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GOALS, EXPECTATIONS, AND PREPAREDNESS IN THE SPEECH AND
LANGUAGE CLINICAL SETTING: A COMPARATIVE STUDY BETWEEN
SPEECH-LANGUAGE PATHOLOGISTS AND TRANSGENDER SPEECH CLIENTS

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ABSTRACT

The objective of this study was to determine the quality of the speech and language services that are provided to transgender-identified individuals. Ten participants were contacted by telephone and interviewed about their goals, expectations, and preparedness to work in the speech and language clinical setting. Five of the participants were transgender-identified individuals who had received services from speech-language pathologists. The other five of the participants were speech-language pathologists who had worked with at least one transgender-identified individual. The groups' qualitative data were compared in order to determine the positive and negative aspects of these working relationships, and what can be done to improve the communicative outcomes for transgender individuals. The results indicate that speech-language pathologists tend to work very well with the transgender population, despite some inconsistencies between the two groups preparedness to interact in this setting. Although some of the transgender participants' expectations for their experience in the speech and language clinical setting had not been met, the speech-language pathologists' accommodations to their goals indicate a strong, positive working relationship between these groups.

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Chapter 1

Introduction

The American Speech-Language-Hearing Association's vision statement reads, "Making effective communication, a human right, accessible and achievable for all" (ASHA.org). Speech-language pathologists help clients who identify as transgender to access their human right to communicate in a way that reflects their gender identity. Speech therapy has a considerable impact on the gender transition process. Specifically, speech feminization for male-to-female (MtF) transgender individuals is widely recognized as a fundamental component of transgender care (Davies & Goldberg, 2006). Altering speech and language behaviors throughout a MtF's transition is particularly vital because without retraining, her pitch may remain too low to effectively "pass" as female (Kulick, 1999). Thus, the speech-language pathologist can play a critical role in helping the transgender client align their gender presentation with their gender identity.

For the purposes of this paper, the term "transgender" is used as an umbrella term encompassing all individuals who identify as a gender which does not correlate with his or her sex identified at birth. This includes, but is not limited to, individuals that prefer the following terms to self-identify: transsexual, transgender, transvestite, transwoman, transman, trans*, or simply those who prefer to be addressed as "male" or "female" (in the instance that their gender does not correlate with their birth sex). There are many other lesser-known gender identities that fall along the transgender continuum, such as "genderqueer," "gender variant," and "gender non-conforming." Cross dressers can also be considered a part of the transgender community. However, these identities differ from the aforementioned transgender individuals in that they do not "transition" to one gender or another. Rather, their gender expression does not fit into the

traditional gender binary of cisgender men (born and identified as male at birth) and cisgender women (born and identified as female at birth) (Teich, 115-117). It is possible that the speech-language pathologist will encounter a variety of gender identities. However, most commonly the individuals who seek speech services are transgender/transsexual people that are transitioning to express their preferred gender full-time.

A speech-language pathologist who is preparing to work with a transgender client must have a comprehensive understanding of the various gender norms and aspects of voice that influence a listener's perception of a speaker's gender. Research has shown that fundamental frequency (perceived as pitch) is the most influential acoustic marker in the perception of one's gender (King, et. al, 2011). However, it is not the only parameter of voice that influences this perception. Resonance, intonation, voice quality, and intensity also affect a transgender individual's ability to pass. In addition, nonverbal communication is a particularly influential and often "neglected" aspect of voice and communication therapy for transgender individuals (Hirsch & Van Borsel, 2006). In order for the client to achieve the best results in therapy, the speech-language pathologist would be remiss not to target most, if not all of the factors that influence the perception of femininity or masculinity.

Although speech language pathologists must have a comprehensive understanding of the transgender population as a whole in order to work with them ethically and effectively, it is most imperative that they are comfortable working with the MtF transgender population. MtF transgender individuals seek speech services more often than FtM (female to male) individuals due to the fact that hormone treatment usually helps to lower pitch levels sufficiently for the FtM population to pass effectively without behavioral intervention (Adler & Van Borsel, 2006). In contrast, a MtF transgender woman's pitch does not raise as a result of hormonal therapy, and fundamental frequency (perceived as pitch) is "primary in perception of a speaker as male or female" (Davies & Goldberg, 2006). This results in a blatant incongruity between the speaker's

visual presentation and their voice. Failing to pass in public situations has the potential to incite emotions such as anger, fear, pity, and empathy (Christianson & Adler, 2006). Unfortunately, in a study comparing transmale and transfemale respondents' experiences in the workplace, Whittle, Turner, and Al-Alami (2007) found that only 23.8% of MtF individuals passed "all of the time," and only 38.1% passed "most of the time." This is striking when compared to FtM passing rates in the workplace of 73.1% "all of the time" and 3.8% "most of the time." The speech-language pathologist has the responsibility of teaching his or her client some of the pertinent skills necessary for the MtF transgender client to present, wholly and effectively, as female.

Voice and communication therapy is only one profession involved in the transition process, and therefore the speech-language pathologist may find themselves working in conjunction with the goals of other professionals including psychologists, endocrinologists, and various surgeons. The changes that an individual must undergo in order to transition are not only emotionally taxing, but also time-consuming. A transgender individual must see a psychologist for two years if they are planning to receive gender affirmation surgery (which may or may not be a part of their transition), in addition to endocrinology appointments for hormone therapy. MtF transgender individuals often seek electrolysis treatments for hair removal and plastic surgery for various cosmetic changes (Adler, 2006). Understandably, the transition process may be conducive to a hectic schedule, which must be considered when planning a program for transgender clients.

Clients may come into the speech and language clinical setting at an early stage of their transition or without any of their co-workers, friends, or family knowing that they are seeking treatment. This could mean that throughout treatment, they may not have the time to change their appearance in order to present as their preferred gender. If a clinician is unprepared to work with a male-presenting yet female-identified client, this situation will result in both individuals becoming uncomfortable and dissatisfied with the session. However, it should be noted that an

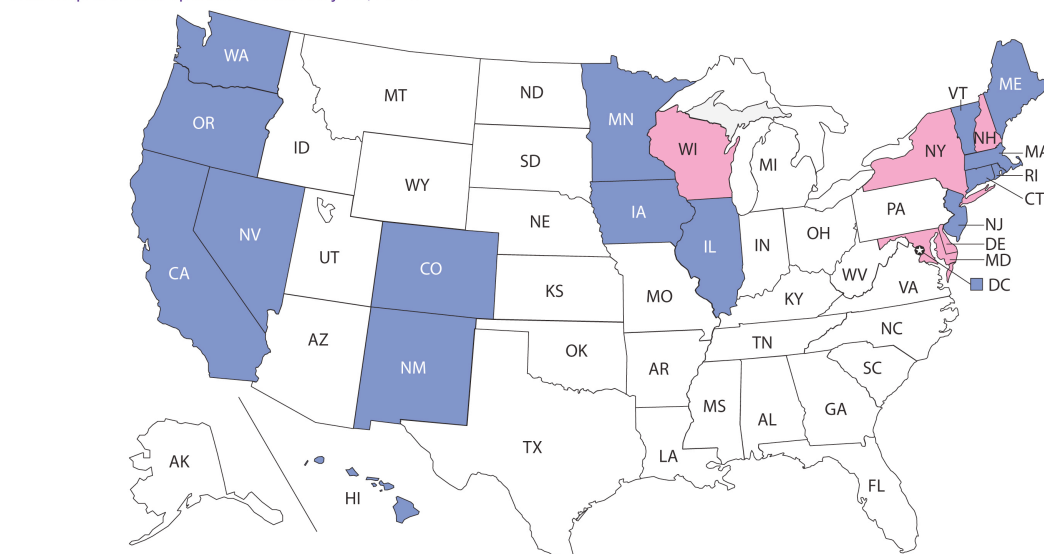
individual's self-perception of their femininity has a correlation with how others perceive their femininity, in turn (McNeill, Wilson, Clark, & Deakin, 2008). Thus, feminine self-perception may be an important component in developing a voice that will pass as feminine (Owen & Hancock, 2010) and should be considered throughout treatment.

The speech-language pathologist's understanding of transitioning can influence the quality of the care that he or she will provide, as well as prevent misunderstandings that lead to uncomfortable situations for both themselves and the client. Relationships with spouses, partners, and children can all potentially disintegrate once an individual comes out as transgender (Christianson & Adler, 2006). Coming out can also impact a transgender individual's employment, as only sixteen states and the District of Columbia ban discrimination based on sexual orientation and gender identity/expression (see Figure 1-1). In the rest of the states on this map, illustrated in pink and white, transgender individuals are not protected from discrimination or unfair dismissal due to their gender status. All of these issues can impact the client's ability to participate in therapy comfortably and effectively. Additionally, these issues understandably come with mental and emotional repercussions that can affect one's activities of daily living. For example, Grant et. al. (2011) found that 41% of transgender respondents to this survey reported attempting suicide. Overall, this is an extremely sensitive client base, and therefore a speech-language pathologist must enter the therapy space prepared to deal with issues that are presented

throughout treatment.

State Nondiscrimination Laws in the U.S.

This map was last updated on January 20, 2012



States banning discrimination based on sexual orientation and gender identity/expression (16 states and the District of Columbia)
 Minnesota (1993); Rhode Island (1995, 2001)¹; New Mexico (2003); California (1992, 2003)¹; District of Columbia (1977, 2005)¹; Illinois (2005); Maine (2005); Hawaii (1991, 2005, 2006, 2011)²; New Jersey (1992, 2006)¹; Washington (2006); Iowa (2007); Oregon (2007); Vermont (1992, 2007)¹; Colorado (2007); Connecticut (1991, 2011)¹; Nevada (1999, 2011)¹; Massachusetts (1989, 2011)¹

Laws banning discrimination based on sexual orientation (5 states)
 Wisconsin (1982); New Hampshire (1997); Maryland (2001); New York (2002); Delaware (2009)

¹California, Connecticut, DC, New Jersey, Massachusetts, Nevada, Rhode Island and Vermont first passed sexual orientation nondiscrimination laws, then later passed gender identity/expression laws.

²In 1991, Hawaii enacted a law prohibiting sexual orientation discrimination in employment. In 2005, it enacted a law prohibiting sexual orientation and gender identity/expression discrimination in housing. In 2006, public accommodations protections were added for sexual orientation and gender identity/expression. In 2011, gender identity was added to the employment discrimination law.

National Gay and Lesbian Task Force
www.theTaskForce.org

Figure 1-1

A shift in attitudes throughout the nation will influence the number of transgender individuals that come out, and subsequently seek speech and language services. As the United States becomes more accepting of LGBTQ (lesbian, gay, bisexual, transgender, and queer) individuals, transgender individuals may feel more comfortable expressing their true gender identities and therefore seek services more readily than in the past. Although the transgender community continues to face a tremendous amount of adversity from the general public, small strides are being made to increase the acceptance in the United States. In December 2012, the American Psychiatric Association (APA) approved changing the classification “Gender Identity Disorder” in the DSM-5 to “Gender Dysphoria.” This change signified the APA’s recognition

that transgender individuals are not “disordered,” but rather have a feeling of emotional and mental discomfort with regard to their gender identity (Basu, 2012). As the transgender community continues to make progress in society, this identity will gradually become less stigmatized and professionals may start to see more transgender individuals in their practices. Hence, it is important that these professionals are both prepared to work with the transgender community and willing to help them achieve their goals.

However, transgender individuals are still continually marginalized in society today. The National Center for Transgender Equality found that 50% of the transgender individuals surveyed had uninformed medical providers who needed to be taught about transgender care by their patients. Nineteen percent of the transgender individuals surveyed were refused medical care due to their gender status, and 28% postponed medical care as a result of discrimination (Grant et. al., 2011). The health care outcomes for transgender-identified individuals are poor compared to the general population. Consequently, one must ask whether or not there are dedicated professionals who are providing services to this underserved population, or if they will continue to receive sub-par treatment as a result of their gender status.

The primary incentive of this research study is to gauge the speech-language pathologist/transgender client relationship and to determine whether or not speech-language pathologists are providing quality services for these individuals. Gelfer (1990) states, “In working with a transgendered client, it is helpful for the speech-language pathologist to have an awareness of the transition process.” The interviews conducted for this study were designed to determine if (and how) speech-language pathologists deviate from the medical professionals who are not adequately providing care for transgender clients. Perspectives of both speech-language pathologists and transgender individuals that have received services from speech-language pathologists were evaluated.

Chapter 2

Method

Participants:

Ten participants were recruited for interviews regarding their experiences with speech and voice therapy for transgender clients. The eligibility requirements for the study limited potential participants to two groups:

Five of the participants in this study were speech-language pathologists who have worked with, or are currently working with, at least one transgender individual in the speech and language clinical setting. The study included clinical directors as well as speech-language pathologists who have done research on the transgender population. These individuals were contacted by the investigator via email. This original group of participants, consisting of only speech-language pathologists, was chosen on the basis that they are known for doing research on the transgender population in the speech and language clinical setting. All five of the speech-language pathologists who participated in the study worked in a university setting, albeit living in a variety of geographical areas. The average age of the speech-language pathologist group was 45 years old. Collectively, this group had an average of 23.2 years of experience in a speech and language clinical setting. Two out of the five speech-language pathologists had Master's levels of education, and three of them had Ph. D. degrees.

The other five persons who participated in this study were transgender-identified individuals. The only requirements for the transgender individuals who participated in this study were that they identified as "transgender" (or any other trans* identity that falls under the transgender umbrella) and that they had received speech and language services for the purposes of their transition. Most of the transgender-identified participants who were recruited for this

study were referred by the speech-language pathologists who worked with them. The average age of this group was 54.4 years old. This group was asked how they self-identified (with regard to their gender) as an open-ended question. Three out of five participants stated “female,” one participant stated “transsexual,” and one participant stated “transgender woman.” It should be noted that all participants in this group could be described as MtF transgender individuals. FtM transgender individuals were not omitted from this study intentionally; rather, they do not frequently seek voice modification from speech-language pathologists, which was reflected in this small sample of the transgender community.

Materials:

The interview outline used throughout the study by the investigator included open-ended and yes/no questions, as well as prompts to encourage further explanations. Two different interview outlines were used for the transgender clients (Appendix A) and for the speech-language pathologists (Appendix B), respectively. All interviews took place over the telephone, and the data was recorded using the audio recorder program TapeDeck on a MacBook Pro laptop computer. The participants were all made aware of the purpose of the study in the recruitment email (Appendix C) as well as the consent form (Appendix D), which was read to the participant by the primary investigator prior to each interview. Participants verbally consented to take part in the study after the consent form was read aloud. After each interview, participants were subsequently sent a copy of the consent form via email.

Procedure:

Participants were interviewed about their experiences in the clinical setting with regard to transgender speech-language-pathology. Interviews took place via the telephone at the participants' convenience. Interviews began with a broad question followed by subsequent questions relative to gathering the desired information about how speech-language pathologists

and transgender individuals work with one another in the clinical setting. Participants were asked to participate in one interview, which took approximately thirty minutes to one hour in length.

Interviews were audio-recorded so that the information gathered from each participant could be analyzed in retrospect. All identifying information relative to participants was removed from audio files as well as the data recording sheets used to organize the information from each interviews. Alpha-numeric codes were used to reference the audio-recordings of each interview, respectively.

Chapter 3

Results

Speech-Language Pathologists:

When the speech-language pathologist group was asked how they originally became involved with transgender speech and language services, answer varied greatly from individual to individual. While one speech-language pathologist (SLP) responded that he or she was a part of the GLBT community and a speech-language pathologist, another stated that he or she did not know about the population until their first transgender client called into the clinic requesting voice feminization services. Another SLP noted that he or she was teaching a class at a university where there is a notable transgender population present in the clinic, and therefore his/her students needed to be educated on the population in their voice class. One of the SLP participants was writing his/her master's thesis on perceptions of MtF transsexuals regarding voice therapy and nonverbal communication. The last individual received a call from a local mental health counselor who was working with MtF transgender individuals, and eventually was prompted to start a group by their first client.

Four out of five of the SLP clients interviewed were involved with research projects on the transgender population. Three of them had published literature regarding transgender voice, and one of them was in the process of publishing his or her findings related to transgender speech and language services. The levels of experience that this group had with the transgender population varied from providing services to two transgender clients to working with two or three hundred transgender individuals throughout their career. The SLPs were also asked how many clients were on their caseload currently, and the responses varied from zero to eight (for those who were involved in group therapy).

The participants were asked how they would define transgender. Some of the SLPs defined transgender as an umbrella term, while others viewed transitioning as a more binary process (e.g. transitioning from one gender the other). The individuals who define “transgender” as an umbrella term made statements such as, “people of many different types of [gender expression], includes transsexuals, cross-dressers, and pretty much all in between... So I feel that it really encompasses a lot, it’s more of an umbrella term.” Similarly, another participant stated that transgender is a “broad umbrella term for people who spend part or all of their time in their non-biological gender, birth gender... There are transsexuals, either MtF or FtM, who are transitioning and hope to be full time in another gender. But my understanding also includes folks who cross-dress, and are in a situation where they choose to be gender ambiguous.” The individuals who indicated that transgender individuals operate on a more binary basis made statements such as “A person of one gender being born into the body of the other gender” or “A person who is wishing and stating to be in the gender in which they were not born, and physically able to exhibit. And they wish to be the opposite gender of what they had been during their lifetime at the time they’re doing this.”

When asked if they began learning about the transgender population before or after seeing their first transgender client, most of the SLPs stated that they began “during” or “before.” All of them stated that they keep up to date with transgender and LGBTQ issues in the media, politics, and the like. Two of the participants cited their affiliation with the World Professional Association for Transgender Health (WPATH) as a way that helps them keep up-to-date with transgender issues. Additionally, three stated that regularly searching databases or other Internet sources for transgender voice issues helps to keep them well informed on the needs and care for this population. Other ways that were also mentioned including going to transgender conferences, becoming involved with the LGBTQA resource centers, and signing up for listservs which provide information about transgender voice issues. All of the SLPs confirmed that they

try to stay informed about transgender speech and language services. The participants stated that they keep up-to-date with transgender speech and voice issues, specifically, by using the WPATH journal, listservs, database searches, the *Journal of Voice*, and the book *Voice and Communication Therapy for the Transgender/Transsexual Client: A Comprehensive Clinical Guide* edited by Adler, Hirsch, and Mordaunt.

SLPs were asked specifically what their clinic does to promote an LGBT, or specifically trans* positive environment for their clients. One speech-language pathologist said that his or her clinic has developed a full mission statement to respect one another and feel free to express themselves. Another participant stated that he or she talks to the other clinicians before they see their clients and have an open discussion about safety and security. One SLP included that he or she makes sure to emphasize to his or her clients that the clinic does not view them as having a disorder, but rather that they are in the clinic to improve their communication skills. Another individual cited the importance of the history of the clinic being a transgender-inclusive environment, and therefore their clients feeling more comfortable and as though they are not the “only ones.”

When asked how much training they received specifically pertaining to working with the transgender population, four out of five of the SLPs stated that they had no formal training regarding this population. One said that he or she did a lot of research on his or her own, but had not been explicitly educated on the population. This SLP also specified that the transgender population was a topic in his or her multicultural class. Another participant stated that he or she applied their knowledge of voice to help their transgender clients make progress, but had not received any instruction on the cultural aspects of working with this population. All five of the SLPs confirmed that more training on the population in undergraduate or graduate school would have benefitted them. When asked how much of the research on the population they had to do on their own, three out of five of these participants responded “all of it,” and two out of five of them

said “most of it.” Four out of five of these speech-language pathologists indicated that they were in contact with the other professionals involved with their clients’ transitions, including endocrinologists and psychologists. One of them added that he or she requires their clients to provide the names of the other individuals involved with their transition so that they can be contacted (with consent from the client) if necessary.

SLP participants were asked to rate their current level of comfort with the transgender population on a one to ten scale. Four of them responded that they would rate their level of comfort when working with transgender clients at a ten. One of them rated themselves at a nine, stating “there’s always something more you can learn.” They were subsequently asked what their level of comfort was when they began working with the transgender population. Two participants rated themselves at eight, one at seven, one said “three or four” and the last said “one or less.”

This group was then asked about the main goals that they set for their transgender clients in therapy. Specifically, they were asked if they focus more on pitch and resonance than they do on other goals such as word choices, mannerisms, prosody, etc. The first SLP participant said that they do not only work on voice, but also on prosody, vowel duration to indicate stress, word choices that are characteristically feminine, and nonverbal cues or body language if the client is struggling with them. The next SLP participant stated that they “try to cover it all” in therapy by breaking their sessions into two parts: building a strong voice and then subsequently working on articulation, nonverbal communication, and the like. He or she also mentioned that their primary goal is to work on the client’s authentic voice so that it can be adapted to sound more feminine while maintaining its natural quality, and that a “one size fits all” approach is ineffective. The third SLP responded that his or her primary goal for their clients is for their voice to sound more masculine or feminine, but that it encompasses other aspects of communication aside from pitch. He or she noted “articulation, language choice, syntax, and nonverbals,” as important components

of the goals they use with their clients in therapy. The next SLP stated that he or she focuses primarily on pitch and resonance, and to “match communication with what they feel.” This participant noted that he or she then works on other factors with the client, depending on their needs. The last SLP noted that his or her entire approach is holistic, although the transgender individuals that he or she has worked with have indicated that the two most influential factors were nonverbal communication and pitch. He or she specified that they work on pitch, resonance, articulation, language, and nonverbal communication.

When asked if they collaborate with their transgender clients for their goals in therapy, all of the participants said yes. One participant stated that when they are trying to highlight feminine characteristics in one’s voice, they ask their clients “Would you say this?” or “Is this not your communication style?” Another SLP stated that he or she makes a list of the goals for their clients (which contain eleven aspects of voice), asks if they agree or disagree with the goals set forth, and if they feel as though anything was left out. One other participant stated that he or she consults with the client before therapy to determine what their goals are prior to therapy, and uses that input to determine what to focus on in therapy.

The SLP group was then asked what their expectations for their clients were in therapy. The first participant said that he or she expects their clients to be good communicators, to establish rapport, be respectful of the group at large (as they work in a group therapy setting) and be respectful and collaborative to their clinicians. He or she also indicated that respecting one another in the group was important due to the fact that these people are coming in with “the day to day baggage that we all have, with the additional transgender component.” The next SLP stated that he or she expected their clients to “be perceived as the gender that they would like to be perceived.” The third participant stated that they give their clients the responsibility of bringing their own goals and their story to the table, and determining how that fits in with communication therapy. He or she also noted that he or she expects her clients to provide

feedback about the therapy program. Another SLP indicated that he expects his clients to practice their skills on the schedule that he or she gives them, because they do not want their clients to waste their money or time on therapy if they are not committed to the program.

This group was asked what they believed their transgender clients' goals and expectations were of the clinic, in turn. Two of the SLPs stated "That they will raise their pitch and sound more feminine" and that clients sometimes "expect me to fix their voice in two minutes." One of these participants also noted that they believe their clients main goal, overall, it not to be "read" by others as their biological gender. A different SLP said that he or she sees it vary from person to person, and that ultimately they want to shift forward on the "femininity continuum" in some way. Another participant also stated that some clients come into the clinic expecting to solely raise pitch alone and pass as female, while others know that the process involves more than pitch alone from word of mouth through the community. The last SLP stated that he or she believed her clients' main expectations for the clinic are to provide them with the ability to face less discrimination, be "read" less, and that their expectations vary depending on where they are in their transition. The SLPs were also then asked if they believed their transgender clients' goals and expectations were realistic. Three responses consisted of "75% of the time," "not at first," "sometimes they are not." One participant noted unrealistic expectations for target frequency, and Two of the SLP participants said "yes," their clients' expectations were realistic.

Last, the SLPs were asked about any relevant positive or negative experiences they have had when working with transgender individuals. For positive experiences, most of them cited working with clients that they were able to see passing extremely well in the future. For example, one SLP had worked with a principal of a school and a police officer, and was able to see their tremendous progress when they passed effectively at work. Similarly, another SLP cited having the opportunity to go to a business conference in which one of his or her transgender clients conducted a presentation in which she passed very well. One participant told the story of a fifteen

year-old girl who transitioned before her larynx became “trained” to speak in a masculine voice, and thus had a very successful experience. “She was really excited and positive,” said the SLP. Another participant said “there is nothing more satisfying than helping an underserved population.”

Negative experiences were less prevalent, but included clients who were not compliant and frustrated when not making progress, people coming in with “a lot of problems” and needing to “work through them” in order for therapy to be effective, and occasional awkward experiences. One SLP noted that he or she once showed a transgender client a videotape of herself, and the client realized for the first time that she had male-pattern baldness. The SLP said “it was odd trying to comfort her because it was very obvious,” and that the client was “distraught” when she noticed it. Another participant noted that he or she has had negative experiences with clients who decide to use bootleg tapes or find videos on the Internet and end up hurting their vocal folds or developing persistent hoarseness.

Transgender Clients:

The transgender (TG) clients were first asked how many speech-language pathologists (SLPs) they had worked with in total. Two individuals had worked with one SLP, two had worked with two SLPs, and one had worked with “9 or 10” SLPs. The participants were asked if their SLP(s) demonstrated a clear understanding of the transgender community. One of the responses was “No, pretty much none of them have a clear understanding of the transgender community, but I would say that they are very sensitive to the transgender community.” This TG individual indicated that they did not feel as though their SLP had much background knowledge on the transgender community, and that “for the most part I was the first transgender person they had met.” However, the rest of the participants replied “yes” in response to this question.

This group was then asked to indicate what their clinic did to foster an LGBT positive or trans* positive environment. The first individual stated that her clinic did not do anything specific to cultivate an LGBT or trans* positive environment. Another TG individual stated “they understand it, try to work around it... go out of their way to help you reach your goals.” Another participant stated that being able to share her own story, as opposed to her clinician “lumping” her into a category and making assumptions about her. She stated that being able to speak to her clinician about her personal experiences helped her to feel more comfortable in this setting. The next participant stated that the individuals who worked in her clinic were “very welcoming, always used the right pronouns, allowed you to dress in any way that’s appropriate.” This TG individual also noted that this clinic allowed her to use the ladies room to dress, as well as letting it be “well known in the community that they’re doing work with TG folks.” The last individual stated that her clinic makes the TG clients feel comfortable and keeps a “happy mood” so that everybody looks forward to coming.

The participants were asked if they believed their speech-language pathologists were well-suited to work with the transgender population, and why. Four out of five of them

responded “yes.” When asked to state the reasons that their SLPs were well-suited, one participant said that her speech-language pathologist was “very open and accepting... enthusiastic... personable ... somewhat knowledgeable about this issue beforehand but has worked quite hard to gain a good level of knowledge.” Two other participants made similar statements about their SLPs, stating that they “had some understanding” about what they were doing and being “well prepared.” One participant answered this question by saying, “Yes and semi-no.” The TG client stated that her SLP “knows what he/she’s doing and does a really good job at it... but sometimes there are certain ways, and there are sometimes things that you wouldn’t usually say, or an actual female wouldn’t say.”

All five of the TG clients indicated that their speech-language pathologists consistently used their preferred pronoun. The participants were asked to rate their current level of comfort with their speech-language pathologist on a one to ten scale. Three of them responded that they would rate their level of comfort when working with their speech-language pathologist at a ten. One individual rated their level of comfort at a nine and the last participant rated their level of comfort at an eight. They were subsequently asked what their level of comfort was when they began receiving speech services. Two participants rated themselves at eight, one at seven, one said “three or four” and the last participant said “one or less.”

The participants were asked to describe the level of importance of speech and language services on their transition. One individual responded “very important.” Another TG participant stated, “Personally I think that there is nothing more important. I think that of every part of the transition for transgender women, I do not think that there’s anything more important.” The next participant stated that she felt as though speech and language services were the second most important aspect of her transition after psychological services. The last TG individual responded that she felt speech and language services were “extremely important” because “the first thing people see is how you look, but the second thing is how you sound before they call you ‘sir’ or

‘ma’am’.”

The TG group was then asked to identify their main goals for therapy, specifically whether they were more focused on raising their pitch and improving their resonance or if they wanted a more holistic approach including mannerisms, word choices, prosody, etc. The first participant stated that her goal was to “sound more feminine,” and that she wanted to improve “all of the above” (referring to mannerisms, word choices, prosody, and the like). The next TG client stated that her ultimate goal was consistency. Although her voice was “there already,” she worried that in an hour or two she would do something that would “give her away.” She looked to therapy as a way to help her gain confidence in maintaining, rather than attaining, a feminine presentation. Similarly, the next participant stated that she wanted “more feminization of her voice” and to “maintain the feminization” as she begins to talk. She noted that she was mostly concerned with maintaining her pitch, and not as much with mannerisms. A different participant stated that her main goal was to “not sound like a guy in a dress” and did not want to be an “embarrassment” to the people that she worked for and her family. This TG individual stated that she did not want incongruence between her appearance and her voice; she wanted others to focus on what she was saying in conversation, not just her voice. This participant also noted that she wanted to improve her resonance, pitch, intonation, pacing, breathing, and word choices. The last TG individual cited that her goals were to “get the pitch about right” and “get into the female range with proper inflection and pronunciation.”

TG clients were asked whether or not their clinicians discussed their goals for therapy with them. All five of the participants indicated that their clinicians discussed their goals with them on a regular basis and reevaluated them as necessary. One individual added that her clinician is very open and accepting toward candid discussion of goals for therapy. The participants were also asked if they felt as though they and their clinicians agreed upon the goals in therapy. Four out of five of the TG individuals interviewed indicated that they agreed with

their clinicians' goals for them in therapy. One individual stated that they "negotiated things at times" when she felt as though they were working on skills that she had already mastered. She said she sometimes felt as though they were getting "stuck on the fundamentals" and that she was ready for something "a little more refined." Another participant added that she knew she was asked "regularly, at least a couple times a session" whether or not what they were working on was congruent with her goals for her voice.

Participants were asked to explain their previous knowledge of therapy practices and compare those with the services provided in the clinic. Three participants stated that they had no knowledge of the services provided for TG voice clients. One TG individual said she "somewhat" knew what to expect, and the last participant stated that she had previous knowledge from working in a medical field. Another TG woman added that she had "seen some YouTube stuff," but it did not prepare her for therapy. She also stated that the services she received were "not what she expected at all." Another participant said that she "had seen things online before" which were fairly similar to the protocol in the clinic. The next TG individual stated that she knew what she wanted for herself, but she did not know anything about how a speech-language pathologist could help her achieve her voice. Two of the participants stated that they could not make the comparison because they had no previous knowledge of the techniques that would be employed.

TG clients were asked what their expectations were going into the clinic, and if their expectations had been met. One participant's expectations for her voice were unclear. This TG individual noted that when it came to understanding the transgender population, the clinic she attended was "sort of understanding, maybe not so much" but also noted "they exceeded expectations for being accommodating to transgender folks." Another participant stated that she just "wanted to make sure the voice was there" because she is very active politically, and that her expectations had been met. The next TG individual stated "I thought it would happen quicker,"

(in reference to her progress with her voice). She indicated that she did not have many expectations going into the clinic, and thus there were not many expectations to meet. Another participant stated that she “expected it to be a completely accepting environment,” and that this expectation had been met. The last individual indicated that she had expected that therapy “would not work out,” and had doubted her ability to be successful. This expectation was not met.

The TG client group was asked to share what they believed their SLP’s goals were for them, and whether or not they agreed with these goals. The first client said that her SLP’s “goal is to get me at a comfortable level” and to help her achieve her goals in a realistic way. This TG individual indicated that she and her SLP agree upon goals for therapy. The next participant stated that she wanted to achieve a more feminine voice in all aspects of speech, as well as work on singing at an alto level. She also stated that she and her SLP agreed upon goals, and that there was no “clashing.” Another TG client said “they wanted for me what I wanted... for me to be happy” and she confirmed that she and her SLP agreed upon the goals for therapy. She also added that she believed “you are the clinician, and it is your job to give the client what they want.” The last TG individual who participated stated that her SLP’s goals for her were to raise her pitch “up to a reasonable level,” as well as work on resonance and intonation. She also added that therapy helped her with other issues that she had previously had with her voice (unrelated to her transition), such as finding words and “other speech impediment issues.” This client stated that she and her SLP agreed upon her goals for therapy, but also noted that she felt “like she is saying the same things over and over again,” and needed a change.

When asked to describe any positive or negative related experiences that they have had in the speech and language clinical setting that relating to the purposes of this study, the first client stated “Every time I went there everybody used the right pronouns, was welcoming, everybody was friendly... it’s an incredible place.” She had no negative experiences to report. The next TG

client indicated that the positive experience she had came from the relationships that she was able to build through therapy, as she was in a group setting, and having the opportunity to relate to others who were at the same stage of their transition as she was. For negative experiences, she cited that the group setting was difficult sometimes due to other clients' disruptive behavior. She did not state that anything her speech-language pathologist did related to her negative experiences in therapy. Another participant stated that her positive experiences came about through being able to work with "the nicest people, honestly, that you will ever meet in your life," regardless of them teaching voice. This client was also in a group setting and noted that some other clients were "oppressed... beaten down..." and "maladjusted" which caused tension within the clinical setting. The next client had no negative experiences to report, and stated that her speech-language pathologist's "acceptance, flexibility, and enthusiasm" contributed to the positivity of her experience. The last TG client stated that her positive experiences including the ability to have a "good professional working relationship" with her SLP, and "it's more of a friendship now than a therapy session." She indicated that she wished her clinic would do more to advocate that they provide speech and language services for transgender individuals.

Chapter 4

Discussion

The speech-language pathologist (SLP) group's responses indicated a variety of levels of knowledge and comfort with the transgender (TG) population. Most of them indicated that they had only interacted with TG individuals in the clinical setting and had never had experience with the TG population in daily life. The wide range of answers that they provided when asked how they became involved in working with TG individuals also supports this idea that SLPs who work with this population generally do not have background experience with this population, despite the fact that many of them began learning about TG issues "before" or "during" working with their first TG client. This coincides with one of the TG clients' statements that she felt as though her SLP was "sensitive but not understanding" toward the transgender community, and that she was the first transgender person that the people she worked with had ever met. This indicates that although a SLP may have the intent of providing open, accepting services to their TG clients, some individuals feel as though their SLPs are still lacking in some aspects of understanding this community.

However, many of the TG clients interviewed also noted that their SLPs were very open to learning about the experiences of TG individuals. This contributed to a more LGBT positive or trans* positive working environment. Many of the SLPs noted that they keep up-to-date with LGBTQ issues in the media and politics through various sources, which contributes to their ability to relate to and understand the experiences of their clients. Four out of five of them cited that they made attempts to create an accepting environment for their LGBTQ and, specifically, TG clients. This indicates a commitment to making TG individuals feel comfortable in the clinical setting, and thus furthers the reliability of SLPs that work with the TG population.

The SLPs were asked to define “transgender” from their perspective in order to gauge the range of experiences that they have had with this population. Many of them indicated that they understood “transgender” as an umbrella term, encompassing a variety of gender expressions and identities. Only one of the SLPs indicated that they viewed it as more of a binary, transitioning from male-to-female or female-to-male, exclusively. The majority of the SLP participants indicating that they view “transgender” from a non-binary perspective implies that they have come to understand more about the transgender community than the average individual, and speaks to their ability to work with this population ethically and effectively. The TG clients interviewed also believed that their SLPs were well-suited to work with the TG population, as four out of five of them indicated this to be the case. Several of them noted that their SLPs were “well prepared” to work with them and to accommodate to their needs, and only one TG individual commented that she felt as though her SLP gave her inapplicable suggestions for her voice. Once again this demonstrates that SLPs who work with this population tend to show high levels of competency in working with TG individuals. This was also corroborated by the fact that all of the TG clients indicated that their SLPs consistently used their preferred pronoun. The SLPs’ proficiency in providing services to TG individuals is a testament to the research they had done on their own, as all five of them indicated that more training at the undergraduate or graduate level on this population would have benefitted them, and four out of five of the SLPs had not been explicitly educated on the population.

Overall, both groups (SLPs and TG clients) indicated that they felt more comfortable in the speech and language clinical setting after spending some time in this setting. The SLPs tended to be more comfortable than their TG client counterparts. When the TG participants were asked to describe the level of importance of speech and language services on their transition, they all indicated (in some manner) that they viewed these services to be very important. This

indicates the significance of the SLP's role in the process of one's transition, and the necessity that these professionals are providing open, accepting environments for TG individuals.

There were some inconsistencies in the SLP and TG client responses when each group was asked to indicate their goals for therapy. While the SLPs' responses all gravitated toward a holistic approach to therapy, including pitch and resonance as well as mannerisms, prosody, and word choice, approximately half of the TG clients indicated that their goals were more focused on their voice alone. Although both groups indicated that they openly discuss the goals of therapy, these differences may be indicative of an underlying issue with clinicians and their TG clients. One of the TG clients indicated that she felt as though her SLP gave her suggestions that did not coincide with the way that she would communicate. This illustrates the importance of SLPs discussion the options with each TG client on an individual basis, and "match[ing] communication with what they feel," as one of the participants stated. The TG population is very heterogeneous, and the quality of the services that they receive is generally poor compared to individuals who identify as cisgender. It is crucial that their SLPs accommodate to the TG clients' goals and needs as much as possible while simultaneously incorporating their professional expertise and opinions, as communication is such an important aspect of the transition process.

However, it should be noted that the inconsistencies between the goals of the two groups might be a result of the TG individuals' lack of understanding and preparedness of the services that are provided when entering the speech and language clinical setting. Since four out of five of the TG individuals indicated that they were satisfied with their SLPs' goals for them in therapy, it would not appear as though they are discontented with the care that they are receiving from these professionals. The TG group, as a whole, indicated that they knew very little about what to expect from their SLP, and what techniques would be employed in order to help them achieve a more feminine communication style. One of the TG clients stated that she had seen videos on the

Internet regarding voice feminization, but they did not prepare her for therapy. This is indicative of the readily available, non-evidence-based information that TG individuals can frequently access, which may contribute to this group's lack of knowledge and preparedness when entering the speech and language clinical setting.

Almost all of the TG individuals' positive expectations for the speech and language clinical setting had been met. One participant indicated that she expected her voice to improve more quickly; however, this is a parameter that her SLP cannot entirely control. Some of them cited expectations for their voices themselves, and others made statements about their expectations for the environment of the clinic. One TG participant's comment that her clinic was not as understanding as she expected indicates that SLPs may need to become better-informed on this population before working with them, despite the fact that they exceeded her expectations for being accommodating. Three of the SLPs interviewed indicated that their TG clients' expectations were sometimes unrealistic, which demonstrates that the TG population can benefit from learning about safe, effective voice techniques in the speech and language clinical setting as opposed to on their own. In turn, the SLP group's expectations of their TG clients involved their willingness to collaborate with and actively participate in the program, as well as dedicating themselves to practicing their skills. This illustrates the importance that TG individuals enter the speech and language clinical setting understanding that their SLP expects them to make a commitment to the program in order to make progress.

Overall, both the TG and SLP participants had more positive experiences to report than negative experiences. Although both groups exhibited some lack of preparation for interacting in the speech and language clinical setting, the information gathered through these interviews suggests that SLPs who work with the TG population tend to be relatively well informed, accommodating, and accepting. The clinical environment they became a part of largely met the TG clients' goals and expectations for therapy, and the SLPs all indicated that their work with the

TG population was extremely rewarding. The data gathered indicates that TG individuals tend to have little information regarding speech and language services before entering the clinic, and this may contribute to their unrealistic expectations that the SLP group cited. For the most part, SLP and TG client participants indicated that they agree on goals for therapy. The results of this study signify that SLPs tend to provide effective, ethical services to TG individuals.

Limitations and Suggestions for Future Research

Because four out of five of the SLP clients who participated in this study had previously conducted research projects on the transgender population, the SLPs interviewed for this study were specialized in this area of speech-language pathology. They all had a notable amount of experience providing services to the TG population, and thus were more likely to understand and accommodate to the complexities of working with TG individuals. Four out of five of the SLPs interviewed worked in a university setting, and therefore the results of this study may be less indicative of the services that SLPs provide to the TG population in other environments. Additionally, the validity of these results may have been affected by the small sample size for each group.

Implications for future research include specific environmental factors that contribute to better outcomes for TG individuals' voices in the speech and language clinical setting, as well as what precisely makes the TG population more or less comfortable with their SLP. The level of advocacy for TG individuals by their SLPs could also be investigated, as well as the effects that this has on their success throughout treatment.

Appendix A

Interview Questions for the Transgender Clients

1. How many speech-language pathologists have you worked with, in total?
2. Does your speech-language pathologist demonstrate a clear understanding of the transgender community?
3. What does your clinic do to foster an LGBT-positive, or specifically trans-positive, climate?
4. Personally, do you feel as though your speech-language pathologist is well-suited to serve the transgender population?
 - a. Why?
5. Does your speech-language pathologist consistently use your preferred pronoun?
6. Are the other professionals that are involved with your transition all in contact with one another?
7. What is your current level of comfort with your speech-language pathologist (1-10)?
 - a. When you first began therapy (1-10)?
8. What are the main goals that you would like to achieve through speech therapy?
 - a. Exclusively pitch/resonance?
 - b. Mannerisms?
 - c. Word choices?
 - d. Prosody?

9. Describe the level of importance you would place on speech and language services in the process of your transition.
10. Do you discuss the goals of therapy with your speech-language pathologist ?
 - a. On a regular basis?
11. Did you agree with the clinician for your goals?
12. How much did you know about what exercises, techniques, etc. would be employed in the speech clinic before your first session?
 - a. Compare to what services are provided
13. What were your expectations going into the speech clinic?
 - a. Have all of your expectations been met? (Explain)
14. What do you think your speech-language pathologist's goals and expectations are for you?
 - a. In general?
 - b. Do you feel as though you and your speech-language pathologist agree upon the goals for you in therapy?
15. Describe any related positive experiences that you have had in the clinical setting or with a speech-language pathologist
16. Describes any related negative experiences that you have had in the clinical setting or with a speech-language pathologist
17. Is there anything else that you would like to add about your experiences in therapy that you think would benefit the purpose of this study?
18. Do you have any questions for me?

Appendix B

Interview Questions for the Speech-Language Pathologists

1. What is your history in providing speech services the transgender population?
 - a. How did you get involved in this specific area?
 - b. Have you done clinical research in this area?
 - c. How many transgender clients have you had in total (or are on your caseload currently)?
2. How would you define transgender?
3. Did you begin learn about the transgender population before or after you saw your first transgender client in the clinic?
4. Do you keep up-to-date with LGBT, or specifically, trans* issues in the media, politics, etc.?
 - a. How?
5. What does your clinic do to foster an LGBT-positive, or specifically trans-positive, climate for your clients?
6. How do you keep up-to-date with literature, publications, research studies, etc. regarding transgender speech-language-pathology?
7. How much training did you receive specifically pertaining to working with the transgender population before seeing your first transgender client?
 - a. Would more training in undergraduate/graduate school on the population have benefitted you?

8. How much research did you do on your own?
9. Are you in contact with other professionals that are helping your transgender client (or clients) with their transition? (endocrinologists, psychologists, etc.)
10. What is your current level of comfort when working with transgender clients on a 1-10 scale?
 - a. What was your level of comfort with working with your first transgender client (1-10)?
11. What are your main goals when working with transgender clients?
 - a. Exclusively pitch/resonance?
 - b. Mannerisms?
 - c. Word choices?
 - d. Prosody?
12. Do you discuss the goals of therapy with your clients?
 - a. On a regular basis?
13. What are your expectations for your client or clients?
14. What do you think your client's goals and expectations are in the clinic?
 - a. In general (with regard to their transition)?
15. Do you feel as though your client's goals and expectations for their voice are realistic?
16. Describe any related positive experiences that you have had in the clinical setting or with transgender speech clients
17. Describe any related negative experiences that you have had in the clinical setting or with transgender speech clients

18. Is there anything else that you would like to add about your experiences working with transgender clients that you think would benefit the purpose of this study?
19. Do you have any questions for me?

Appendix C

Recruitment E-mail

Greetings _____,

My name is Stephanie Zmuda and I am going into my senior year of undergraduate studies in Communication Sciences and Disorders at Penn State University.

I am conducting a telephone interview study with clinicians that have had experiences with the transgender population, as well as transgender speech clients. The title of the study is "Goals, Expectations, and Preparedness in the Speech and Language Clinical Setting: A Comparative Study Between Speech-Language Pathologists and Transgender Speech Clients." I will be using the data collected in order to complete my undergraduate thesis paper.

This study is being conducted for research purposes at the Pennsylvania State University.

Speech-Language Pathologist participants must be certified SLP's and must have had at least one transgender client, currently or in the past. Transgender speech client participants must self-identify as a transgender individual and must be currently enrolled in a speech program or have received speech services in the past.

Please do not hesitate to contact me at saz5060@psu.edu you would be willing to participate in a relatively short telephone interview (30 minutes-1 hour). We can then set up a time to conduct the interview at your convenience.

Any help you could provide would be very greatly appreciated! I look forward to hearing from you soon.

Best Regards,
Stephanie Zmuda

Appendix D

Telephone Informed Consent Form

INFORMED CONSENT FORM FOR SOCIAL SCIENCE RESEARCH

The Pennsylvania State University

Title of Project: Goals, Expectations, and Preparedness in the Speech and Language
Clinical Setting: A Comparative Study Between Speech-Language
Pathologists and Transgender Speech Clients

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1. **Purpose of Study:** The objective of this research study is to acquire information regarding the Speech Language Pathologist's (SLP's) knowledge and comfort with the transgender population, as well as the transgender client's experiences in the Speech and Hearing clinical setting. This study will also examine the level of preparedness that both SLP's and the transgender clients have before interacting in the clinical setting.

2. **Procedures to be Followed:** You will be interviewed about your experiences in the clinical setting with regard to transgender speech-language-pathology. Interviews will take place via the telephone at your own convenience. Interviews will begin with a broad question that will be followed by subsequent questions relative to gathering the desired information. You will be permitted to completely answer each question, given as much time as necessary. You will be asked to participate in one interview, which will be approximately thirty minutes to one hour in length.

We will be audio-recording the interview to record your answers to the questions asked. The purpose for the use of these recordings is to be able to transcribe the interview verbatim for further analysis. All identifying information relative to you, the participant, will be removed. We will not associate your name with the audio recording. You will be

assigned a random alpha-numeric code which will be used in reference to the audio-recordings of each interview, respectively. Each interview will be recorded on the primary investigators laptop, and permanently deleted after it is immediately transferred to an external hard drive which will be kept in a locked laboratory in a locked corridor.

3. **Benefits:** The benefits to you may include the ability to reflect on the work that you have done in the clinical setting with regard to transgender speech language pathology. Your insights will be used to help identify areas that need to be addressed in terms of expanding the scope of knowledge in this relatively under-studied area of speech-language pathology. Increased knowledge in these areas may help identify research and intervention goals for speech-language pathologists working in this area as well as future transgender speech clients.

4. **Duration/Time:** Approximately thirty minutes to one hour of your time will be necessary to complete the interview. Times will be dependent upon the length and insightfulness of the answers given.

5. **Statement of Confidentiality:** Your identity will be kept strictly confidential and be known only to the principal investigator and advisor. All of the data (on the external hard drive) and information related to the data (identifying you, the participant, with the alpha-numeric code) that has been collected and analyzed will be stored in a locking filing cabinet in a locked room that only the primary investigator and advisor will be able to access.

The Pennsylvania State University's Office for Research Protections and Institutional Review Board, and the Office for Human Research Protections in the Department of Health and Human Services may review records related to this project.

6. **Right to Ask Questions:** Please contact Stephanie A. Zmuda at saz5060@psu.edu or (610) 417-3526 with questions, complaints or concerns about this research. You can also call this number if you feel this study has harmed you. If you have any questions, concerns, problems about your rights as a research participant or would like to offer input, please contact The Pennsylvania State University's Office for Research Protections (ORP) at (814) 865-1775. The ORP cannot answer questions about research procedures. Questions about research procedures can be answered by the research team.

7. **Risks and Discomforts:** The greatest possible risk to you by participating in this study is loss of confidentiality. The potential for this risk will be minimized by keeping all records that link your identity to your interview in a locked file cabinet, in a locked room, in a locked corridor. Only the primary investigator (Stephanie A. Zmuda) and adviser (Dr. Robert A. Prosek) of the study will know the location of the participant identifier sheets and how to access them.

8. **Voluntary Participation:** Your decision to be in this research investigation is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer.

You must be 18 years or age or older to consent to take part in this research investigation. Your voluntary participation in the research would imply your informed consent to participate. Are you still willing to participate?

YES

NO

If you agree, may we audio-record the interview?

_____ Yes, I give my permission to be audio-recorded

_____ No, I do not wish to be audio-recorded

You will receive a copy of this consent form via e-mail to keep for your personal records.

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ACADEMIC VITA

Stephanie Ann Zmuda

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Education

B.S., Communication Sciences and Disorders, 2013, The Pennsylvania State University,
University Park, PA

Association Memberships/Activities

- The National Student Speech-Language and Hearing Association

Professional Experience

- The Effects of a Modeling Intervention on the Expression of Generative Language by School Age Children with Autism Spectrum Disorders who Use Augmentative and Alternative Communication
 - Research Assistant, Summer 2012-Spring 2013
 - Primary Investigator: Erinn H. Finke, Ph. D., CCC-SLP
- The Influence of Cepstral Peak Prominence on the Perception of Voice Quality
 - Research Assistant, Spring 2012
 - Primary Investigator: Robert A. Prosek, Ph. D.
- Vowel Changes Under Sleep Deprivation
 - Research Assistant, Spring 2012
 - Primary Investigator: Robert A. Prosek, Ph. D

Research Interests

I have interests in a wide range of topics within the field of Communication Sciences and Disorders. Specifically, I have been involved in research regarding augmentative and alternative communication interventions for individuals with complex communication needs. I am also interested in research focused on improving the outcomes for multicultural and underserved populations, such as the transgender population.