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Voice and Communication Across the Gender Continuum

Gwen L. Nolan, MS, CCC-SLP

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Learning Objectives

After this course, participants will be able to

- Describe the differences between masculine, gender-neutral and feminine characteristics related to voice, speech-language, and non-verbal communication.
- Identify reasons why individuals seek therapy to alter vocal and communication gender perception.
- Identify tools, strategies and techniques that can be used to facilitate gender-congruent voice and communication, and to assess change.
- Explain the importance of cultural awareness and the use of culturally sensitive terminology.

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Disclosures

- Financial: Ms. Nolan is receiving a paid honorarium for this presentation.
- No relevant non-financial relationships exist.

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Cultural Awareness

- Gender identity is not binary for everyone, rather, it's a continuum
- Do not assume all individuals who identify as transgender will transition…because they don't
- Some who do transition will undergo one or more surgeries, and some will not
- Be mindful that it's an individual journey, and no two people or journeys are alike.

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He, She, They?

- Don't make binary gender assumptions about pronoun use
- Ask for pronoun and name preferences
- It's okay to ask questions…sensitively

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Why People Seek Therapy

It's a personal choice, and not everyone wants to change their voice and communication, however:

- Some people want to be able to "code switch" based on communication settings and partners
- Some want to build confidence
- Sometimes it's fear-based…people they are afraid of physical harm because their voice does not match their outward appearance☹
- Most desire a voice and communication style that is more congruent with their gender identity, regardless where on the continuum they identify

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What Influences Gender Perception of Voice and Communication?

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Gender-perception is influenced by:

- Pitch and pitch range
- Resonance
- Anatomical and hormone differences
- Cultural gender influences

- Remember the continuum…some people will have more gender-neutral characteristics at baseline, and some will want to develop them

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Pitch and Pitch Range

- Feminine pitch is higher and pitch range is typically broader

- Masculine pitch is lower with a typically more constricted range

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Resonance

- Deep, chest resonance is perceptually more masculine
- Forward, oral resonance is perceptually more feminine

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Cultural influences

Perceived as feminine:

- More pitch variation
- Softer word attack with more articulatory precision
- Greater use of gestures, varied facial expressions, open body posture
- More “colorful” word choices, indirect language

Perceived as masculine:

- Less pitch variation and more word stress
- Harder onset and articulatory contact
- Fewer gestures, closed body posture, less touching
- Use of more direct language/communication

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Anatomy and Hormone Influences

- Smaller vs larger anatomy impacts pitch, range, resonance, and breath support
- Testosterone, taken over time, generally lowers pitch
- Estrogen does not elevate pitch

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WHERE TO START?

EVALUATE FIRST

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Why Evaluate?

Feminizing or masculinizing voice is not a vocal, motor speech, or language disorder, so why evaluate?

- To rule out vocal fold pathology and/or recommend a consult if someone presents with s/s vocal fold dysfunction
- To establish baseline function
- To educate client about therapy and expectations

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Evaluation Components

- Initial Contact
- Initial Visit
  - -Medical History
  - -Med list
  - -Formal/Informal Voice-Communication and vocal hygiene assessment
  - -Administer self-ratings
  - -Probe
  - -Educate

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*Initial Contact

- Can be via phone or in person, and sometimes, meeting with someone *before* scheduling initial session makes sense
- Allows clinician to provide a brief overview and potential client to ask questions
- Important because commitment to therapy is essential for client to progress
- Gives an initial snapshot of a client's voice
- Establishes pronoun and name preferences early in the relationship

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Initial Visit-Interview

- First and foremost, establish rapport
- Confirm pronoun and name preferences
- Collect patient medical history, and look for history of seasonal allergies and reflux
- Ask about other professionals (endocrinology, counseling, psych) and support system
- Get a current med list
- Find out about prior treatment or self-help
- What does the client hope to accomplish?

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Initial Visit: Evaluation-Informal

Whether using a formal instrument or not, it's important to:

- Listen to present voice for s/s strain, harshness, hoarseness, or any other sign of potential vocal fold pathology, and refer if indicated
- Collect objective and subjective data on pitch and loudness from word to conversation level
- Look at oral motor function and breath support
- Observe non-verbal communication behaviors

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Initial Visit: Formal Instruments

- Recommended if any s/s vocal fold pathology is perceived during interview
- When in doubt, refer—it is better to have a client scoped to rule out a problem than to attribute it to poor vocal hygiene and risk making things worse
- Don't skip the instrumental evaluation
- Use a vocal hygiene questionnaire
- Administer a self-assessment to gauge impact of present voice-communication vs where the client wants it to be

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Initial Visit-Pitch Probes

- Have a keyboard or keyboard app to cue
- Probe higher and/or lower pitch and range to establish point of strain and set initial target pitch and range
- Cue using a keyboard/keyboard app
- Listen for signs of strain and adjust accordingly
- Temper expectations

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Initial Visit-Educate about:

- Vocal mechanism and gender-influenced voice and communication characteristics
- Appropriate vocal hygiene-train relaxation exercises and good vocal hygiene the first day
- The time-line and expectations—how well someone does depends on a variety of factors including: baseline status, number of session/week, and practice outside the therapy room

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Goal-Setting

- Set realistic goals, and remember that ultimately what matters is a good quality voice with no signs of strain that reflects the client's perception of self
- Involve the client to make therapy more relevant and meaningful

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Initial Visit Wrap-Up

- Ask for questions, then answer them honestly
- Provide a folder for hand-outs, clinic information, app recommendations, and exercise/practice worksheets…review this information for the client

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TREATMENT

Achieving An Authentic Voice

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Load Your Toolbox

- Relaxation, breath support, and warm-up exercises
- Visuals (exercises, vocal hygiene)
- Instrumentation to objectively measure pitch, pitch range, and loudness (can be low or higher tech), and to record for playback
- Water

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Make Stimuli Functional

- Together with the client choose high function, high frequency words, phrases, and sentences: client's full name, names of friends and family, occupational words, address, longer greetings and common social phrases, questions, etc.
- Add high-interest, client-selected reading (poetry, song lyrics work well), work/school presentations, role-plays and structured conversation
- Progress to functional voice-based speech communication tasks like informational phone calls, unstructured conversation, and extra-clinical outings to a coffee shop or library

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Potential Therapy Targets

- Pitch
- Resonance
- Pitch Range and Intonation
- Articulation
- Language
- Non-Verbal Communication
- Automatics

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A Typical Session

- Begins with brief conversation and a review of journal/homework to discuss successes and problems during practice and communication exchanges
- Relaxation exercises-laryngeal and cervical
- Vocal warm-ups at phoneme and syllable levels targeting pitch, pitch range and resonance
- Work across areas at present linguistic level, with all speaking tasks in client's target pitch range
- Final conversation and assign homework

* Positive and corrective verbal feedback occurs throughout the session, and video and audio recording is used to facilitate self- assessment

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Warm-Ups

- Laryngeal, cervical relaxation, and breathing exercises
- Vocal warm-ups in target pitch range
- Monitor for tension

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Therapy Target: Pitch

- Most significant factor in gender perception of voice, but if it's the sole focus, all you'll have is a higher or lower pitched voice lacking all of the other vocal, speech, and communication characteristics that impact gender perception
- Cue target pitch across tasks, but watch for client hyper-focus on it and re-educate if you need to
- Remember: the goal is always a good quality voice that is perceptually masculine or feminine

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Pitch Specifics

Feminine

- Don't go too high or voice won't sound natural
- 170-185 Hz is generally a realistic target
- Watch for high and low pitch creep—high, because often client doesn't think they sound high enough; low, because the tendency is for many clients to revert to lower pitch in between tasks and in higher level contexts

Masculine

- Pitch may already be in a masculine range if client has been taking testosterone for a while
- 125-140 Hz is generally a realistic target
- Watch for pitch creep, because pitch and range can gradually increase, especially if resonance moves forward or linguistic level is higher

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Targeting Pitch

- Start at phoneme level, and advance to client-specific words, phrases and sentences
- Focus on a good quality pitch free from strain
- Incorporate the target pitch across tasks, and encourage it between tasks
- Use a keyboard to cue, models (if appropriate), and a pitch analyzer for visual and auditory feedback
- Make good vocal hygiene a part of treatment, and address abusive vocal behaviors immediately

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Therapy Target: Resonance

Appropriate resonance is critical for an authentic sounding voice, and it's a hard concept for many clients to master. Remember:

- Feminine resonance is forward and oral
- Masculine voices are deep and resonant

- Without appropriate resonance, the voice will not sound authentic, even at the target pitch

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Resonance Specifics

Feminine

- Reduce laryngeal focus
- Establish forward, oral resonance and an open vocal tract
- Softer versus breathier
- Less intense

Masculine

- Shift resonance lower
- Establish deep, chest resonance
- Make sure breath support is adequate
- Deep, rich quality

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Targeting Resonance

- Begin with /m/, /i/, and /m/ + /i/, and voiced/voiceless C + V constructs at target pitch and in pitch glides focusing on an open vocal tract and light contacts
- Increase linguistic complexity to word level, then introduce phrases and sentences as your client gains mastery
- Contrast deep versus oral resonance
- Verbally and visually cue for focus—deep for masculinizing and forward/oral for feminizing—and use videos and/or auditory feedback, and educate client

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Therapy Target: Pitch Range and Intonation

- Feminine voices generally use greater bandwidth and have a more musical quality, use pitch versus word stress for emphasis
- Masculine voices generally have a more confined range, use word stress more than pitch change for emphasis

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Range and Intonation Specifics

Feminine

- Start with 4-5 semitones above and below target pitch in glides, and work your way up to 7+
- Watch the bottom end, because the tendency is to drop too low, with a broad low range and restricted upper range
- Focus on balance—above and below the target pitch

Masculine

- Start with 5 semitones above and below target pitch in glides, and work your way to 3-4 semitones
- Watch the top end, because the tendency is for pitch to creep up, and for a broad top range with restricted low range
- Focus on balance—above and below the target pitch

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Targeting Pitch Range

- Establish a comfortable pitch range and make using it a part of your sessions early on in vocal warm-ups (using /i/) and across tasks
- Expand (feminine) and reduce (masculine) pitch range as sessions progress
- Monitor vocal quality for appropriate resonance and for signs of strain and harshness
- Use a keyboard to cue, models, and a pitch analyzer for visual and auditory feedback

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Targeting Intonation

American English intonation patterns are the same, but pitch changes are more broad in feminine-sounding speakers, more narrow in masculine-sounding speakers, so consider:

- Use of contrastive stress drills
- Including emotional words and expressions
- Practice rising and falling intonation
- Incorporate different sentence types (questions, statements, etc.)

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Therapy Target: Articulation

- Differences can be subtle, so you don't need to go after this out of the gate and you may not need to address it at all

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Articulation Specifics

Feminine

- Promote light articulatory contacts and easy onset
- Slightly lengthen vowel productions with less force behind plosives
- Smooth the word-to-word and utterance-to-utterance flow

Masculine

- Shorten consonant and vowel productions with increased force behind plosives
- Increase word-to-word and sharper utterance-to-utterance distinction

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Targeting Articulation

- Words containing diphthongs are great choices to practice lengthening (feminizing) or shortening (masculinizing) in word-level productions
- Poetry and song lyrics work well for short practice utterances
- View peer models on video or in day-to-day conversations to increase awareness
- Visual feedback to show contrasts between smooth, flowing articulation and short breaks between words is often helpful

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Therapy Target: Language

- Gender-based cultural language differences are variable as language is dynamic
- Address this if you need to, and it can be an education piece

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Language Specifics

Listen for cultural gender-based differences in the use of:

- Elaborative language

  Feminine: “That dress is absolutely spectacular on you!” versus

  Masculine: “You look nice.”

- ‘Polite’ sentence structures

  Feminine: “If it’s not too much trouble, could you pick up the dry cleaning?” versus

  Masculine: “Can you get the dry cleaning?”

- Indirect communication

  Feminine: “I’m tired…are you tired?” versus

  Masculine: “I’m going to bed.”

- Tag questions

  Feminine: “You like this, don’t you?” versus

  Masculine: “Do you like this?”

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Targeting Language

- Use may be based on communication setting and partner(s)vary from person-to-person
- Often education is enough, and allows client to find their comfort zone without direct intervention (unless it is something they specifically want or need to work on)
- Start slow with picture description, and then move to structured and unstructured conversation

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The Best of the Rest

- Non-Verbal Communication
- Automatics

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Therapy Target: Non-Verbals

- Start with a homework assignment-have the client simply observe variations in gender-based communication styles, and record their observations
- Review videos of masculine and feminine speakers to practice identification of gender-influenced behaviors (smiling, eye contact, proximity and attention to speaker, posture, facial expressions, gestures, etc.)
- Explicitly instruct feminine or masculine behaviors-a little at a time so the client does not become overwhelmed!
- Address if you need to; education may be enough

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Therapy Target: Automatics

Automatics" are harder to volitionally manipulate, and they include:

- Throat clearing and coughing
- Sneezing
- Laughing

-Educate and explicitly teach, but also address these as they occur naturally within the therapy session

-Wide variations between all individuals, but feminine automatics are often softer, quieter, and with less amplitude, and masculine automatics are generally louder, deeper, and with greater amplitude

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Putting it All Together

- Keep it functional—choose activities based on client interests
- Think outside the box—phone calls, drive-thru ordering, voice mail
- Introduce novel partners and/or groups
- Conversation worksheets
- Make it fun

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Does It Work For Everyone?

- Most people achieve some change and all have reported increased communication confidence
- Practice outside the clinic room is essential
- Motivation and commitment matter
- Expectations should be realistic because the goal is always a good quality, natural, gender-congruent voice with gender-matched communication characteristics

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DISCHARGE

Assessing Progress and Planning for Discharge

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How Long Do We Treat?

- Highly variable, but generally 6-12+ months
- Frequency of treatment matters
- Practice is essential to yield maximum improvement in minimum amount of time
- Also dependent upon how much the new voice and communication styles are being used, and whether or not the client needs to code switch

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Measuring Success

- Client reports satisfaction and increased confidence, often citing communication exchanges outside therapy when friends, family, co-workers or strangers respond positively in a novel communicative exchange
- Objective measures demonstrate change, and you can use a simple Likert scale to have client self-rate confidence outside the clinic setting
- Re-administer voice self-evaluation and compare to intake
- Ask unfamiliar listeners to assess using a 5-point Likert scale (1=masculine to 5=feminine)

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Discharge Criteria

- Voice is authentic, and habituated
- Goals are met and client has achieved a good quality, gender-congruent voice and communication characteristics
- Client expresses confidence across communication contexts
- Commitment issues

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Follow-up?

- Phone call at 2 week intervals, then 3, then monthly for the first 3 months to answer questions and assess maintenance
- Consider re-start if client commits to attending sessions regularly and practice outside the clinic
- Conversation groups an option if enough interest

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Final Thoughts

- Therapy is a collaborative effort between clinician and client working toward a common goal as a team
- Clinician and self-assessment are necessary and are NEVER about judgment; we are working together to habituate new vocal, speech-language, and communication patterns
- No two people are alike, and no two voices are alike—we want the voice to suit the individual

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Reaching Out

If you are interested in locating potential clients:

- Reach out to the community groups in your area who work with transgender and gender non-conforming individuals
- Attend a meeting and talk about the services you provide
- Look for and network with other medical professionals who provide services to the transgender community

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Questions?

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References

Adler, R., Hirsch, S., & Mourdaunt, M. (2012). *Voice and Communication Therapy for the Transgender/ Transsexual Client, A Comprehensive Clinical Guide* (2nd ed). San Diego, CA: Plural Publishing.

Boone, D., & McFarlane, S. (2000). *The Voice and Voice Therapy* (6th ed). Needham Heights, MA: Allyn & Bacon.

Davies, S. (2017). The Evidence Behind the Practice: A Review of WPATH Suggested Guidelines in Transgender Voice and Communication. Retrieved October 22, 2017 from http://perspectives.pubs.asha/org.

Gelfer, M. (1999). Voice treatment for the male-to-female transgendered client. *American Journal of Speech-Language Pathology, 8,* 201-208.

Hancock, A. & Helenius, L. (2012). Adolescent male-to-female transgender voice and communication therapy. *Journal of Communication Disorders, 45*, 313-324.

Hirsch, S. (2017). Combining Voice, Speech Science and Art Approaches to Resonant Challenges in Transgender Voice and Communication Training. Retrieved October 23, 2017, from http://perspectives.pubs.asha/org.

Hooper, C. (1985). Changing the speech and language of the male to female transsexual client: A case study. *Journal of the Kansas Speech-Language-Hearing Association, 25,* 1-6.

Lang, A. (1997). *Speaking as a Woman* (2nd ed). King of Prussia, PA: Creative Design Services.

McNeill, E. (2006). Management of transgendered voice. *Journal of Laryngology & Otology, 120,* 521-523.

Steckly, R. G. (2009). Gay, Lesbian, Bisexual, and Transgender People: An Introductory Discussion of Terminology and Demographics. Retrieved July 21, 2014, from http://sig14perspectives.pubs.asha.org.

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