across the team, and spreading valuable knowledge across the multidisciplinary team regarding their role as an SLP.

Brief Overview of Transgender Voice and Communication Therapy

The anecdote described below gives a brief insight into a dilemma currently plaguing SLPs: the lack of skills and knowledge throughout the profession in the treatment of transgender clients through the application of TVCT. As this issue is presenting its head in the professional world of speech language pathology, growth in knowledge surrounding this topic is still developing and continuously improving.

As an SLP worked tirelessly to finish up paperwork for the day at the clinic, a call came through to his desk. He answered the phone to hear a masculine sounding voice come through the speaker; however, the caller introduced herself as Sarah. This

perplexed the SLP, but he probed for information. The SLP questioned the potential client about their needs. Nervously, Sarah explained that she read online that an SLP could help her find her voice. Confused by this statement, the SLP asked her to further explain. She began by stating that she was born a male but now identifies as female. From there, Sarah described how if she was able to make herself sound more feminine, she would begin to finally feel like her true self. In her mind, she viewed this as the missing link in her transition.

After hearing Sarah's thoughtful explanation, it clicked in the SLP's mind that she was searching for transgender voice and communication therapy. Quickly, the clinician began to think back to his time as a student studying and training for his degree to become an SLP. He recalled taking intensive classes that focused on voice disorders and pragmatics, but he could not recall a time where he was taught transgender voice and communication therapy. That was a topic that he had only briefly skimmed in the ASHA Leader, a magazine produced by the American Speech-Language-Hearing Association, the primary entity that oversees all licensed SLPs. The SLP had to make a decision. Does he see the client even if he has no formal experience and knowledge in this area of this communication training? Or, does he refer the client to other clinics that may serve her better?

With a heavy heart, the SLP referred her to a number of different clinics that may be able to help her better than he could. Sarah thanked the SLP for his time and ended the phone call. With a sigh of disappointment due to not being able to help a potential client, the SLP packed up his materials to head home and began to think about what he could do in the future to prevent this from ever happening again.

The ideas, thoughts, standards, and norms that form society are moving quickly and changing rapidly. It is the duty of individuals to recognize these changes that are occurring and adapt to them and the society from which they belong. If individuals do not evolve their thinking that promotes the recognition of the changes occurring in society, overtime, they will slowly become lost and uninformed regarding the world around them. This is especially true for those who work in the healthcare field, such as SLPs. SLPs are tasked with identifying, evaluating, and treating a plethora of communication disorders. As society is changing, the various methods of treatment for communication disorders and the public opinion of these disorders are shifting. At the same time, society is beginning to open up to the idea that gender is on a spectrum. With the LGBTQ+ community growing and advocating for a voice, the healthcare system is now catering to their individualized needs, especially to those people who identify as transgender.

As this is occurring, the world of communication disorders is colliding and intertwining with the transgender community. Although the field is starting to provide clinical services to individuals that are transgender, not all SLPs have the training, specifically in the area of TVCT, to be able to assist clients that identify as transgender.

TVCT consist of a variety of methods and techniques used to change the voice, expressive language, and social communication skills of a transgender client in order to create a communication style that fits their individualized needs. The toll transitioning can have on a transgender individual can have far reaching effects on their mental, emotional, and physical health. During this delicate period of time, many transgender individuals have described physically looking as their true self, but when they open their mouths and begin to speak, a different person appears (Booz, Dorman, & Walden, 2017).

This causes stress, embarrassment, and marginalization in their lives due to being misgendered because of their voice. Soon, many remove themselves from social situations and going out into public, and it is not until they find a voice that suits them do they begin to feel comfortable in their own skin.

As a speaker evaluates what they are hearing, they are also analyzing who they are listening to. An individual's voice, language, and social communication skills play an important role in revealing key details in determining whether they are listening to a male or a female. For a transgender individual, this may be an area of concern for fear of being misgendered. TVCT strives to empower transgender clients in finding a voice and communication style that they find comfortable, enjoy using, and matches their desires as to what they want to sound like as appropriate to their true gender. In a clinical setting, the transgender clients an SLP will encounter will either be transitioning male-to-female (MtF) or female-to-male (FtM). Depending on the subgroup, the SLP will advance in attempting to feminize (MtF) or masculinize (FtM) the voices of the clients.

The client most likely to be seen by an SLP is a transfeminine client. This is because the hormone treatment transmasculine individuals take thicken and lengthen their vocal folds lowering their fundamental frequency similar to that of a cisgender male (Irwig, Childs, & Hancock, 2016). Unlike their transmasculine counterparts, the hormone treatment that transfeminine individuals undergo do not raise their fundamental frequency to that of a cisgender female. Consequently, they are in need of more intensive therapy to stretch the vocal folds to achieve their desired voice. Although many transmasculine individuals receive hormone treatment that inadvertently thickens their vocal folds, due to lack of resources, scarce LGBTQ+ affirmative healthcare options, or personal choice,

some decide not to receive medical treatment during their transition (Taylor, Barr, O'Neal-Khaw, Schlichtig, & Hawley, 2018). If a transmasculine person does not receive hormone treatment, an SLP's skill set allows them to work with the individual to lower their fundamental frequency and finetune their communication style to be representative of their true gender. That applies to transmasculine individuals who receive hormone treatment as well. SLPs can help them refine their voice and address critical gender-based communication skills, such as inflection and nonverbal communication (Adler, Hirsch, & Mordaunt, 2012).

It is critical that TVCT is offered to a client throughout their transition in order to ensure that they are receiving healthcare that affirms their existence in the LGBTQ+ community and society. In the case of providing TVCT, it is geared to provide services to an underrepresented and hard to reach population, a population deemed "invisible" due to their secrecy from worries of being outed and potentially facing negative societal repercussions (McCann, Sharek, Higgins, Sheerin, & Glacken, 2013). Therefore, services provided by the SLP must be respectful and cognizant of the different viewpoints that the client may hold, and how those viewpoints shape the direction and goals of therapy.

In the world of speech and language pathology, a strong emphasis has been placed upon understanding the cultural differences between racial and ethnic minorities; however, the LGBTQ+ community's cultural differences become an afterthought, subsequently pushing a heteronormative bias (Hancock, 2015). As a result, the transgender client receiving TVCT is marginalized in a setting that is supposed to be safe and respectable. Consequently, the odds that the client closes themselves off from the SLP or does not return for future sessions increases. On the other hand, if cultural

differences are respected and taken into consideration, the groundwork for building a meaningful clinician-client relationship is put in place, ensuring access to appropriate services and clinical success (Grandpierre, et al., 2018).

As a transgender client begins services for TVCT, the SLP should allow the client to dictate the goals that are targeted throughout the clinical experience. Acting as a guide, the SLP should gently direct the client down the correct path by providing clinical expertise and knowledge. This allows the client to have a hand in the therapeutic process, creating a sense of ownership throughout their clinical journey while also allowing the clinician to focus the client on the primary aspects of TVCT. For example, if an SLP is working with a highly motivated transfeminine client, the client might want to raise their fundamental frequency to 230 Hz. Although the enthusiasm behind this is exceptional, it must be relayed to them in a professional manner that human voices have limits, and, if that limit is exceeded for a sustained amount of time, more harm than good will be done. For that individual client, 230 Hz may not be possible due to their vocal limit. To couple with the SLP's explanation, the SLP could have the client put their hands on their neck and feel the tension as they move up in frequency. This pairs clinical expertise with knowledge, prompting the client to build confidence and trust towards the SLP.

It is important to remember that the end goal of TVCT is to help the client create a voice and communication style that they are comfortable with, that sounds natural, and that they are confident in using. With this in mind, it bears truth to the fact that there is not a set voice that works among all clients. Therefore, individualization to the client is extremely vital in driving the success of therapy. Individualization should occur when addressing all aspects of TVCT. There are four pillars that paramount to the success of

therapy. These pillars include counseling, pitch training, resonance and intonation training, and communication mannerisms. Each pillar is responsible for addressing one of the facets of the development of a communication style—voice, expressive language, and social communication skills. Pitch is the most important aspect in developing a voice congruent to the true gender of the transgender client. However, literature also notes that resonance and intonation training and communication mannerisms play a large role in successful TVCT, signaling that therapy should focus on more than just pitch training (Creaven & O’Malley-Keighran, 2018). In terms of this resource, communication mannerisms include nonverbal language, expressive language, articulation, volume, and rate. Counseling is the main factor that drives the therapy. Without it, the motivation to continue therapy, to strive for progress, and the ability to determine an appropriate communication style would quickly diminish. The image below provides a simple representation of the intricacy that constitutes successful TVCT.

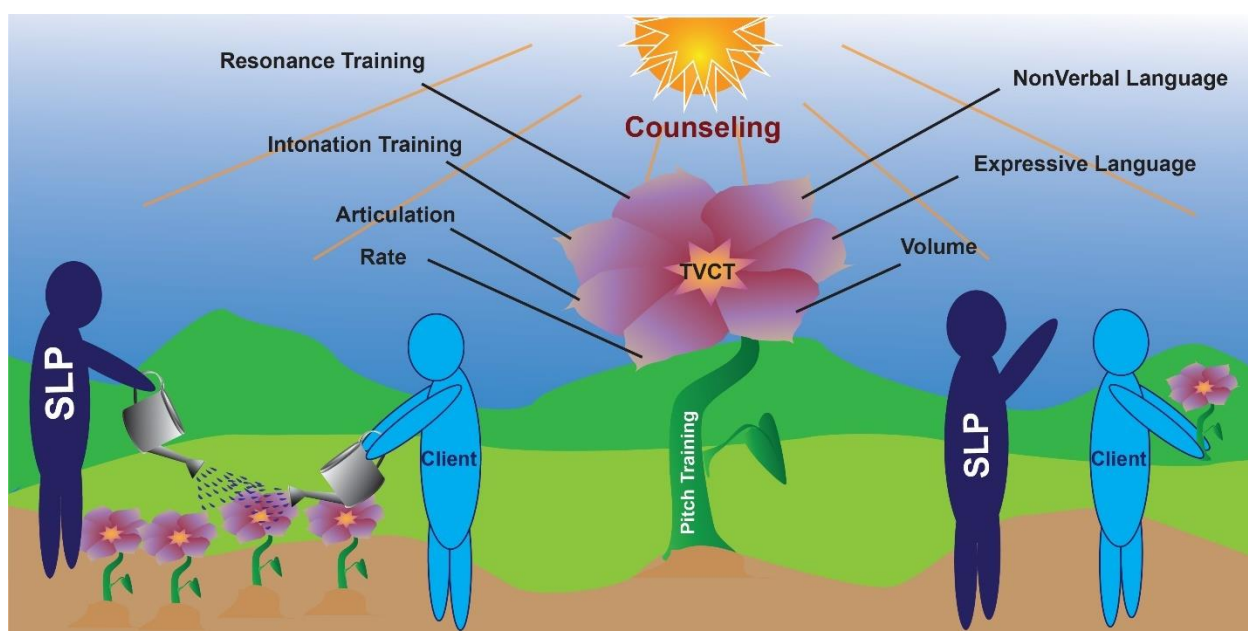


Image 2. Created by Nicholas Brock (2019). Illustrated by Dakota Schemanski. A representation of the Transgender Voice and Communication Therapy (TVCT) flower. Each aspect of TVCT is represented in this image to show its importance, and how the therapy partners

In the image, the petals of the flower signify the multiple aspects that comprise TVCT. It is important to note that the stem of the flower is labeled as “Pitch Training.” Similarly to how a stem supports the bulk of a flower, pitch training does the same for TVCT. It is the backbone of therapy as all aspects of TVCT are built upon it due to its vital role in providing support in developing a voice true to the transgender client’s preferred gender. However, the flower would not be able to flourish into full bloom without two critical components: the sun and the tending of the flower. In the process of growing flowers and other crops, the sun plays an imperative role in their growth and life. Likewise, counseling, portrayed as the sun in the image, provides the motivation and encouragement necessary for successful TVCT as it equips the client with skills and knowledge to overcome barriers and drawbacks.

As the sun energizes the process for the flower to grow and flourish, it still needs love and care to reach its full beauty. When one tends their garden, they provide intimate care to the flowers that make it up. Without tending to the garden, there is a high likelihood the flowers would be overcome with weeds and shrivel up from a lack of water. For TVCT, it is the job of the SLP and the client to tend the therapy together, as depicted in the image by an SLP and client watering a group of flowers. The SLP plays an important role in order to meet the individualized needs of the client. Experienced and seasoned SLPs will adapt therapy and therapeutic techniques based on the examination of data, their client’s progress, and their client’s needs. When completed effectively, the SLP removes the difficulties hindering therapy and provides skills and knowledge to support progress. As a result, through hard work and the application of skills and knowledge, the SLP is able to beautifully cultivate and curate TVCT to meet the individualized needs of

a client. Working in partnership with the SLP, the client must be motivated to accomplish the goals put forth by TVCT. Ultimately, it is up to them to attend therapy sessions in order to collaborate with the SLP to determine a voice and communication style that suits their needs. In addition, they must be highly motivated to practice and embrace their new voice and communication style outside of the clinic walls. It is the job of the SLP to give the client the tools needed for successful TVCT, but the client must be willing to put the faith and effort into the practices associated with the therapy in order to grow their learning and skills surrounding the voice and communication style developed.

Cultural Awareness and Humility

The societal barriers and discrimination surrounding the economic, social, and occupational sectors of transgender individual's lives are present throughout the healthcare industry as well. A survey conducted in 2011 through a joint partnership between the National Center for Transgender Equality and the National Gay and Lesbian Task Force indicated that, out of their sample, 24% of transgender women and 20% transgender men have been refused medical treatment due to their gender identity (Grant et al., 2011). Additionally, 28% of the respondents reported being verbally harassed in a medical setting, 2% reported being physically attacked in a medical setting, and 50% had to teach their healthcare provider about their health needs (Grant et al., 2011). As an effect, an environment meant to be a safe space for all morphed into an institution of fear and stress, creating a sense of weariness among the community towards healthcare professionals. Consequently, transgender individuals delay treatment due to discrimination and frustration with having to educate their providers about the transgender community and healthcare needs (Jaffee, Shires, & Stroumsa, 2016).

Ultimately, this inhibits the transgender community's ability to receive proper, gender affirming healthcare.

Although transgender individuals are at a heightened disposition to delay healthcare services, there is undoubtedly still a need to receive treatment from healthcare providers. To avoid and lessen the likelihood of experiencing discrimination and having to educate their provider about their healthcare needs, transgender people use various avenues in their search in finding healthcare providers that are friendly and knowledgeable regarding the transgender community. Through support groups, social networks, and internet resources, transgender clients sift through healthcare providers, including SLPs, in hopes of finding one competent in serving transgender individuals (Hancock, 2015). Once a transgender individual selects a healthcare provider and arrives to the location for services, they continue searching for small clues around the environment, such as brochures, language use, posters and health intake forms, to confirm if they are consulting with a practice that is supportive of the transgender community and aware of their health needs (Lapinski et al., 2018). With this in mind, it becomes extremely imperative that SLPs serving the transgender community through the provision of TVCT to create an environment that shows support towards the transgender community and knowledge of gender affirming healthcare. To accomplish this goal, there must be a push throughout the domain of speech-language pathology towards cultural awareness, cultural competence, and cultural humility regarding the transgender community.

Presently, throughout the population of SLPs, there is a lack of cultural competence surrounding the LGBTQ+ community as a whole and how to appropriately serve transgender individuals through TVCT (Hancock, 2015). Although there is a lack of

cultural competency among SLPs, research has shown that there is a desire to learn more about the LGBTQ+ community and how to serve the transgender population through TVCT (Hancock & Haskin, 2015). When specifically examining the transgender population, an SLP cannot successfully or appropriately provide TVCT to this population until they have a firm grasp surrounding the ideas, beliefs, barriers, and terminology that encompasses the community. This understanding of the minority groups, in this case the transgender community, is known as cultural competence. However, coming to an understanding of the intricacies that makeup the transgender community, thus, achieving cultural competency, takes time, patience, and experience.

Becoming culturally competent of a community in order to provide healthcare services exists on a continuum as developing cultural competence is a dynamic, lifelong process. Wells (2000) put forth the cultural development model (CDM), a continuum consisting of six different stages that explains the process of achieving cultural competence and, taking the understanding of a minority population one step further, cultural proficiency. Beginning with the first stage, cultural incompetence, a healthcare provider has a very limited understanding of a culture surrounding a particular community and works to gain knowledge about it. Throughout the continuum, they take the knowledge that they have learned and begin to apply it consistently in their personal practice, achieving cultural competence. From there, they strive to share and refine their knowledge on an organizational level through research and scholarship, thus, reaching cultural proficiency. Borrowing from Wells, Table 2 below proposes an adaption of the CDM (Wells, 2000) to meet the needs of SLPs in search of gaining cultural competence of the transgender community in order to provide TVCT.

Cultural Incompetence	Lack of knowledge surrounding the ideas, beliefs, barriers, and terminology that make up the transgender community.
Cultural Knowledge	Active learning about the ideas, beliefs, barriers, and terminology of the transgender community.
Cultural Awareness	Applying the knowledge learned about the transgender community in order to recognize and understand their needs and the importance of gender affirming health care through TVCT.
Cultural Sensitivity	The growing and refining of skills associated with TVCT, and the appropriate application of TVCT by remaining sensitive to the knowledge learned about the transgender community.
Cultural Competence	The appropriate application of TVCT that supports gender affirming healthcare on a routine basis.
Cultural Proficiency	Using the knowledge and skills developed during cultural competence to partake in scholarly activities (research, teaching, etc.) and educational opportunities that promote the advancement of TVCT and knowledge of the transgender community throughout the SLP population.

Table 6. The Cultural Competence Continuum describing the knowledge and ability of the SLP.

Developing cultural competence and proficiency of the transgender community is not a task that should be taken lightly. It is a process that takes time, research, education, understanding, and practice to climb up each ladder of the continuum. Therefore, an SLP can be at risk for moving down the continuum and away from cultural competence or proficiency. This could be due to a number of factors including having a small number of transgender clients, not continuing education on TVCT, not engaging with scholarly information, or lacking the desire to serve the transgender community. To avoid moving away from cultural competence or proficiency on the continuum, the SLP must strive to remain current on the terminology, ideas, beliefs, and barriers that encompass the

transgender community. Also, it is extremely important that the SLP remains strong in their understanding of the role they play in providing services to the transgender community.

Campinha-Bacote (2002) introduced five constructs that work together to encourage health care providers to progress through the process of developing cultural competence and avoid the fall from it. A summary of the five constructs mentioned are listed below (Campinha-Bacote, 2002):

- *Cultural Awareness*: The self-examination of one's culture, biases, and assumptions and how they affect their services.
- *Cultural Knowledge*: Seeking out and engaging with evidence-based research and information about healthcare practices and the worldview of the client in question.
- *Cultural Skill*: The ability to collect information and perform assessments that are sensitive to the client's culture.
- *Cultural Encounters*: Intentionally interacting with a large number of clients from a diverse cultural background.
- *Cultural Desire*: The health care provider wanting to provide gender affirming health care services.

As SLPs embark on their journey of advancing towards cultural competence or proficiency on the continuum, they must work on each construct individually in order to propel them forward to their end goal. If any construct is not fully developed by the SLP, they will not be able to obtain cultural competence or proficiency and risk regression of their skills. For a better understanding, imagine a car with five sparkplugs. If one

sparkplug goes bad, the car will still run, but it will not do so efficiently. The driver will experience the car jumping while traveling down the road resulting in an overall poor ride. In order to fix this, the broken sparkplug must be identified and replaced. Similar to an SLP working with a transgender client, if the SLP is not fully developed in one construct, the services they provide to the transgender client will be unfruitful due to the inability to achieve cultural competence. The SLP must be able to identify the construct where growth is needed and act upon it to provide services that are culturally competent.

Although cultural competence of the transgender community is needed in order to provide TVCT, many cultural competence frameworks focus on mastery of a cultural identity, negating understanding of the individual. This is due to cultural competence implying that having a broad understanding learned in a training course of a community equates to knowing the experiences of each individual in it (Fisher-Borne, Cain, & Martin, 2015). In addition, a clinician may think that they are culturally competent of a community; however, they may unknowingly hold negative stereotypes (Isaacson, 2015). As a result, the individualization of TVCT to the transgender client is negatively impacted. To avoid this, an approach known as cultural humility should be implemented simultaneously alongside cultural competence frameworks. Cultural humility focuses on building a relationship between the clinician and client where they are seen as equals; thus, prompting the clinician to reflect on their interactions with their client through deep self-reflection and self-critique, becoming lifelong learners in the process (Tervalon & Murray-Garcia, 1998). When employed properly, the SLP understands how their position of power affects their beliefs, practices, and interactions with the client (Fisher-Borne, Cain, & Martin, 2015). Through a humble approach, the SLP takes responsibility of their

interactions with the transgender client and can better individualize TVCT to their specific needs.

Likewise, when compared to the development of cultural competence, the growth of cultural humility is a time extensive process that requires education, time, and practice. When working with a transgender client, a humble approach includes using patient-centered interviewing techniques in order to capture a client's name, preferred pronouns, sex assigned at birth, and current gender identity (Bell et al., 2019). This information is imperative to understanding the transgender client as a person because it reveals key information about their personal identities, beliefs, medical history, and lifestyle. Once obtained, if the information is used effectively by the SLP, they are able to address the client and tailor services appropriately. Cultural humility also requires the SLP to understand the discrimination effecting the LGBTQ+ population and LGBTQ+ terminology (Bell et al., 2019). The overlap in traits between the two health care approaches show a need for an understanding of both. This comes to no surprise as research shows that clients receiving health care services show a strong desire for practitioners that exhibit a strong understanding of cultural humility and displays evidence of the CCM's five cultural competence constructs (Moore de Peralta, Gillispie, Mobley, & Gibson, 2019). If these approaches are coupled and employed simultaneously, transgender clients receive care that is informed and individualized, building trust, confidence, and rapport between the client and SLP. As these building blocks are laid, the chances for success are exponentially raised as the client puts value into TVCT.

Ethical Considerations

There must be a strong understanding of the ethical standards relating to TVCT and, more broadly, speech-language pathology in order to ensure successful completion of the therapy. Nearly all major professional associations have a code of ethics that condemn discrimination based on gender and sex—ASHA is no different. In the Code of Ethics presented by ASHA (2016), it is stated early on under *Principle of Ethics 1* that the wellbeing, safety, and health of the clients that SLPs provide services to are of the utmost importance. Expanding on this and taking service delivery into consideration, ASHA (2016) stated the following:

Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect. (p. 5)

When examining the language put forth by ASHA in the Code of Ethics, it is explicitly asserted that all people, including transgender individuals, seeking and receiving services from an SLP are to receive services that are free of discrimination. This declaration is necessary in order to ensure that services being provided are not only available to anyone seeking them, but are also evidence-based, efficient, practical, and appropriate. As ASHA publicly stands by their code of ethics, it must be related to all aspects of speech-language pathology. In the case of this text, relating the ASHA Code of Ethics to TVCT, the question is raised as to whether or not it is necessary for *all* SLPs to display cultural competence for this specific therapy.

Simply put, not *all* SLPs must demonstrate cultural competence for TVCT. This is due to the broad range of services that SLPs offer to the public and the different specialties an SLP can master and hone their expertise in. However, this is not to be confused with the necessity that all SLPs *providing* TVCT must exhibit cultural competence. Although not all SLPs must display cultural competence for TVCT, it is essential and ethical that all SLPs exhibit cultural awareness of the transgender community. This is because it is impractical for practitioners to subscribe to the belief that they will never come into contact with a sexual or gender minority and impact their life (Anderson & McGuire, 2019). Therefore, all SLPs must be aware of the ideas, beliefs, terminology, and barriers that impact the transgender community due to the fact that there is a chance, especially with the growth of the community, that they will encounter a transgender individual in a clinical setting. In addition, as TVCT is gaining more recognition as an available service, all SLPs must be ready to field questions about the practice and be able to refer the client to a culturally competent SLP if they are unable to provide services themselves.

Even though ASHA takes a strong stand on their ethical commitment in providing transgender people with the opportunity to seek and receive services, there is undoubtedly a tension that exists in the profession that often goes unaddressed regarding this topic. This tension is found at the intersection of ethics and religion. Over the last decade, tensions regarding transgender issues have been at the forefront of American culture. An argument is often made and passed through the media and public that transgender people do not deserve the same rights, protections, and privileges as the majority of the population due to the potential of religious infringement. This argument and resulting tension are often highlighted and perpetuated in the healthcare industry,

including the domain of speech-language pathology. As a result, it is necessary that the potential clash of ethics and religion is addressed in order to fully understand the role of an ethically sound SLP in providing TVCT.

There are a number of different variables that create the hotly contested conclusion that certain healthcare practices should be restricted to transgender individuals, thus, diminishing their chances of receiving gender affirming healthcare services. Research has shown that transphobia, a prejudice against transgender people in healthcare stems from lack of education, lack of contact with transgender people, gender, and religion (Acker, 2017). Although all of these factors play into it, religion is often singled out in the media and public discourse as a reason for not providing services to this population. This is a concern that should be explored as recent studies have revealed that religious practitioners with traditional views of gender and sexuality demonstrated aversion, decreased comfort, and poor competence when working with sexual and gender minority populations (Anderson & McGuire, 2019). Yet, it is important not to draw the conclusion that religion is the sole reason for adverse attitudes regarding the provision of services to the transgender community or that all religious SLPs are against providing services to the transgender community. Those conclusions are generalizations that oversimplify a complex issue, but the topic of religion and services to transgender clients must be explored through an ethical lens in relation to the ASHA Code of Ethics.

Characteristics of an Ethical SLP Interacting with a Transgender Client
Use appropriate pronouns confirmed by the client
Create a clinical partnership with the client
Understand that the client is the expert of their voice
Use evidence-based practices when treating a transgender client
Provide unbiased services
Recognize the transgender client as a person rather than a label
Educate oneself about the transgender community
Refer the transgender client to a culturally competent SLP if unable to provide effective services
Attend seminars and continuing education opportunities about the transgender community
Be up to date on current practices and terminology regarding clinical services for transgender clients

Table 7. A brief list of characteristics that SLPs must exhibit in order to be deemed as ethical when providing services to transgender clients.

Using religion as an excuse to not interact or provide speech-language pathology services to the transgender community is unethical. Examples of unethical approaches in providing services to the transgender community include withholding services, using inappropriate pronouns, refusing to refer the client to a culturally competent SLP, and an unwillingness to educate oneself about the transgender community. An ethical SLP should be able to provide sound, evidence-based services to all people without interference from their personal beliefs. As religion is used as an out for interaction with the transgender community, it is important to remember that transgender clients are people looking for services in order to improve their quality of life—no different from cisgender clients who seek services. Ignoring the transgender population will not make

them and their needs disappear. Rather, it will only exacerbate their quality of life and the issues that face them.

When addressing hotly debated topics such as the one above, there is often little that can be said to change someone's opinion. Changes in thought about religion and providing services to the transgender population must come from within through self-exploration and reflection. The best approach to self-exploration is to seek to understand the transgender community through interactions with a transgender person and education. From there, the SLP should reflect on their experiences, thoughts, guiding ethical standards, and beliefs to fully understand their stance on this particular issue. When these steps are employed, one will find that there are more similarities than differences between themselves and their transgender peer. All SLPs should make serious efforts to go outside of their comfort zones in their attempt to become the most ethically sound practitioner as possible.

Case History and Evaluation

As with any successful implementation of speech-language therapy, the clinician must have a detailed case history and assessment results in order to implement any treatment. This fact holds true for the successful implementation of TVCT and the collection of information begins before the client even steps foot into the clinic. One of the most delicate times for information gathering takes place when the client calls to make his/her appointment. The information gathered should be basic, focusing on the client's name and possibly their preferred pronouns. However, it is not necessarily critical at that point in time to gather their preferred pronouns. That will be gathered on the case history form

during the first clinic visit. Although this initial process may not directly involve the SLP, it is important that the individual addressing the potential client over the phone uses language that is respectful to the client's gender, a tone that is welcoming, and a respectful personality. This is extremely important when interacting with transgender individuals because they are taking a risk in the face of possible discrimination. If the client feels threatened or discriminated against, they are at a greater likelihood of not following through with attending their clinic session.

As an initial welcoming climate of respect and hospitality is established by the front desk of the clinic, the client will be presented with a case history form that collects the information on the following topics:

- Identifying information
- Medical information
- Social information
- Employment history
- Self-perceptions of their current voice and communication style
- Impact of their current voice and communication style on everyday life

The topics explored through the case history form reveals key details into the client's life. This information should be further expanded on through client interviews in order to probe deeper into the factors present in the client's life that can either positively or negatively affect the outcomes of therapy. When completed properly, the SLP will uncover information necessary to shape the outcomes of TVCT. The chart below explains

common information that must be gathered during this process. To obtain this information, questions must be simple and direct.

Necessary Information to Gather through Case History Forms and Client Interviews	
Correct Pronouns	Understanding and using the client's correct pronouns are essential in showing respect to the client, validating their gender identity, and building rapport.
Sex Assigned at Birth	This allows the clinician to understand the client's transition process of MtF or FtM.
Gender Identity	It is important for the SLP to understand the client's gender identity, and how they wish to be identified in certain environments. This allows the SLP to gear therapy to meet the communication needs of certain environments and guide the client into new environments.
Support at Home	Support at home dictates success in the use of the new voice and communication style due to practice opportunities (Adler, Hirsch, & Mordaunt, 2012). If support is not available in the home, the possibility of demise rises.
Daily Vocal Use	The client's employment and communication environment dictate how the new voice and communication style is to be used and the context it is used in.
Vocal Hygiene	Vocal hygiene plays a prominent role in ensuring that the client's voice and communication style are healthy. If there are signs of vocal abuse or misuse, these issues must be addressed and replaced with healthy habits in order to not harm the vocal mechanism and get the most out of the new voice and communication style.
Self-Perception of Voice and Communication Style	How the client views their voice and communication style dictates what they would like to see changed and improved

	<p>upon. Since the client is the expert of their own voice and communication style, their self-perception shapes the SLP's therapy approach regarding what to target and when. Successful implementation of TVCT will see that the client has a favorable self-perception of their voice and communication style. Davies (as cited in Adler, Hirsch, & Mordaunt, 2012) released the Transgender Self-Evaluation Questionnaire (TSEQ) in order to successfully measure transgender client's (MtF & FtM) self-perception of their voice. Dacakis and Davies (2012) also released a self-perception questionnaire, but it is specifically for MtF clients.</p>
<p>Overall Health</p>	<p>Transitioning is a complex process that requires a team of many doctors and professionals targeting different aspects of health to accomplish a single goal. As a result, the client may be taking a variety of medications or receiving hormone treatment. This may have an effect on their voice and communication style. Additionally, the client may need clearance from an ENT before starting TVCT. However, this may not be feasible due to monetary constraints of the client. The SLP needs to know this medical history to predict possible roadblocks in achieving the desired voice and communication style.</p>

Table 8. A list of necessary information to be gathered through case history forms and client centered interviews. Along with this is a brief description as to why that information is needed and important to the SLP.

Once this information is obtained, an evaluation must also be performed to measure the client's vocal abilities and communication style. The evaluation process must be comprehensive, taking a measure of the client's fundamental frequency, and pitch range, as well as, examination of resonance, observation of breathing patterns, and observation

of communication mannerisms. As all of this information is gathered, assessed, and taken into consideration, a holistic approach to TVCT can successfully be implemented.

Counseling

When referencing the TVCT flower that was introduced in the *Brief Overview of Transgender Voice and Communication Therapy* section of this text, counseling is identified as the sun. The sun was specifically chosen to represent counseling because it is the main factor that allows TVCT to grow and prosper. When counseling is implemented appropriately, rapport is built that focuses on the creation of a client-clinician partnership that is on an equal plane. As a result, the idea that the SLP is the sole expert in the therapeutic process is diminished as the client takes this role over. It also encourages the client to take ownership of their voice and communication. If ownership is felt by the transgender client, they are more likely to practice their new voice and communication style in different settings outside of the clinic walls and return to therapy sessions.

Adler (2017) presents a new approach to counseling that focuses on the “Window of the Voice.” This focused approach to counseling promotes the idea of empowering the transgender client as they explore and finetune their new voice and communication style. SLPs are equipped with the skills and clinical training to guide clients through the discovery of their voice. In the beginning of this process, counseling is very hands on as this experience of creating and finding a new voice and communication style is a daunting task. However, over time, as the client gains a better understanding of their voice and communication style, counseling is less obvious. Although not as apparent,

counseling still continually happens. It is essential that this occurs because the process of developing a new voice and communication style can be daunting and emotionally challenging.

Anytime along this process, the client might be experiencing a number of different factors outside the clinic walls that have an affect on their voice and communication style. In addition, the client will not always succeed in using their voice and communication style. By keeping these potential factors in mind, the SLP is able to stay ahead of the game and prepare the client for the future barriers through counseling. This effectively minimizes the shock that the client experiences when something regarding their voice and communication does not go to plan. Building upon this, the SLP must recognize the possibility of being told personal information that expands past the domain of communication and speech-language pathology. When information like this is revealed to the SLP, they must be ready to focus the topic back to communication and refer the client to appropriate doctors or clinicians that are better equipped to serve them. If the counseling the SLP is providing to the client leaves the area of communication, they are stepping out of their scope of practice (Helou, 2017). If the information disclosed the SLP revolves around self-harm and suicide, they need to know the proper protocol to be followed to alert their superiors and possibly the authorities.

Pitch and Intonation Training

Returning the TVCT flower, pitch is labeled as the stem of the flower. This is an important because it signifies that all other aspects related to voice and communication is built around pitch. An emphasis on pitch is made throughout TVCT because it is

recognized as being the main identifier of gender and the aspect of voice and communication that transgender clients are most concerned about (Block, 2017). The need for pitch alteration is primarily seen in transgender female clients. This is largely in part due to the estrogen hormone treatment they receive not affecting the mass of their vocal folds and, subsequently, their pitch. Their transgender male peers experience the opposite when given testosterone hormone treatment. This treatment thickens the vocal folds, consequently, adding mass to them and lowering the individual's pitch. However, this does not take away from the voice and communication needs of transgender men. Not all transgender men that are going through transitioning are able to afford hormone therapy, or they might have the desire to finetune their pitch and communication style to be better identified as their desired gender. Providing pitch training through TVCT to this population allows them to better utilize their voice (Block, 2017). When those factors are considered, it might be reasonable for a transgender man to seek out TVCT services.

The goal of targeting pitch in TVCT is to target an appropriate hertz range that is perceptually feminine, masculine, or gender-neutral. Pitch ranges that humans can achieve vary across individuals. Not all transgender men will be able to reach a speaking fundamental frequency (SFF) located between 107 and 129 Hz (Block, n.d.) in order to be considered perceptually masculine. Likewise, not all transgender women will be able to reach an SFF located between 150 and 185 Hz (Adler, Hirsch, & Mordaunt, 2012; Dacakis, 2000) in order to be considered perceptually feminine. Therefore, a gender-neutral pitch range may be the best and most realistic option for some transgender clients. In addition, achieving the desired pitch for the client must be accomplished safely as to not harm the vocal folds or the vocal mechanism. This is best accomplished by passively

training the cricothyroid muscle, the muscle stretches the vocal folds, rather than actively training the thyroarytenoid muscles, the vocal fold muscles themselves (Adler, Hirsch, & Mordaunt, 2012). When voice is trained passively, the vocal folds are able to stretch without excessive tension, avoiding damage to the vocal folds.

Once an SFF is established, it is unrealistic for the SLP to expect the transgender client to remain at that pitch throughout all of their speaking interactions and engagements. Voices naturally fluctuate when speaking for a number of reasons. This could occur to put emphasis or emotion into a word or phrase. Or, it could be due to environmental factors such as stress, fatigue, or excitement. Therefore, an appropriate range must be established for the transgender client to speak within. Beginning with a total conversational pitch range, a pitch range of 16 to 27 semitones (12 semitones is the rough equivalent to 1 octave) based off the client's SFF, must be established and deemed appropriate for *extreme* pitch variance (Adler, Hirsch, & Mordaunt, 2012). In conjunction with the creation of a total conversational pitch range, a comfortable conversational pitch range must be established as well. This pitch range is within 12 semitones of the SFF and represents the range that will be used by the transgender client during everyday conversations and interactions (Adler, Hirsch, & Mordaunt, 2012). Transgender clients are not expected to use their total conversational pitch range during social interactions. This may sound unnatural to the listener dissecting the client's speech. Rather, it is suggested that the client stays within a pitch range, that when averaged, is equivalent to their SFF and sounds natural.

Humans utilize their voices to put emphasis on sounds, words, and phrases through manipulation of pitch in order to convey a certain message. This is known as intonation,

and it should exist with the established pitch range set by the SLP to best meet the needs of the client. When comparing the intonation patterns of men to women, they are very similar. Both men and women use a *Walk-Jump-Step-Fall* pattern to intonation. Even though this is used by both males and females, females tend to use more upward inflections when compared to their monotoned male counterparts, but this can be largely contributed to western cultural standards (Adler, Hirsch, & Mordaunt, 2012). When successfully mastered by the transgender client through TVCT, pitch and intonation should mesh together gracefully and be difficult to tell apart.

Resonance Training

Resonance is a very complex and difficult to understand topic in speech-language pathology. Hirsch (n.d.) describes it as being “The tone of your voice –the sound of the overall vibration of the voice. It is determined by where the voice is placed – chest, throat or head” (Resonance section, para. 2). Resonance training is often described as being the most difficult aspect of TVCT for clients to master. This can largely be attributed to its subjective measures that are found in perception and feeling instead of evaluations and voice measures. Adler, Hirsch, & Mordaunt (2012) explain that the manipulation of resonance comes from changes of tongue height, tongue advancement, and mouth opening. When those aspects of speech are changed, frequency of sounds in the words are affected. The end goal of resonance training is to create a resonance that is perceptually low-sounding for transgender men, where resonance takes place in the chest, and high-sounding for transgender women, where resonance occurs in the throat or head (Hirsch, 2017).

Hirsch (2017) presents a method to train resonance in transgender clients through an approach known as Acoustic Assumptions. This approach focuses on education regarding the productions of sounds, and how education can be used to manipulate the sounds through resonance. The sounds that are examined are vowels, voiced consonants, nasal consonants, and liquid consonants. Although Hirsch presents a unique and effective way to train resonance in transgender clients, it might not be effective for all clients. With this in mind, it is imperative for the clinician to use their previous experiences and methods that they have acquired over the years to teach resonance. In addition to this, with resonance being difficult to master, the client must be willing to put in hours of practice to achieve the correct sounding resonance. If not, the client will sound like a male with a high pitch, or vice versa (Adler, Hirsch, & Mordaunt, 2012).

Communication Mannerisms

Communication mannerisms are broadly defined as being hidden aspects of communication that play an indispensable role in how messages are conveyed to others. In addition, these mannerisms are essential in conveying gender identity markers. Areas of communication that are trained throughout TVCT include nonverbal language, expressive language, articulation, volume, and rate. Communication mannerisms are unique in training a new communication style because they are culturally based rather than anatomically based like pitch and resonance. Since these mannerisms are culturally based, Adler, Hirsch, and Mordaunt (2012) suggest that the SLP should educate the transgender client about differences in the mannerisms from males to females. Once this education is presented to the client, the SLP should allow the client to pick the aspects of the mannerisms, whether male or female, that they believe best suits their communication

style. The chart below contains information adapted from Adler, Hirsch, & Mordaunt (2012) that briefly explain the differences between male and female characteristics regarding the communication mannerisms targeted in TVCT.

Differences between Male and Female Communication Mannerism Characteristics		
Communication Mannerism	Male Characteristics	Female Characteristics
Expressive Language	Men are more to the point, blunt, ask fewer questions, and speak to establish a place in a hierarchy to acquire information.	Women use more tag phrases and are more elaborate in explanations. Plus, they tend to express thoughts and feelings more often than men, and they ask more questions.
Nonverbal Language	Men tend to take up more space and move body position more frequently than women.	Women are more likely to lean in while listening, take up less space, and use arm movements that are closer to the body. In addition, women smile more than men.
Articulation	Men are more likely to mumble and leave off sounds.	Women tend to elongate vowels and be more concise in their pronunciations.
Volume	Men have a higher vocal intensity than women; thus, they are perceived to be louder than women.	Women speak with a low vocal intensity. Due to this, they are not perceived to be very loud.
Rate	Men orally read louder than women and at a steadier rate with less pauses. Men tend to sound monotoned.	Women tend to speak in short bursts followed by a pause between words.

Table 9. A list explaining how communication mannerisms vary across males and females.

The Future of Transgender Voice and Communication Therapy

With the growth of the transgender community in broader society, SLPs need to be prepared now more than ever in how to appropriately and ethically provide services to this population. As the healthcare industry continues to grow and accept transgender individuals, the need for gender affirming healthcare services are on the rise. For SLPs, this should be accomplished through TVCT. However, for this to be effective, more SLPs need to engage in educating themselves about TVCT and the transgender community through continuing education opportunities. Simultaneously, colleges training future SLPs must begin teaching lessons and courses that go in depth into the exploration of TVCT and the transgender community (Mahendra, 2019; Kayajian & Pickering, 2017). If these pushes for education are made, SLPs will become better equipped to handle diverse clients and engage in ethical practices in the 21st century. In addition, SLPs will be better equipped to advocate for the transgender community and participate fully in the transition process.

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