

CLD Corner: Transgender Voice Therapy—A Work of Art

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*The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity (CLD). Questions are answered by members of the TSHA Committee on Cultural and Linguistic Diversity. Members for the 2016-2017 year include **Raúl Prezas**, PhD, CCC-SLP (co-chair); **Phuong Lien Palafox**, MS, CCC-SLP (co-chair); **Mary Bauman-Forkner**, MS, CCC-SLP; **Alisa Baron**, MA, CCC-SLP; **Judy Martinez Villarreal**, MS, CCC-SLP; **Irmgard Payne**, MS, CCC-SLP; **Lisa Rukovena**, MA, CCC-SLP; **Mirza J. Lugo-Neris**, PhD, CCC-SLP; and **Andrea Hughes**, MS, CCC-SLP. Submit your questions to TSHACLDC@gmail.com, and look for responses from the CLD Committee on TSHA's website and in the Communicologist.*

An increasing number of transgender and gender diverse individuals are seeking treatment from speech-language pathologists (SLPs) to augment their voices (Antoni, 2015). According to a recent article in *The New York Times*, younger transgender clients in their 20s and 30s—and even adolescents—are seeking voice training (Saint Louis, 2017). It is estimated that 1.4 million adults in the United States identify as transgender, and approximately 0.66% of these transgender adults reside in Texas (Flores, Herman, Gates, & Brown, 2016). While this population may comprise a small percentage of any caseload, the fact remains that there are a surprising number of transgendered individuals in Texas who may eventually require our services.

While the majority of SLP graduate programs require a voice disorders course, there is limited emphasis on transgender voice, including general techniques for transgendered clients. In addition, there are few continuing education (CE) opportunities that address transgender voice therapy. This could create some challenges for clinicians who are unfamiliar with transgender voice or transgender needs in general, resulting in uncertainty and perhaps insecurity regarding clinical and/or cultural competency in this area. Confidence in clinical skills is essential to develop a professional rapport. Knowledge of cultural diversity also is paramount to create a professional relationship with empathy, trust, and credibility. Due to minimal background knowledge, it is not surprising that research indicates a lack of cultural competence regarding the LGBTQ community. Increasing understanding of transgender and gender diverse culture is vital to treatment outcomes related to voice quality-of-life needs. (Hancock, 2015; ASHA, n.d.)

Clinical Competency and the Transgender Voice

Most of the time, a transgender client might seek out services from a voice specialist. Even then, a clinician who is experienced in voice therapy may not have experience with transgender clients. That was me. My undergraduate degree is in musical theatre performance, and I performed professionally for many years before pursuing graduate school for communication disorders. After graduate school, I specialized in voice and voice disorders, specifically working with professional voice users. My journey into transgender voice training happened out of necessity. I was working for a world-renowned otolaryngologist who specializes in voice disorders. At that clinic, we saw the most severe disorders as well as cases that were both clinically and culturally diverse. I had friends in the LGBTQ community and felt comfortable interacting socially. However, when my first transgender client walked into my office, I instantly felt uncomfortable and awkward, not from a tolerance perspective but from feeling a lack of experience and competence in the area.

Jenna's Story

"Jenna" was a transgender woman in her late 60s who was over six-feet-tall. Other than her sundress and shoulder-length hair, Jenna's appearance, mannerisms, and voice were stereotypically masculine. She had decided to transition later in life and expressed how excited she was to finally make the decision to transition. Jenna was fairly open about the fact that, physically, she was "not going to fool anyone." She knew that people would know she was a transgender woman, but she wanted to sound a little more androgynous, especially on the phone. Since I had never worked with a transgender client, I felt ill-equipped to give Jenna appropriate guidance or

treatment. I also thought that my lack of familiarity with transgender treatment would appear disrespectful; however, I would soon learn that she was happy just to have someone willing to work with her who was understanding and supportive.

Jenna had previously met with a couple of local SLPs who refused to take her case because they didn't think they could help her, possibly due to a lack of experience with transgender voice but mostly because they said her pitch was "too low to change."

Initially, I also was focused on Jenna's pitch and the limitations of treatment. I thought, as perhaps the previous clinicians had, that Jenna would not be happy with the outcome of treatment if a more gender-neutral pitch could not be achieved. I also questioned my own personal biases. Could this "extremely masculine" looking and sounding woman ever achieve her goals with the challenges that faced her, including her pitch, her mannerisms, and her age? Did I have the skills to help her? Was I doing Jenna any favors by taking her case if I thought that change might not be possible?

Having an open discussion about her goals was key. Jenna was well-aware that her pitch wasn't going to change drastically; she just wanted her communication to more closely represent her identity. She knew that any change would be small, but she was willing to work on what she could do to improve her communication and viewed any progress toward a more feminine voice as an achievement; she just needed some direction.

Our work ended up being quite fun. In addition to pitch, Jenna expressed an interest in making modifications (feminine characteristics). Other modifications/characteristics of voice and speech generally may include intonation, resonance, voice quality, articulation, loudness, rate and phrasing, spoken language, and word choice (as well as non-verbal communication). Several areas were mutually identified as needing modification. We began by working on exaggerated stereotypes to help her understand the changes needed. Jenna had fun trying to emulate characteristics of different actresses in order to achieve the features consistent with a more feminine voice and speech pattern. Once she was able to demonstrate a specific change, the exaggeration was scaled back to make the presentation more natural and individualistic to Jenna's identity. Although her pitch only increased slightly, she made so many gains in other aspects of communication that the other gains offset the slight pitch changes that were made. Jenna reported that she was having more successful phone conversations and, as she worded it, not hearing an immediate response of "yes, sir."

Until then, I had confidence in my clinical skills as a voice therapist, but my lack of experience made me feel clumsy and inadequate even with the skills I used every day. I always thought transgender voice therapy was different than traditional voice therapy, that the path to the goal(s) was somehow unique. While that is true to some extent, this idea held me back and affected my confidence. However, like Dorothy in *The Wizard of Oz*, I had the power (to be an effective clinician) all along. The thing I had to remember was, as with any client, vocal health and the efficiency of phonation are the most important issues. If modifying the pitch is part of the goal, it is beneficial to assess vocal efficiency before any modification or facilitators are attempted. As with singing training, traditional voice therapy techniques, such as resonant voice exercises, can be useful facilitators when working on increasing the pitch range.

Determining Client Background and Experiences

A transgender client may have varying experiences with therapy and might fall into one of the following categories:

1. no formal therapy but self-study
2. no previous voice therapy
3. previous therapy; unhappy with outcomes
4. previous therapy; needs a refresher course
5. has a voice disorder independent of transgender voice issues

Depending on the client's background, therapy or training can start with or focus on a variety of communication features. Some clients may have been working on their own and may present with an approximation of the desired voice. It is important to know that the voice the client is attempting when they first come for treatment might not only be inefficient but also causing vocal strain and could be harmful. To determine if the strain is due to the new voice or if it was present in the original voice, you may need the client to demonstrate phonation without modification. Depending on how long they have been using the new voice, accessing the old voice may be difficult to achieve.

In addition, it is important to be sensitive to the fact that the client may have strong negative associations with the sound of the old voice as it can represent the person they used to be and the identity they are trying to disassociate from. They may have intense emotional reactions when they hear it or be unwilling to use it, even in demonstration. Sensitivity is crucial.

Adjusting Pitch (and Client Expectations)

I like to compare the voice to a painting and encourage the client to experiment with different colors. Instead of erasing the original painting and using a blank canvas or painting over it to make it look like another artist's work (trying to sound like a particular person), we use some of the colors from the original painting to create a new work of art. The majority of clients are typically so focused on pitch that they may need some education about all of the other features or "colors" that make up voice and speech (i.e., intonation, phrasing, word choice, non-verbals). To create the new painting, we may need to use more of this "color" (breathiness or hand gestures) and less of that "color" (roughness or word choice). We may need a different shade of a particular color or we may need to use a brand new color that was never in the original painting.

The idea is to try to accentuate the client's strengths while also trying to decrease or modify other aspects that do not represent the new voice. Evaluation of these domains can help determine a plan for therapy that is specific to the client. Discussing strengths and weaknesses in each of these areas will not only help the client understand the process but also help them have more realistic expectations. If they are having more difficulty in a particular area, they may feel less defeated if they recognize improvement in other areas.

While some therapy might involve concentrated work to increase pitch, this should be done slowly and carefully to achieve a pitch in a more gender-neutral range while also maintaining ease and efficiency of phonation. Depending on the client's original pitch range, little increase in pitch may be achieved. Being honest and upfront with the client about the possibility of increased functional range during the assessment can help with acceptance and understanding if the goal is not achieved or little progress is made.

Stages of Transition

Throughout my journey, I have learned that there are many stages of transition and not every transgender person goes through all of them. Determining where the client is in the transitional process when they decide to work on their voice is vital to providing effective therapy. For those clients who are just beginning their transition, they may be experimenting (e.g., dress, hairstyles, pronouns) only in certain social circles and may not be ready to present their new identity full-time. They also may be switching back and forth between their new and old voice (e.g., home versus work environment). However, as therapy progresses and the client is more successful and confident using the new voice, this new voice should be used as much as possible to increase consistency. Depending on how much modification of pitch the client needs to achieve, this consistent practice should be discussed prior to beginning therapy.

More often than not, by the time a transgender client seeks out services to work on his or her voice, they have been in the process of transition for a while and have a transition team. In my previous job, I was part of such a team, and we employed a team approach with every client. Some of the transgender clients we saw were referred by a professional on their transition team, usually a psychologist. We then became part of the client's transition team. Others were self-referrals, and we

typically referred those clients to a psychologist. When working with a transgender client, particularly those in early transition or newly transitioned, it is important to make sure the client is also working with a therapist or counselor with expertise in gender diversity who can help navigate other personal issues that may arise during the process of transition as well as feelings that might surface while working on modification of their voice.

Sophia's Story

When I first moved to Austin, I met "Sophia," a transgender woman. We met through a mutual friend, and she indicated an interest in working on her voice as she was having a lot of difficulty, as she characterized it, "passing" as female (a term often used within the community). By moving to Austin, Sophia was hoping she would be more accepted as she began her transition. However, Sophia's experience in Austin was not one of complete acceptance as she soon realized that, in her words, work colleagues were not tolerant of her transition. Moreover, her supervisor asked her not to dress as a woman at certain work events. I had learned early on that the process of transition is different for everyone. However, I assumed that all transgendered clients somehow had a formula, or recipe, for when it was most appropriate to be "out" and when the right time was to progress (in transition) in different settings. In my personal opinion, it is unfortunate that our transgendered clients and the community as a whole have to consider all of these factors that require them to proceed with caution in certain settings.

When Sophia told me she was "out," I assumed she had been living as a woman in all social and work circles for quite some time. However, this was not the case. Upon speaking with her, I discovered she had come out very recently and quite suddenly at work (one day presenting as one gender and the following day as the other gender). Although this was her decision (as it is anyone's decision) to come out the way she wanted, Sophia described how presenting as female "shocked" those around her. Her coworkers, in her words, "never saw it coming," and Sophia was not prepared to handle the backlash of negativity, cruel comments, and discrimination that ensued. She did not have a transition team or support system and was trying to transition all on her own, without any guidance or assistance. By the time I met Sophia, she was in a very negative place emotionally and felt that her community was against her. I had recommended to Sophia that she find a therapist or counselor. However, with all of the reported negative reactions she had received, Sophia felt that finding a sensitive and supportive therapist was not possible. Soon after, she descended into a deep depression and acted out in anger with erratic and aggressive behavior toward colleagues. As a result, she lost her job and eventually left Austin. From my last correspondence with her, Sophia had not sought continued voice training.

Although we never had the opportunity to work together, I often think about Sophia and wonder if I could have done something more. Perhaps if she had not come out so suddenly and quickly at work, her story would have had a different outcome. It is my belief, therefore, that clinicians (and a team) play an important role in guiding transgender clients into making optimal decisions for their lives. Perhaps if Sophia had in place such a support team at the start, they would have counseled her more about the transition decisions ahead of time or at least have been able to guide her through these important decisions in a more productive way.

Sophia's story is an example of how it is imperative for a trained professional with expertise in counseling to be involved in transgender treatment. As clinicians, we can offer support and provide some counseling as it pertains to therapy, compliance, or quality of life. However, we cannot and should not be a replacement for a trained therapist who can provide additional support services, specifically those that can occur with a transgender client in transition.

Implementing Cultural Competency in the Classroom

I teach two graduate voice disorders courses. In those courses, I cover transgender voice. Although I have made it a point to include diversity issues throughout all of my courses, I have come to expect this question in some form every year: "So...what do you do when you don't want to treat this population because of personal beliefs?"

I like to keep my class an open forum and encourage the students to be candid so we can have a meaningful conversation. We discuss ASHA's code of ethics as well as cultural competency roles and responsibilities pertaining to gender diversity, and recently, I have had my students complete the cultural competency personal reflection checklist for the purpose of individual reflection and discovery regarding transgender clients. Cultural competency, as included in ASHA's description, includes demonstrating respect for an individual's race, ethnicity, gender, **gender identity/gender expression**, age, religion, nation origin, sexual orientation, and/or ability.

I want the students to have a better understanding and awareness of their own possible limitations with cultural diversity so they can reflect and attempt change, not just "because I said so" but because they understand how those limitations can affect the client and the client's progress in therapy. The truth is that, whether it is the transgender population or some other population, at some point any of us can come in contact with a client who we feel reluctant to treat. Reviewing ASHA's policy statements and self-assessment checklists can be helpful tools to assess personal strengths and weaknesses to improve service delivery.

Although I have just started implementing this checklist in class, I have noticed that the class discussions are more productive. The students seem to understand that it is not an issue of what they believe to be right or wrong or even a matter of changing their opinion but a chance to see how their own beliefs may influence therapy outcomes. For some, leaving personal feelings at the door is a work in progress, but that progress is the first step to change.

Tips for Clinicians Working with Transgender Clients

Be familiar with terminology. I have recently learned the terms "cultural informant" or "cultural broker." Jezewski and Sotnik (2001) define a cultural brokering as "the act of bridging, linking, or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change" (as cited in Michie, 2003). As I learn more, I strive to become a more competent cultural broker. In the process of learning, sometimes your client can be your cultural informant.

I have found the following resources helpful in understanding basic facts and terminology:

- **It's Pronounced Metrosexual:** This is an online resource created by Sam Killerman. Gender diversity is explained in a "simple, easy-to-digest fashion" with articles, definitions, graphics, free downloads, and other resources that are designed to be shared. The "Genderbread person" is a great visual aid and teaching tool.
- **World Professional Association for Transgender Health (WPATH):** A non-profit, interdisciplinary professional and educational organization devoted to transgender health. Their aim is to bring together professionals from a variety of fields through clinical and academic research to increase the understanding and treatment of gender dysphoria and to develop evidence-based practice for transsexual, transgender, and gender-nonconforming individuals internationally.
- **American Speech-Language Association (ASHA):** ASHA's rules of ethics and cultural competency statements have been updated to address gender diverse individuals:

Rules of Ethics

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.

As speech-language pathologists, we are responsible for cultural responsiveness to students and clients during all clinical interaction. Developing our cultural competence is an ongoing and complex process, and ASHA has provided three checklists to reflect on our current level of cultural competence related to culturally/linguistically diverse CLD populations:

1. [Personal reflection](#)
2. [Policies and procedures](#)
3. [Service delivery](#)

ASHA also provides an [interactive web-based assessment](#) to support our efforts in increasing our awareness of what we do not know about cultures of the individuals, families, and communities. See links to all checklists and online assessment below.

Putting it All Together

As SLPs, we have a duty to make sure we provide the best practice with all clients. Clinically, I was not confident in the beginning. However, once I stopped looking at transgender voice training as a therapeutic enigma, I could step back, view the big picture, and use the skills I had. Then, with research and consultations with colleagues, I filled in the gaps. I wasn't perfect. I'm still not, but I am more confident. As far as cultural confidence, I was on the right path, but I had and still have things to learn. Working with "Jenna" and several other remarkable clients, I have learned that not knowing but wanting to know can bridge the cultural gap. I have found that, if I am honest and don't pretend to know or make assumptions, my lack of cultural knowledge is not a limitation but an opportunity to learn from my client as well as to help tailor the treatment plan to his or her specific needs.

When faced with unfamiliar cultural differences, a supervisor once taught me to ask, "Is there anything I need to know that might affect our work together?" I have maintained this philosophy. If I don't know, I ask. Just as with any other cultural difference, it is not possible to know everything. Unfamiliarity with gender diversity is no reason to walk on eggshells around the client. No one who I have worked with was ever offended merely because I didn't know something about the LGBTQ community, and they were more than happy to share information with me and enlighten me because I was genuinely interested. I have found that keeping an open, honest conversation lays the foundation for trust. I am certainly not an expert when it comes to transgender voice training; I follow in the footsteps of giants. I hope that my experiences will resonate with someone who might be questioning their competence, either clinically or culturally, regarding transgender clients.

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