The SLP’s Role in Gender Affirming Care

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Disclosures

- Louise Pinkerton, MM, MA, CCC-SLP
  - Financial: Salary University of Iowa, Owner LPVS @louiseSLP
  - Non-financial: Provides evidence-based voice training and intervention for GA care, considers GA voice services are medically necessary, work with and am close to members of the LGBTQ community, believe that people can express themselves as they wish, and support rights and access to care for people who are minority/disadvantaged

- The views, thoughts, and opinions expressed in the text belong solely to the author, and not necessarily to the author’s employer, organization, committee or other group or individual.

- Thank you to students and clients.

Bio

Louise Pinkerton, MM, MA, CCC-SLP is a clinical assistant professor coordinating voice services in the University of Iowa student clinic and a speech-language pathologist for the LGBTQ Clinic at University of Iowa Hospitals and Clinics. She provides voice and upper airway services across the lifespan, performance and singing voice rehabilitation, and gender affirming training. Her professional and research interests include voice perception and training perceptual skills, occupational voice users, culturally sensitive practice, graduate student supervision, and group voice therapy and training. Louise earned a master’s degree in speech-language pathology from the University of Iowa, and social performance degrees from Indiana University and the University of North Dakota. Louise has a certificate in vocology from the University of Utah and National Center for Voice and Speech. She presented in conferences with the Voice Foundation, Pan American Vocology Association (PAVA), American Speech-Language-Hearing Association, National Association of Teachers of Singing, National Federation of Music Clubs, and the National Association for Music Education. For PAVA, Louise serves as the Continuing Education Administrator for ASHA CEUs. Louise received the prestigious ASHFoundation Graduate Award and numerous singing awards including regional finalist in the Metropolitan Opera Competition. For 20 years, Louise taught singing privately and at the University of North Dakota and Minnesota State University Moorhead.

Before we start

- The following are not permitted:
  - Audio, video, and digital recording
  - Live streaming
  - Photography
  - Whether for personal or professional use

- Exception:
  - Requested accommodations
  - Prearranged with sponsoring organization

Objectives and Plan

- Learners will
  - describe the difference between sex and gender.
  - identify five or more aspects of communication that communicate information about gender.
  - explain the rationale and evidence behind gender affirming voice services.

- Today’s Plan
  - Overview of GA Voice and communication
  - Practice what we do in voice therapy/training

Let’s get started!
Conversation Script

• Me: Hi, SLPs!

• You: Hi, Louise!

What did you notice?

• Voice and Communication
  – Barbies
  – Kens

Playlist of YouTube videos in Resources at the end.

Why is it gender affirming voice and communication?

Exploring today
- Pitch
- Intonation
- Voice quality
- Resonance
- Non-verbal communication
- Language
- Articulation

More Areas
- Nonverbal vocalizations (cough, laugh, sneeze)
- Speech rate
- Intensity levels
- Evaluation and Goals
- Counseling
- Vocal hygiene
- Vocal anatomy and function
- Addressing concurrent voice disorder

Gender affirming voice care is like a toolbox

• Or a buffet
• Or a recipe
• Or a painter’s palate

Preparing to work
Meditation Moment and Stretches

Rationale
- Focus and prepare to learn
- Regulate autonomic nervous system
- Connect to physical sensation and awareness
- Reduce physical tension
- Build common ground

Examples
- Visualization meditation (Magic Box)
- Ratio breathing: 2:4, 4:8
- Whole body stretches
- Targeted neck and face stretches

Terminology and Overview

A rose by any other name ...

Brief Introduction

- Sex versus gender
- Transgender and Cisgender
- How gender is perceived
- AFAB and AMAB

Pronouns

- What to call people
  - Hi my name is Louise, I use she/her/hers pronouns. What name do you go by and what pronouns do you use?
  - Easier with practice!

Gender Affirming Care

Goals of GA care
- Quality of life
- Reduce risk of harm
- Authentic communication
- Align with identity

Types of GA Care
- Medical (meds, surgery)
- Behavioral
  - PT, OT, SLP
  - Counseling
  - Coaching

Different options for voice & communication

- No intervention
- Independent work
- Voice training with SLP or experienced teacher
- Hormone intervention
  - Testosterone-changes pitch only
  - Estrogen-no change to voice
- Surgery
  - Pitch raising or lowering only
Role of SLP

- Multidisciplinary team member
- Voice +
  - Not required to be a voice specialist
- Foster independence
  - Knowledge
  - Exploration
  - Self-Management

(ASHA. Gender Affirming Voice and Communication)

Questions you might have

What about insurance?
Generally, requires an ENT diagnosis of a voice disorder via laryngoscopy.
GA work can be combined with therapy for a voice or swallowing disorder!

(ASHA. Payment of Gender-Affirming Therapy)

What's the difference between training and therapy?
Training isn't about a disorder. It's habilitation.
Therapy and treatment, usually, require a diagnosis. It's rehabilitation.

(Block, 2017)

Who determines gender characteristics?

- Social construct
- Socialization
- How were you socialized to a gender role?

(World Health Organization, https://www.who.int/health-topics/gender)

Describing Aspects of Voice and Communication

- Parameters
  - Characteristic elements
  - Acoustic measures
  - Voice quality
- Stereotypes
- Cultural sensitivity

What's feminine? What's masculine?

People who are cis- and trans-gender all vary in adherence and rejection of communication norms.

Announcement

Ariana Grande
Why are we only talking about feminine and masculine characteristics?

- Learning extremes ID all the choices.
- Transitions are individual and not always M/F
  - Nonbinary: identities beyond binary
  - Gender fluid: gender identity is not fixed
  (National LGBTQIA+ Health Education Center, 2024)

Transitions are not linear
https://www.instagram.com/reel/CusxPm4uyOg/?igshid=MjA3NmNkZWY5Yg%3D%3D

Gender affirming care does address stereotypes
- Present the range of societal norms
- Consider client's background and preferences
- Clients choose what fits them best

Authentic Voice

<table>
<thead>
<tr>
<th>Pitch*</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
</tr>
<tr>
<td>How low or high your voice sounds</td>
</tr>
<tr>
<td>How do your vocal folds change pitch?</td>
</tr>
<tr>
<td>Size/Thickness</td>
</tr>
<tr>
<td>Length</td>
</tr>
</tbody>
</table>

* Do I need to know music to do this? |

<table>
<thead>
<tr>
<th>Intonation</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
</tr>
<tr>
<td>Rise and fall of the pitch during speech</td>
</tr>
<tr>
<td>Melody of speech</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do we use it?</td>
</tr>
<tr>
<td>Those who have higher pitch (&gt;160 Hz, E3) may be perceived as more feminine</td>
</tr>
<tr>
<td>Those who have lower pitch (&lt;130 Hz, C3) may be perceived as more masculine</td>
</tr>
<tr>
<td>Exercise: Mm 1-2-3</td>
</tr>
<tr>
<td>Exercise: Staccato Bop (Pitches: 321)</td>
</tr>
<tr>
<td>(Hirsch et al., 2021, Oates &amp; Dacakais, 1997)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>How do we use it?</td>
</tr>
<tr>
<td>Rises with questions</td>
</tr>
<tr>
<td>Falls with statements, commands, end of sentences</td>
</tr>
<tr>
<td>Used for stress and meaning</td>
</tr>
<tr>
<td>Feminine—larger range, more upward movement, pitch used for stress, walk-jump-step-fall</td>
</tr>
<tr>
<td>Masculine—can have same range, more even with less extremes, uses loudness and length for stress more than pitch</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
</tr>
<tr>
<td>Pitch and Intonation</td>
</tr>
<tr>
<td>Middle C, E Flat and G walk into a bar...</td>
</tr>
</tbody>
</table>

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<thead>
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</thead>
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* Do I need to know music to do this?
Intonation (and Language)

Upward movement
Did you see that? I can't believe what he just did?
She can't have said that, that's impossible
I'm really sorry, really I am.
I know just what you mean.
That was incredible - you're amazing. Where did you learn to do that?
Did you see that sunset last night?

More downward
I forgot to take out the trash.
Where are my keys?
Really nice to see you.
When I get home, I need to walk the dog.
(Hirsch et al., 2021)

Voice Quality

Is it breathy in here or is it just me?

Breathy
word
hology
home

H words

Closely related to resonance

Voice Quality

Clear/Full

Breathy

Temple Clinic provides voice therapy...

Explore
Resonance

This may resonate with you.

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**Resonance**

- What is it?
  - How the vocal tract shapes the sound wave.
- Based on shape and size of vocal tract
- Related to voice quality

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**Vocal tract shape**

- **Feminine (ee, eh, ih)**
  - Mee mee mee mee
  - Seat
  - Get
  - Leak
  - Feed the fish
  - Mindy had peaches and berries
  
  (Coleman, 1971; Hirsh et al., 2021)

- **Masculine (ah, oo, oh)**
  - Mah mah mah mah
  - Suit
  - Goat
  - Lock
  - Walk the dog
  - Mark is always on time

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**Head & Chest Voice (more resonance!)**

- **Head voice**
  - Higher range
  - CT dominant sound
  - Less forward vibrations
- **Chest voice**
  - Lower range, most of male voice
  - TA dominate
  - Feel in chest

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**Forward Resonance**

1. Hum ‘m’ on a single pitch
2. Chant ‘mi mi mi’ on a single pitch
3. Chant ‘meet me peter meet me’ (single pitch)
4. Say ‘meet me peter meet me’ (high inflection)

(Verdolini Abbott, 2008a)
Benefits of Voice Training

- Improved quality of life, vocal satisfaction
- Reduces risk of suicide
- Increases safety
- Can reduce dysphoria
- May reduce need for other medical interventions

(ASHA. Gender-Affirming Voice and Communication, Olszewski, 2019, Tordoff et al., 2022)

Evidence for Voice Training

- Effective treatments
  - General intervention
  - Counseling/Meta-therapy (All Helou)
  - Group and individual
  - Resonant voice therapy (Verdolini Abbott, 2008a, 2008b)
  - Oral resonance therapy
  - Vocal function exercises

(Adler et al., 2019, Hancock & Siegfriedt, 2019, Leyns, 2021, Olszewski et al., 2019)

Benefits of voice training with an SLP

- Reduces risk of developing a voice disorder
- Safe space to practice and explore
- Get personalized feedback
- Addresses multiple aspects of communication, not just pitch
- Can address loudness
- Can meet many client’s voice goals.
- Recommended w surgery, also
- Non-invasive
- Flexible and adjustable

Role of the client

- Willingness to explore and change
- Develop clear ideas about how they want to communicate
- Be realistic
- Practice!
- Develop independence in exploring voice
- Maintenance after the program is completed
Limitations of voice training

• Cannot change anatomy
• No guarantee of a specific voice
• Risk of developing a voice disorder
• Requires active work by the client
• Requires maintenance work
• May return to “old voice”
• May not be able to use the “new voice” all the time

Barriers to Access

• Availability of providers
• Cost
• Insurance coverage
• Emotional
• Discrimination
• Transportation
• Appropriateness of services

(Moog & Sund, 2021)

Non-verbal Communication

- Body language
  - Posture
  - Use of space
  - Orientation to others

- Gestures/Movement
  - Frequency of gestures
  - Smooth or sharp gestures
  - Walk/gait

- Facial Expressions
  - Eye contact
  - Smiling

Language

A rose by any other name...
General Language Tendencies

Feminine
- Rapport Talk
- Supportive
- Tentative
- Conversational Initiative
- Detailed descriptions
- Use of clauses

(Hirsch et al., 2021, Learnmate, 2021, Olszewski et al., 2019)

Masculine
- Report Talk
- Instrumental
- Advice
- Assertive, direct
- Manage conversation
- Straightforward grammar

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- Instrumental
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Feminine Examples
- Hedging: I really sort of think we should do this.
- Hypercorrect grammar: I cannot understand why this might happen.
- Apologetic: I don’t suppose there’d be any chance you could help me with this?
- Tag Question: That was a great concert, wasn’t it?
- Seek agreement: Nora went to Los Angeles this weekend, didn’t she?
- Response: That’s right, she did!
- Indirect: It’s pretty warm in here, isn’t it?

Stereotypical Language Patterns

1. It’s a stunning day!
2. I went to the grocery store, and I went to the bank, and after that, I stopped by the post office.
3. The pasta was good, wasn’t it?
4. I think we should turn here.

1. It’s a nice day.
2. I went to the grocery store, the bank and the post office.
3. The pasta was good.
4. Turn here.

(Hirsch et al., 2021)

Articulation

What is it?
How we produce the consonant and vowel sounds in our speech
Involving the movements of the lips, tongue, teeth, palate and respiratory system

How do we use it?
More precise and light production perceived as feminine
Less precision and heavier production perceived as masculine.
Feminine articulation is more connected and masculine is more clipped.

(Adler et al., 2019, Hancock, 2019, Hirsch et al., 2021, Olszewski, 2019)

Examples for connecting
- Elliot ate an apple and allowed Andrew another.
- Each and every avenue is open at eight o’clock.
- Over on Aston Avenue is an open-air amphitheater

Examples for clipping
- She stopped abruptly and sighed.
- The dog barked loudly outside.
- He clapped his hands eagerly.
- They jumped over the hurdle.
- The car screeched to halt.

(generated by ChatGPT)
Different options for voice & communication

- No intervention
- Independent work
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- Surgery
  - Pitch raising or lowering only

Typical Voice and Communication Services

- Informational Class/Video
- Evaluations
- Individual Therapy
- Group Therapy

Who Can Provide Gender Affirming Voice and Communication Therapy?

- SLPs
- Trained Vocal Coaches
- Experts with background in music, theater, and voice
- Expert teachers who are trans.

- Experience with GA voice and communication is important!
- If it hurts, it’s not the right direct!

Ethical Considerations

- Principle I
  - Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.
- Principle II
  - Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.
- Principle III
  - In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.
- Principle IV
  - Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

(ASHA, Prohibitions Against Discrimination...
Legal Considerations

- Laws are different than ethics and morals
- Provider Protections
  - Employment and disability laws are factors.
  - Federal health care providers have conscience protections around abortion and euthanasia if federally funded
  - Iowa: bars loss of license or certification for any medical procedures. Bars any related legal action.
  - Senate File 2286 approved by committee.
- Iowa
  - Ban on medical care for under 18 (Senate file 538): Voice and communication services are not included.
  - School pronoun reporting to parents (Senate File 496): "licensed practitioner employed by the school district." Check with your administration and union.

Resources

- Allyship-Learn the culture!
- Trainings and continuing education
- Manual
- Research
- Mentorship

Generalizing

Synthesizing a new voice

- Conceptualizing
  - 3, E, Open and A, "OO", Closed (Feminine)
  - Name the new voice
  - Define parameters
- Generalizing
  - Deliberately use new voice in context
  - Practice independently
  - Regular self-check ins (Hirsch et al., 2021)

Check in

What aspects of voice and communication are gendered?
What is the rationale for gender affirming voice services?

What is the difference between sex and gender?

Gratitude

What is one thing I am thankful for today?

Take Aways

• Individualized, active process and outcomes
• People are more successful meeting their goals when addressing multiple gender markers
• Evidence-based practice supports this work

Upcoming Events

• Gender Affirming Voice and Communication Workshops
  – Each semester
  – LGBTQ, Allies, all ages (with appropriate supervision)
  – Presented by graduate students

• Next:
  – Sunday, May 5, 2:00 pm
  – [link](https://uiowa.zoom.us/j/94821312014?pwd=ZW50OVFKeGI2Z0VIYmZEdjlUaEtJdz09)
References and Resources

Helou, L. (2017). Crafting the dialogue: Meta-therapy in transgender voice and communication training. Perspectives of the ASHA Special Interest Groups, SIG 10, 2(2).


Perspectives of the ASHA Special Interest Groups, October 2017, Vol 2 Part 2 (SIG 10)

References and Resources


Perspectives of the ASHA Special Interest Groups, October 2017, Vol 2 Part 2 (SIG 10)

References and Resources


Perspectives of the ASHA Special Interest Groups, October 2017, Vol 2 Part 2 (SIG 10)
Coughing, Laughing, Sneezing

• Non-verbal communication
• Can we change those?
• Related to vocal tract and vocal fold size

(Hirsch et al., 2021)

Loud Phonation

Because who wants to be quiet

Loud Voice

Transfeminine

Loud sounds will bring the full vocal folds together and lower the pitch.
Work with resonance to project

Transmasculine

Testosterone enlarges vocal folds which reduces space in the glottis
Unable to produce loud sounds
Work with resonance to project

(Adler et al., 2019, Block, 2017, Hancock, 2019, Hirsch et al., 2021, Olszewski, 2019)

Let’s practice! - Messa di voce

REMEMBER:
Think about resonance!
(Nah, nah, nah, nah, nah)

Do not squeeze/strain your vocal folds or other voice muscles

It should feel easy and buzzy, not painful or strained!

(Verdolini, 2008b)

Vocal Health and Hygiene

An apple a day

Basic Anatomy

Breath Support | Vocal Folds | Vocal Tract

Department of Communication Sciences and Disorders
**Vocal Hygiene**

Choose 1-2 areas to address

1. Manage vocal load.
2. Address hoarseness or breathiness.
4. Manage caffeine and alcohol consumption.

5. Check out your medications to see if they are dehydrating.
6. Reduce clearing the throat or coughing.
7. Manage GERD.
8. Manage smoking.

**S/s of Disorders**

**Dysphonia**

- Change in voice quality or voice loss
- Pain, discomfort, fatigue with voice use
- Pitch breaks
- Increased effort needed to talk
- Visible strain with voice production
- Reduced endurance
- Reduced range
- Difficulty making soft or loud sounds

**Dysphagia**

- Choking
- Liquids or solids "going the wrong way"
- Lump in the throat
- Solids getting stuck in the throat
- Regurgitating food

**GERD (LPR)**

- Hot burps
- Sour taste in the morning

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**Concerns for Dysphonia, etc.?**

- Refer to ENT
  - Ideally, laryngologist or LGBTQ specialist

- Can be done by medical providers at the same time as referred to speech.