Introduction

The word transgender is an "umbrella definition used for an individual who is living in a gender other than his or her own biological gender" (Adler, 2006, 5). A near infinite of terms exist that can be used to refer to this group (Thornton, 2015, 2). Throughout this poster, male-to-female transgender clients may be referred to as transgender men or MTF clients, female-to-male transgender clients may be referred to as transgender women or FTM clients. The term cisgender will be used to specify individuals who identify with the gender they were assigned at birth.

Possessing knowledge of a culture does not constitute competency, although it is a good start.

Not all speech-language pathologists have the knowledge required to work with transgender clients. In an online survey of speech-language pathologists, approximately half of the respondents reported not understanding transgender speech and communication issues in their education (Hancock, Colton, & Douglas, 2013, 258). While this statistic can be explained by the respondents attending graduate school before the relative popularity of transgender voice therapy (Thornton, 2015), there still exists a need to question the cultural competency of these clinicians. According to Hancock and Haskin (2015) "Possessing knowledge of a culture does not constitute competency, although it is a good start.

Transgender clients may seek voice therapy in order to present as their gender, or in order to "pass," which may improve their quality of life (Hancock, Krueger, & Owen, 2011). The aim of this poster is to expand readers' knowledge of effective voice therapy targets and techniques for transgender clients.

Table 1: Possible voice therapy targets

<table>
<thead>
<tr>
<th>Target</th>
<th>Transgender men</th>
<th>Transgender females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intonation</td>
<td>Not discussed in isolation, but should be agreed upon by the clinician and client. (Hancock &amp; Haskin, 2015). Therefore, not unlike other therapies, success criteria should be agreed upon by the clinician and client.</td>
<td>May be lowered</td>
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<tr>
<td>Vocal fatigue</td>
<td>May be less effective in isolation (Adler, Hirsch, &amp; Helenius, 2012)</td>
<td>Healthy vocal habits should be addressed (Palmer, et al., 2010)</td>
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Therapy targets

A review of the literature reveals that there is not a consensus on appropriate therapy targets for transgender clients, and it is impossible to describe all of the terms of voice therapy that can be used to refer to this group. However, throughout this poster, male-to-female transgender clients may be referred to as transgender men or MTF clients, female-to-male transgender clients may be referred to as transgender women or FTM clients. The term cisgender will be used to specify individuals who identify with the gender they were assigned at birth.

Therapy techniques and approaches

Like therapy for any other concern, transgender voice therapy should be tailored to the client. A successful approach will take into account several appropriate therapy targets and should be adapted to the client’s needs. Based on a review of the literature, several therapy targets can be used in conjunction with transgender clients, such as Geller’s approach. Many techniques designed for other populations may be adapted for use with the transgender population. Two such techniques are resonance and intonation.

Geller’s approach focuses on raising fundamental frequency, but also addresses other therapy targets. Geller's technique starts by selecting a target frequency based on the client’s natural abilities, then habituating that pitch at the syllable level, then word, phrase, sentence, and multiple sentences level (Geller, 1999). Word and phrase intonation, vowel formant, vocal fatigue, and vocal hygiene should be considered as a therapy target for transgender clients. The male transgender clients may be referred to as transgender men

Measuring success

Many studies have determined the success of transgender voice therapy through post-therapy, self-reported perceptions of gender, patient satisfaction, or a combination of these factors.

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Special considerations for FIM clients

Transgender women are more likely than transgender men to seek voice therapy (Hancock, et al., 2013, 2016). While transgender men can and do undergo voice therapy (Nygren, Nordenskjold, Sarrel, & Soestelen, 2015), it is unclearly marked less discussing voice therapy for this specific population. One of the reasons that female-to-male transgender individuals are less likely to seek voice therapy is that hormonal therapy may sufficiently lower their fundamental frequency (Nygren, et al., 2015, 9). Some of the reasons that transgender men may seek therapy include vocal instability, hoarse quality of voice, pitch lowering, and juvenile-sounding voice (Nygren, et al., 2015, 5). See Figure 1 for more reasons that transgender men may seek voice therapy. Like therapy for MTF clients, therapy approaches can be adapted from evidence based approaches utilized in cisgender therapy. Effective therapy combines multiple therapy targets in order to maximize possible therapy targets for both MTF and FIM clients include fundamental frequency, intonation, resonance, and vocal hygiene. Therapy approaches can be adapted from evidence based approaches utilized in cisgender therapy, such as the LVRT approach or Stemple’s vocal exercises. While Stemple’s vocal exercises were not found to increase the effectiveness of symptomatic voice therapy, the exercises could be used to target vocal hygiene.

References

Measuring success

Many studies have determined the success of transgender voice therapy through post-therapy, self-reported perceptions of gender, patient satisfaction, or a combination of these factors. If listener perception is chosen as a criterion of success, research indicates that the speech-language therapist can accurately predict how the client will perceive their voice (McNeil et al., 2008, 2010). Listener perception can sometimes be correlated with the speaker’s satisfaction with her voice (Palmer, et al., 2010, 124). It is important to note that not every transgender speaker is considered with “passing” (Hancock & Blask, 2015). Therefore, not unlike other therapies, success criteria should be agreed upon by the clinician and client.