

Working with trans and non- binary people: **Voice & Communication**

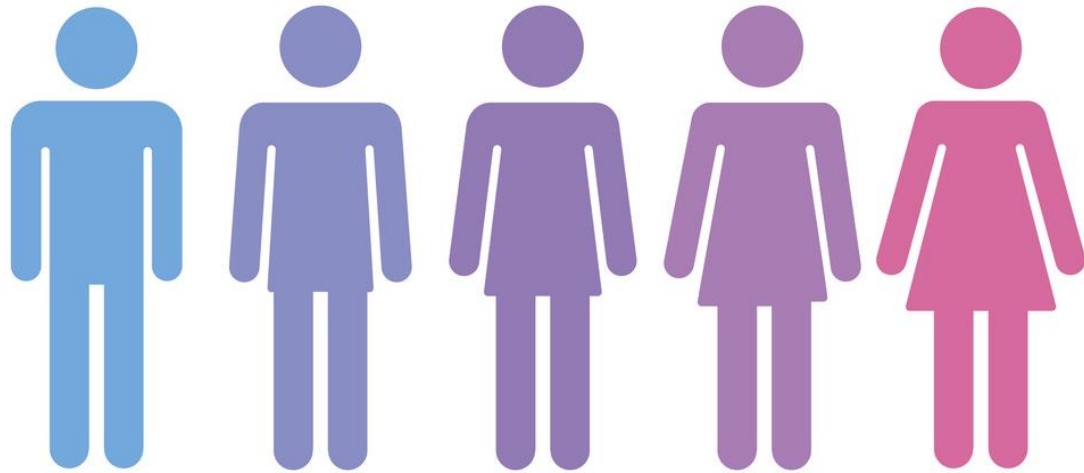
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Voice & communication

- The voice is poorly understood by the majority of the general public.
- Speech and language therapy was identified as the fifth most important clinical service after diagnosis, hormone prescribing and monitoring, referrals for surgery and hair removal (LGBT Foundation 2018).
- There are many sources of information that are not evidence-based and therefore may not be sustainable, or may even be potentially harmful.



Cis-/Hetero-normativity

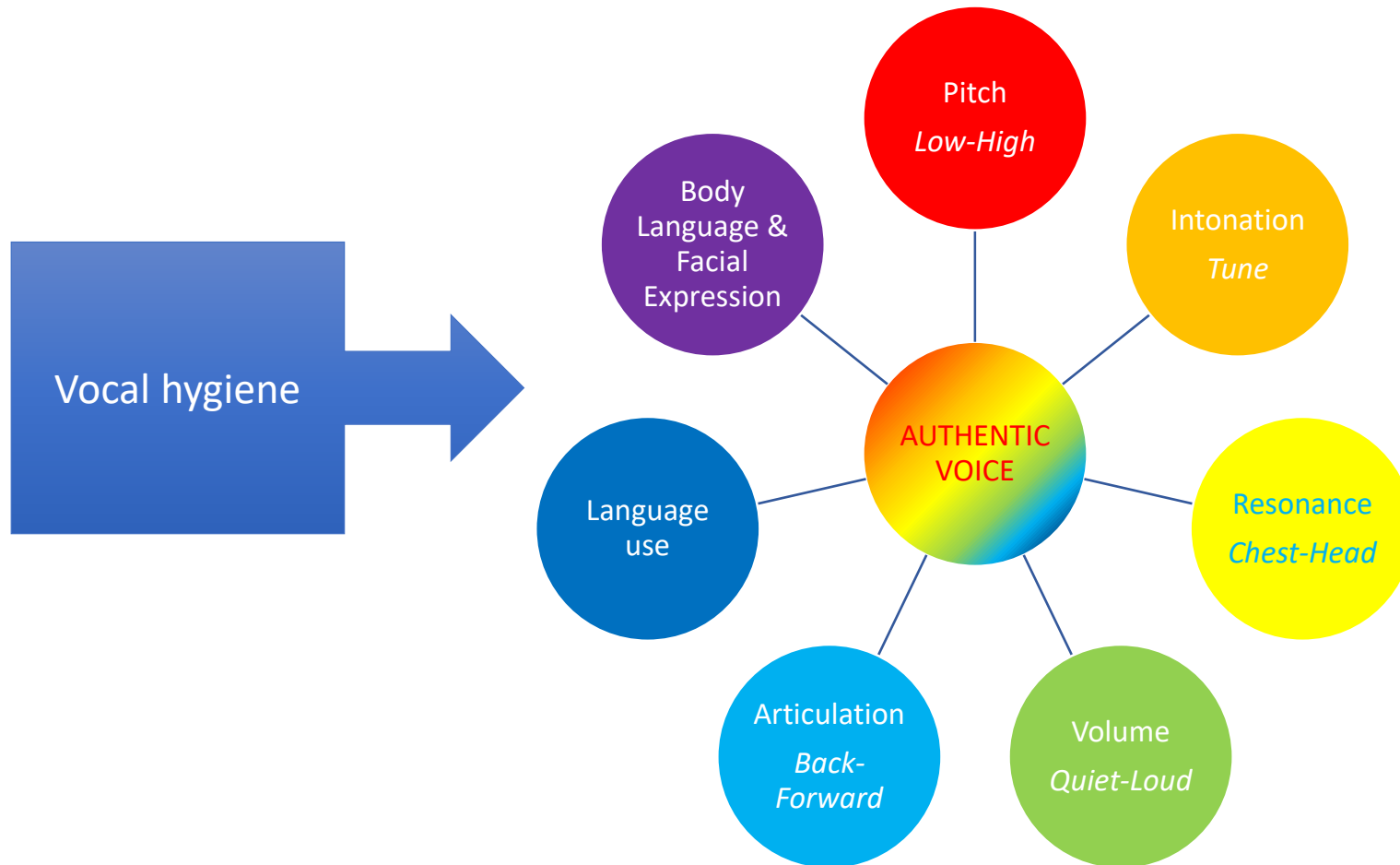


- It is often assumed that trans people want to change from one gender to another.
- The best possible result, it is assumed, is to “pass” as a man or a woman.
- This is **not** the aim of voice and communication therapy (unless this is what the client decides on)
- Many clients wish to have a voice that matches their identity and personality.
- This may include aspects from both male spectrum / typical masculine vocal identity and female spectrum / typical feminine vocal communication, or anywhere along the continuum.

Authentic voice

- The client should aim to achieve **authentic voice**
- This is a voice that:
 - They can use safely and without effort
 - Reflects how they want to sound
 - Includes aspects they find appealing
 - Does not include aspects that may bring on feelings of gender dysphoria
- This may change over time

Aspects of authentic voice: A model



Voice pitch

- **Voice pitch (frequency)**
 - Often clients have little idea where their pitch is currently, or what to aim for
 - Very obvious target, but may not be appropriate
 - Must include **resonance changes** or will sound inauthentic
- Male spectrum / Typical masculine vocal identity
- Female spectrum / Typical feminine vocal identity
- Gender neutral spectrum / mid-range
- Link to prosody (word stress and intonation) to avoid monopitch

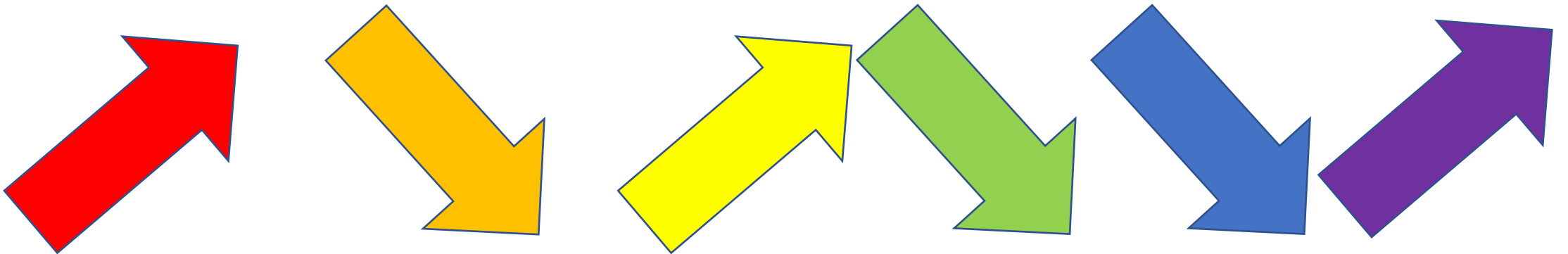
Resonance

- Resonance is when the voice “passes through a series of filters (the vocal tract) that dampen and enhance the sound and make each voice unique and distinctive to the owner of the voice”
 - (Stemple, Glaze, & Klaben, 2010: 5)
- Male spectrum / Typical masculine vocal identity
 - Chest resonance
- Female spectrum / Typical female vocal identity
 - Head resonance
- Adds authenticity to the voice



Intonation

- The 'tune' of the spoken sentence
- The voice moves up and down within a comfortable range
- Provides emphasis and meaning at phrase / sentence level
- When pitch has changed, avoid flat or monotone voice



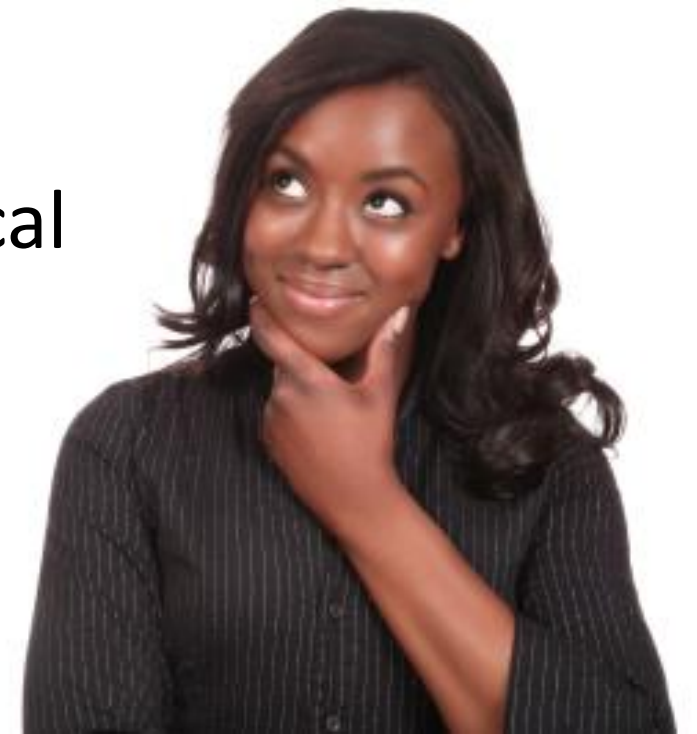
Individual or group work?

- Trans and non-binary people may feel very anxious about commencing therapy.
- Greeting people as they come into the clinical space is important.
- Services may offer individual and group work
- Almost all clients are anxious about working in a group *prior to doing so*.
- All clients reported that group work was acceptable,
 - “Being in a group helped with anxiety”



Should I include students?

- All 71 clients who provided feedback reported that they enjoyed working with student speech and language therapists.
 - “Fabulous experience. Glad to ‘Give back’”
 - “Lovely people; very kind and ‘giving’.”
- Students reported that they developed clinical skills, including:
 - Assessment
 - Intervention



Working in a multi-disciplinary team

Bio psychosocial care pathway

- Endocrine
 - Surgical
 - Psychological
 - Psychosocial
-
- Trans and non-binary mentors
 - LGBTQ+ charities
 - Social programmes
- Local services
 - Gender specialist team

How to learn and develop your clinical skills

- ✓ Become a trans and non-binary ally
- ✓ Join the RCSLT Trans and Gender-Diverse Clinical Excellence Network (CEN) – It's free!
- ✓ Download the competency framework
- ✓ Develop voice skills in assessment and intervention
- ✓ Attend training and read about LGBT+ awareness



Thank you!

