

Critical Review:
Do Speech-Language Pathologists have the knowledge and competencies required to provide Gender-Affirming Communication Intervention?

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This critical review investigates speech-language pathologists' (SLP) knowledge, attitudes, and competencies to provide gender-affirming communication therapy. Study designs were cross-sectional studies. Overall, the evidence gathered in this review is suggestive, but limited due to the study design, the geographical limitations of the existing literature, and general availability of evidence that addresses the clinical question. Clinical implications for future practice are provided.

Introduction

Gender-affirming voice therapy addresses gendered aspects of communication such as speech, voice, and non-verbal communication. Feminization or masculinization of these aspects of communication can reduce gender dysphoria and help transgender and non-binary individuals present themselves in a way consistent with their sense of self, improving their mental health (Davies & Goldberg, 2006). The American Speech-Language-Hearing Association (ASHA) acknowledges the role that speech-language pathologists (SLPs) play in these gender-affirming communication services (Hancock et al., 2011).

The 2015 National Transgender Survey conducted in the United States revealed that gender diverse people encounter barriers to obtaining affordable, equitable, and quality healthcare, particularly when seeking transition-related services (Kennedy & Thibeault, 2020). Research has shown that the needs of gender diverse people are often not adequately met in healthcare settings (James et al., 2016 as cited by Puckett et al., 2018). In numerous studies, gender diverse patients were found to encounter discrimination and barriers to accessing healthcare (Bradford, Reisner, Honnold, & Xavier, 2013; Grant et al., 2011; Snelgrove et al. 2012; Sanchez et al., 2009 as cited by Puckett et al., 2018). This type of discrimination and mistreatment in the healthcare setting may include, but is not limited to, misgendering or being referred to as an inappropriate gender, unnecessarily invasive scrutiny into patients' personal lives, contact with uninformed and/or intolerant medical providers and staff, and outright denial of care to gender diverse individuals (Ansara, 2015; Bauer et al., 2009; Sperber, Landers, & Lawrence, 2008; Poteat, German, & Kerrigan, 2013; as cited by Puckett et al., 2018). Similarly, Gridley et al. (2016) found that lesbian, gay, bisexual, and

transgender (LGBT) youth face greater physical, mental, and emotional health disparities when compared to their heterosexual and cisgender peers. (Gridley et al., 2016). Although the gender diverse community has been gaining more visibility over the past few decades, many continue to face discrimination in healthcare compared to cisgender men and women.

To provide effective gender-affirming services, clinicians must possess clinical knowledge and cultural competence that is relevant to working with the gender diverse community. Cultural competence includes the ability to provide services that are informed by the cultural beliefs, behaviours, and needs of the patient (Hancock et al., 2011). It is important to note that simply possessing knowledge of a culture does not equate having cultural competency, however it is a good starting point.

Objectives

The primary objective of this paper is to critically evaluate existing literature regarding the knowledge and competencies SLPs have, when it comes to delivering gender-affirming communication services. The secondary objective is to provide recommendations for clinical practice and direction for future research.

Methods

Search Strategy

Articles related to the topic of interest were found using the following digital databases: PubMed, Proquest, PsychINFO, Scopus and CINAHL.

Search terms used for the database search were as follows:

((speech-language pathologist) OR (speech therapist)) AND (transgender) AND (voice therapy)

((speech-language pathologist) OR (speech therapist)) AND (transgender) AND (voice therapy) AND ((knowledge) OR (awareness))

The search was restricted to English articles.

Selection Criteria

This article includes all studies in which SLPs reported self-perceived competencies and/or gaps in competencies and knowledge.

Data Collection

A total of five papers were included in this review. All five papers used cross-sectional studies, and four of these used a mixed-methods design, meaning that the researchers combined elements of qualitative and quantitative research approaches in their investigation.

Results

Matthews, Olszewski & Petereit's (2019) cross-sectional survey included 368 SLPs and SLP students at three different professional conferences. They sought to better understand the knowledge, training, and attitudes of current SLPs and SLP students in delivering voice and communication services to transgender individuals. The survey was intended to take about five minutes, and included 12 questions. Using a Likert scale, the survey included questions about SLP's professional and ethical knowledge, scope of practice, training, and attitudes about serving the transgender population. Results from the study indicated that 77.8% of respondents agreed or strongly agreed that treating clients who are transgender was within their scope of practice, and 82.2% of respondents said that treating this population was their ethical responsibility. 19% of the participants reported having received training for working with people who are transgender, and 8.5% of participants reported that they worked with clients who are transgender. The study found that 54% of respondents reported feeling comfortable treating clients who are transgender.

One of the strengths of this study was the size of the participant pool. There was a wide range of ages, years of experience, and geographic place of practice within the U.S (while it is noted that only 5.8% of participants were from outside of the U.S.). To account for the unequal sample sizes within demographic groups, nonparametric statistics were used for comparisons between groups. Limitations of

the study include the length of the survey, the method of recruiting participants, and lack of opportunity for participants to explain their answers. As the survey was short, authors were concerned it may not have provided respondents the necessary time to adequately self-reflect on their knowledge and attitudes. Additionally, recruiting participants through "cold calls" during a conference may cause participant bias. The participant pool was limited to SLPs who attended these particular conferences. They were further limited to people who were willing to stop and complete the survey at these conferences. It is unclear what impact these factors may have on the data. Using a Likert scale as the only method of data collection does not allow participants to provide an explanation about their attitudes or competencies, which may limit the significance of the results. Overall, this study provides suggestive evidence that SLPs do not receive enough training to effectively serve the transgender and gender diverse community.

Hancock & Haskin's (2015) cross-sectional study investigated SLPs' knowledge and attitudes towards the LGBTQ community. An online survey was used to collect data from 279 SLPs from Australia, Canada, New Zealand, and the United States. Participants were asked to provide self-ratings of their knowledge, comfort and feelings about LGBTQ people, terminology, and culture. Self-ratings were reported on a scale of 1-5, knowledge of terminology was determined through multiple choice questions, stereotype adherence was measured with True/False questions, and open-ended questions were included to address knowledge of voice feminization therapy, feelings about serving the LGBTQ community, and potential topics to be included in educational programs. The results found that when SLPs were asked to explain what was typically included in voice feminization therapy (or leave the box blank if they did not know), 51% of respondents left the box blank and the other half of respondents provided highly varied answers. The majority of respondents who claimed to be uncomfortable serving the LGBTQ community felt this way due to lack of competencies, rather than an issue of morality. When SLPs were asked to determine priority of topics to be addressed in a seminar for SLPs about LGBTQ patient care on a scale of 1-5, the distribution of responses was skewed toward high priority for all topics, indicating they believed that all topics were important.

One of the strengths of this study is the research design. The use of both quantitative and qualitative measures provides a more thorough line of inquiry to determine clinician knowledge and gaps in knowledge. Another strength is the study's

incorporation of Turner et al.'s (2006) Awareness of LGBTQ culture in its questionnaire, a validated foundation for the inclusion of certain questions. A limitation of this study is that the majority of the participants were from the US (n = 217). This may limit the significance of the data collected from the other three countries. Overall, this study provides somewhat suggestive evidence that many SLPs do not have the knowledge and competencies to serve the LGBTQ community.

Sawyer, Perry & Dobbins-Scaramelli's (2015) cross-sectional study aimed to measure the awareness of communication services among transgender individuals and SLPs. For the purpose of this critical review, the awareness of SLPs will be the focus of discussion. 228 SLPs from the state of Illinois in the United States completed a web-based survey with questions about educational background, experience, and confidence in providing services to transgender individuals. Results indicate that 38% of respondents did not know what LGBT stood for. Of those who indicated that they did know what LGBT stood for, only 24% of responses were correct. In response to the open-ended question, "what does the term 'transgender' mean to you?" 81% of participants provided accurate responses. 69% of participants indicated that it is within the SLP scope of practice to provide communication therapy to the gender diverse community, while 27% were not sure. When asked to rate their educational experiences in learning how to provide treatment for this population, only 25% reported they had received some (less than 4 hr) training during their education, 62% reported they had not been provided any information about providing treatment for a transgender client at all during their education and 13% reported that they had learned a great deal (4 hr or more) during their education. In response to the statement "My education (school) has prepared me well for treating a transgender client", only 8% agreed or strongly agreed. 72% of respondents disagreed that their education had prepared them to treat a transgender client. It was found that those who have been practicing for under 10 years had significantly more education in this area than those who practiced for over 10 years. 23% of participants agreed or strongly agreed that they were comfortable providing an assessment to this population and 24% agreed or strongly agreed that they were comfortable in providing treatment.

A strength is that there were two raters who independently rated the responses, increasing the reliability of the results. Additionally, the measures accurately reflect the intended measured outcomes. A

limitation of the study is that the scale used to measure competence does not provide opportunity for additional context for the answer. Additionally, all respondents were practicing in the state of Illinois, which limited the applicability of the results. Overall, this study provides suggestive evidence that SLPs do not have the competencies and knowledge to effectively deliver gender-affirming communication therapy.

Litosseleti & Georgiadou (2019) investigated Taiwanese SLPs' knowledge, attitudes, and experiences of providing transgender individuals with communication therapy. This cross-sectional study surveyed 140 Taiwanese SLPs on the web-based survey platform *Qualtrics*. The questionnaire, intended for clinicians who trained in Taiwan, included open-ended, multiple choice, and dichotomous questions. The data analysis was based on Sawyer et al. (2014) and included measures of demographic information, familiarity with transgender terminology, the scope of practice, preparedness for providing services to transgender clients, and competence. In response to the open-ended question, "what does the term 'transgender' mean to you?" 32% percent of respondents provided accurate responses. While 75% of respondents indicated that they believe it is within SLP's scope of practice to provide communication services to the transgender population, 61% said that they did not learn about providing treatment to this group in school or at conferences. In response to the statement "My education (school) has prepared me well for treating a transgender client" 5.71% of participants either agreed or strongly agreed. 61% of participants agreed or strongly agreed that they were comfortable assessing and as well as treating this population, however 85% have not had any experience providing gender-affirming assessment or treatment.

A strength of this study is its mixed methods design, which provides the participants with the opportunity to voice their thoughts in a more detailed manner. One limitation is that the investigators did not consider participant age. Younger clinicians may differ from older clinicians in terms of the education they receive, their knowledge of the LGBTQ+ community, and their experience in the field. There is no mention of multiple raters who interpreted the results, which may reduce internal reliability. Overall, this study provides suggestive evidence that SLPs do not have the knowledge or competencies to effectively serve the gender diverse community.

Lopez's (2020) cross-sectional mixed methods study investigated the attitudes and knowledge of

voice modification in transgender people among practicing SLPs in the state of Texas. The web-based survey included multiple choice questions, rating scales, and open-ended questions. It was completed by 39 SLPs. 52% of participants reported that transgender voice and communication were addressed in their education. When asked which experiences influenced their knowledge and attitudes towards the transgender population, most respondents indicated either experiences in graduate studies or personal relationships.

One strength of the study is the clear inclusion and exclusion criteria provided. Additionally, the open-ended questions were assessed by two raters, increasing reliability. Limitations include a small sample size, limited geographic reach, and incomplete surveys. One of the open-ended only received a response from 18% of respondents, while the other received responses from 64% of respondents. This decreases the ability to effectively draw conclusions from the small sample that was received. Additionally, not all of the questionnaire outcomes were reported in this paper. Overall, this paper provides equivocal evidence that SLPs do not have the competencies or knowledge to provide effective service to the gender diverse community.

Discussion

This critical review examined the knowledge, attitudes, and competencies that SLPs believe they have, in their provision of gender-affirming communication services to the gender diverse community. Overall, there was suggestive evidence that SLPs do not have adequate knowledge or competency to effectively provide gender-affirming communication intervention. SLPs must ensure they are providing culturally responsive gender-affirming care. The research indicates that in the long term, deprivation of adequate gender-affirming care may increase stress, depression, non-suicidal self-injury, and suicidal ideation (van der Miesen et al., 2020).

The College of Audiologists and Speech-Language Pathologists of Ontario's (CASLPO) *Guide for Service Delivery Across Diverse Cultures* highlights the standard of practice for delivering services to diverse cultures, which includes gender diverse individuals. This document states the following: "We, as audiologists and SLPs, must endeavour to provide quality care, which is receptive and responsive to inter-cultural considerations and complies with College standards. We must deliver a culturally responsive, patient-centered intervention, using enhanced strategies, tools and techniques,

which contribute to positive therapeutic relationships. We are in a life-long learning process enhancing cultural awareness, knowledge and skills through education, experiences and interactions" (CASLPO, 2019). Based on the findings of this critical review, while it appears that most clinicians believe it is within the scope of practice as an SLP to provide these services, the majority of clinicians have not received formal education about serving this population. Additionally, a significant portion of SLPs report not feeling as though they have the competencies to serve this population.

In this review, there were several limitations identified within the literature. Every study included in this critical review used a cross-sectional survey that was administered to participants online. This makes it difficult to control for confounding factors among the participants, such as internet access, employment setting, cultural affiliations, or temporary variables such as fatigue or hunger. Many of the included studies accounted for some of these factors in their analyses, however control for all of the aforementioned factors is not possible. Some of the studies included qualitative measures, however further qualitative investigation into the knowledge and competencies of SLPs may reveal common gaps in knowledge. Additionally, investigating the curriculums at various educational institutions may provide more information about current education that SLPs are receiving in assessing and treating this population in a culturally competent manner. It is noted that graduate programs may vary greatly between countries, provinces/states, and even cities. One of the largest limiting factors is that the majority of the literature on this topic is based out of the United States. It is unclear how their state-by-state health care system compares to the province-by-province gender-affirming health care in Canada.

Clinical Implications

SLPs need to be aware that there are clear gaps in knowledge and competence across the profession, in the provision of gender-affirming communication care. Further research is needed to assess the professional and ethical knowledge, training, and attitudes of SLPs to better understand how to train and prepare SLPs to serve gender diverse clients.

Conclusion

While there has been an increase in interest and initiative to research gender-affirming communication therapy, there is still a clear gap in the literature. More research needs to be done to

determine which competencies SLPs do and do not have in this area of practice. Once these gaps are identified, it can provide a baseline for the development of evidence-based educational reform. Future studies should include more qualitative measures, and should be conducted over a wider geographical region, particularly in countries other than the United States. A more thorough review of speech-language pathology Master's programs should be conducted to identify any potential gaps in the curriculum when it comes to providing gender-affirming communication therapy.

References

- College of Audiologists and Speech-language Pathologists of Ontario (2019, December 19). *Guide for Service Delivery Across Diverse Cultures*. CASLPO. Retrieved March 1, 2021 from http://www.caslpo.com/sites/default/uploads/files/GU_EN_%20Service_Delivery_Across_Diverse_Cultures.pdf
- Davies, S., & Goldberg, J. M. (2006). Clinical Aspects of Transgender Speech Feminization and Masculinization. *International Journal of Transgenderism*, 9(3–4), 167–196. https://doi.org/10.1300/J485v09n03_08
- Gridley, S. J., Crouch, J. M., Evans, Y., Eng, W., Antoon, E., Lyapustina, M., Schimmel-Bristow, A., Woodward, J., Dundon, K., Schaff, R., McCarty, C., Ahrens, K., & Breland, D. J. (2016). Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth. *Journal of Adolescent Health*, 59(3), 254–261. <https://doi.org/10.1016/j.jadohealth.2016.03.017>
- Hancock, A. B., Krissing, J., & Owen, K. (2011). Voice Perceptions and Quality of Life of Transgender People. *Journal of Voice*, 25(5), 553–558. <https://doi.org/10.1016/j.jvoice.2010.07.013>
- Kennedy, E., & Thibeault, S. L. (2020). Voice–Gender Incongruence and Voice Health Information–Seeking Behaviors in the Transgender Community. *American Journal of Speech-Language Pathology*, 29(3), 1563–1573. https://doi.org/10.1044/2020_AJSLP-19-00188
- Lopez, I. R. (2020). Assessing Attitudes and Knowledge Regarding Voice Modification in Transgender People Among Practicing Speech Language Pathologists (SLPS) in Texas. (28000105) [Master's thesis, University of Texas at El Paso]. ProQuest
- Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., & Newcomb, M. E. (2018). Barriers to Gender-Affirming Care for Transgender and Gender Nonconforming Individuals. *Sexuality Research and Social Policy*, 15(1), 48–59. <https://doi.org/10.1007/s13178-017-0295-8>
- van der Miesen, A. I. R., Raaijmakers, D., & van de Grift, T. C. (2020). “You Have to Wait a Little Longer”: Transgender (Mental) Health at Risk as a Consequence of Deferring Gender-Affirming Treatments During COVID-19. *Archives of Sexual Behavior*, 49(5), 1395–1399. <https://doi.org/10.1007/s10508-020-01754-3>