



**The Role of the Speech and Language  
Therapist Working with Transgender  
Clients:  
IASLT Position Paper 2015**

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## **1.0 Introduction and Background**

This document sets out the position of the Irish Association of Speech and Language Therapists (IASLT) highlighting the Speech & Language Therapy provision that should be available for Transgender clients. It also highlights the key role that Speech & Language Therapists have within multidisciplinary teams. The position paper intends to support the role of Speech & Language Therapy services in meeting the needs of transgender clients. Speech & Language therapists have an increasingly recognised role in providing services to transgender clients. However, variability in service provision remains. The IASLT recognises the need to improve access to Speech & Language Therapy services for transgender clients and to also develop knowledge and skills within its membership. While a health policy for transgender people still does not exist in 2015, a designated care pathway for transgender service users is now in development. The Health Service Executive Working Group for Transgender Care Pathways called a meeting of the professional bodies in April 2013 and asked that they identify the steps that they could undertake to support the development of these services. In response to this the Irish Association of Speech & Language Therapists established this working group in September 2013, to develop a Position Statement on “The Role of the Speech & Language Therapist Working with Transgender Clients” as a first step towards developing better services for this clinical population.

## **2.0 Issues to be addressed**

The working group carried out the following tasks:

- Reviewed the academic and clinical literature in relation to Speech & Language Therapy for transgender/transsexual clients
- Researched other SLT professional associations’ positions on working with transgender clients
- Reviewed best practice guidelines issued by relevant organisations in relation to transgender healthcare in general, and specifically the role of the SLT.

### **3.0 Current situation**

The transgender population comprises an estimated 1% of the world's population, equating to 46,000 in Ireland (GIRES, 2011). In 2004, a report on Irish health services for transgender (transsexual) people by the Equality Authority (Collins & Sheehan, 2004), found that overall, service provision, including Speech & Language Therapy services, failed to acknowledge and address the needs of transgender people. It was suggested that the health sector was a priority area within which change was required. Most recent research, published by Transgender Equality Network Ireland (McNeill et al, 2013), highlights that transgender service users continue to experience significant difficulty in accessing health care services specific to their needs and that the delays involved, as well as the lack of transgender cultural competence among service providers, has a direct impact on the mental health outcomes of this population.

A survey carried out as a data collection exercise by members of the working group indicated that the majority of SLT services in Ireland do not include provisions or resources for transgender clients and almost 90% of SLTs in Ireland have never received a referral for or provided transition-related services to a transgender client. Most SLTs who responded to the survey agreed that economic and knowledge factors as well as the lack of a clear care pathway served as barriers to providing these essential services.

### **4.0 Recommendations**

The following sections set forth IASLT's position and recommendations regarding development and provision of Speech and Language Therapy services for transgender service users.

#### **4.1 Statement of position**

It is the position of IASLT that Speech & Language Therapists have an essential role in facilitating transgender, gender variant and gender non-conforming service users to achieve an authentic gender expression that corresponds with their gender identity, so that they may participate to the fullest extent possible in social, educational, occupational and economic life. Speech & Language Therapy services should be

accessible to transgender clients, regardless of their stage and type of transition, either as part of a specialised multi-disciplinary team or as part of a general Speech & Language Therapy caseload. Recommendations for how this may be achieved in an appropriate and equitable manner are detailed in 4.3 below.

#### **4.2 The Role of the Speech & Language Therapist**

Speech & Language Therapists help transgender clients to develop verbal and non-verbal communication skills that facilitate comfort with their gender identity and bridge the gap between their gender identity and their goals for gender expression. This may include, but is not limited to, targeting any of the following aspects of communication (ASHA, 2015):

- pitch
- resonance
- intonation (the rhythm of speech)
- rate (how fast or slow the person speaks)
- volume/intensity
- language
- speech sound production (articulation)
- pragmatics (social rules of communication)

As with all clinical populations, the role of the SLT includes:

- Advocacy
- Education
- Counselling
- Case management

Readers are referred to the *IASLT Scope of Practice* (2006, 2015 document pending) document for a full description of the clinical, management and educational services provided by Speech & Language Therapists, as well as the frameworks within which they operate.

### **4.3 Development and Provision of Speech & Language Therapy Services**

The Health Service Executive and the Speech & Language Therapy departments therein, should strive to make Speech & Language Therapy services accessible to the transgender population in Ireland.

This can be achieved through:

- Funding dedicated clinical services for the transgender population
- The provision of continuing professional development training (CPD) and clinical resources for Speech & Language Therapists, in relation to service provision for transgender service users
- The creation of departmental policies around transgender-competent service provision, including, at a minimum, dissemination of knowledge and information around trans-sensitive language use, behaviour and practices (i.e. cultural competence training)
- The support of further research in the area of Speech & Language Therapy for transgender individuals
- The continued involvement of the transgender community as partners in the design and delivery of policies, intervention programmes and services
- The continued involvement of the Speech & Language Therapy profession in the development of national care pathways for the transgender community
- The education of all stakeholders, including service users, medical, health and social care professionals, and the wider public, of the role of the Speech & Language Therapist working with transgender clients.

### **4.4 Referrals and diagnostic criteria**

Speech & Language Therapists, working within the Republic of Ireland, are recognised as being members of an autonomous profession, that is, their services need not be prescribed or supervised by individuals in other professions. It will be the responsibility of local Speech & Language Therapy departments and services to determine the criteria to access their services, including diagnostic criteria and referral pathways or sources for transgender service users. It is the role of the SLT to determine the severity of the individual client's voice and communication needs and whether they can be met through SLT services. IASLT acknowledge that not all

transgender service users seek or require a medical diagnosis. Absence of a medical diagnosis of *Gender Dysphoria* need not hinder access to services which can meet the psycho-social needs of transgender clients, such as those provided by a Speech & Language Therapist (5.4 below provides further detail on the “de-psycho-pathologisation” of gender variance).

## **5.0 Justification for the recommendation**

This section will outline the evidence supporting IASLT’s position and recommendations in relation to SLT services for transgender service users.

### **5.1 Mental health outcomes in the Irish transgender population**

A recent publication by the Transgender Equality Network Ireland (McNeill et al, 2013) reports that transgender people in Ireland are at an increased risk of poor mental health and occupational outcomes as a result of social isolation and family rejection, discrimination by employers and significant barriers to accessing appropriate health care services. Those barriers include limited availability of public services, prohibitive costs in private services, and prior negative experiences accessing health care services. Almost 80 % of the survey respondents reported having considered suicide, and half of those had made at least one attempt on their own lives. The report states that mental health, wellbeing and life satisfaction scores increased for most respondents following transition. Satisfaction with voice and communication style is correlated with quality of life in transgender clients (e.g. Hancock, 2011) and Speech & Language Therapy has been shown to be effective in improving satisfaction with this aspect of gender expression (Dacakis, 2000). Furthermore SLTs have a clear role in mental health care, as is defined in the IASLT *Guidelines for Speech & Language Therapists in Mental Health Services* (2006, 2015 edition pending).

### **5.2 Specific skills and role of Speech & Language Therapists**

The overall objective of Speech & Language Therapy is to optimize the individual’s ability to communicate and/or swallow, thereby improving quality of life. Speech & Language Therapists are “lead experts regarding communication” (RCSLT, 2006) and are specifically qualified to assess the communication needs of service users,

including those from the transgender community, and provide specific, goal-directed interventions to help their clients reach their full communicative potential. Their role also extends to education, advocacy and counselling.

As the population profile of Ireland continues to become increasingly diverse, Speech & Language Therapists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech & Language Therapists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication. The American Speech & Hearing Association (ASHA, 2015) makes specific reference to cultural competence in their webpage dedicated to transgender clients.

### **5.3 Clinical literature**

Evidence in the clinical and academic literature highlights and supports the role of the Speech & Language Therapist in transgender healthcare (e.g. Oates & Dacakis (1997), Adler, Hirsch & Mordaunt (2006), Hancock, Krissinger and Owen, (2011)). The World Professional Association for Transgender Health, states that “voice and communication therapy may help to alleviate gender dysphoria and be a positive and motivating step towards achieving one’s goals for gender role expression” (WPATH, 2012: 52). According to the Royal College of Psychiatrists (2013), multi-disciplinary care includes input from Speech & Language Therapists.

### **5.4 De-psychopathologisation of gender variance and non-conformity**

International best practice states that healthcare providers should refrain from pathologising gender difference. Variation in gender expression and gender identity is a “culturally-diverse human phenomenon [that] should not be judged as inherently pathological or negative.” (WPATH, 2012: 4). The discomfort or distress associated with identifying with or expressing a gender different to that assigned at birth may be experienced to a degree that meets the criteria for diagnosis of Gender Dysphoria (DSM V, 302.85), however an absence of such a diagnosis need not preclude psycho-social support such as that which can be provided by Speech & Language Therapists.



## 6.0 References

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[http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1351&pk\\_association\\_webpage=3926](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926)

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Wylie, K. (2008). New Standards of Care for People with Gender Dysphoria. *Mental Health in Family Medicine*. 5(2): 71-73.

## 7.0 Appendices

### Appendix 1: Glossary

According to WPATH (2012: 95), “Terminology in the area of health care for transsexual, transgender, and gender nonconforming people is rapidly evolving; new terms are being introduced, and the definitions of existing terms are changing.” The following glossary of transgender related terminology is taken, with permission, from the Transgender Equality Network Ireland (TENI) webpage, *Trans Terms*, (<http://www.teni.ie/page.aspx?contentid=139>). TENI also acknowledge the dynamic nature of language and they advise readers and service providers to speak directly with the transgender person they are working with and discuss preferred terminology with them.

#### Introduction to Sex and Gender

It is first important to clarify the distinctions between sex, gender identity, gender expression and sexual orientation.

**Sex:** The designation of a person at birth as male or female based on their anatomy (genitalia and/or reproductive organs) or biology (chromosomes and/or hormones).

*The phrase “sex assigned at birth” (replacing “biological sex”) is a more accurate and respectful way to acknowledge the process of sex assignation that occurs at birth through a perfunctory look at external anatomy. It might not be possible in all cases (e.g. intersex) to identify an individual as male or female at birth. For trans people, assigned sex may differ considerably from gender identity.*

**Gender Identity:** Refers to a person’s deeply-felt identification as male, female, or some other gender. This may or may not correspond to the sex they were assigned at birth.

**Gender Expression:** The external manifestation of a person’s gender identity. Gender can be expressed through mannerisms, grooming, physical characteristics, social interactions and speech patterns.

**Sexual Orientation:** Refers to a person's physical, emotional or romantic attraction to another person. Sexual orientation is distinct from sex, gender identity and gender expression. Transgender people may identify as lesbian, gay, heterosexual, bisexual, pansexual, queer or asexual (see definition of Transgender).

## **Main glossary**

### **Gender Dysphoria (DSM-V, 302.85) previously Gender Identity Disorder (GID):**

In DSM-IV[2], GID is the psychiatric diagnosis used when a person has (1) a strong and persistent cross-gender identification and (2) persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex, and the disturbance (3) is not concurrent with physical intersex condition and (4) causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

*GID is a controversial issue. Many trans people see GID as an unwanted psychiatric diagnosis that is stigmatising and pathologising and does not represent their experience or does not acknowledge gender diversity. To others it is a useful diagnostic tool that accurately describes a medical condition and facilitates medical treatment. Some people prefer the term 'gender dysphoria' instead of GID; this avoids the negative connotation of the word 'disorder'.*

*In the current Irish context, in practice a diagnosis of GID [now Gender Dysphoria] is required to access hormones or surgery through the public healthcare system.*

**Genderqueer:** A person whose gender varies from the traditional 'norm'; or who feels their gender identity is neither female nor male, both female and male, or a different gender identity altogether.

**Gender variant:** People whose gender identity and/or gender expression is different from traditional or stereotypical expectations of how a man or woman 'should' appear or behave.

**Tranny:** A slang term for many different trans identities. Some find this term highly offensive, while others may be comfortable with it as a self-reference, but consider the term derogatory if used by outsiders. It is recommended to avoid using this term.

**Transgender:** Refers to a person whose gender identity and/or gender expression differs from the sex assigned to them at birth. This term can include diverse gender identities such as: transsexual, transgender, transvestite/crossdresser, drag performer, androgynous, genderqueer, gender variant or differently gendered people.

*Not all individuals with identities that are considered part of the transgender umbrella will refer to themselves as transgender. For some, this may be because they identify with a particular term (such as transsexual or genderqueer) which they feel more precisely describes their identity. Others may feel that their experience is a medical or temporary condition and not an identity (for example they feel they have gender identity disorder but are not transgender).*

***TENI advocates the use of transgender or trans\* as an umbrella term as it is currently the most inclusive and respectful term to describe diverse identities. However, [they] acknowledge and respect each individual's right to self-identify as they choose.***

**Trans or trans\*:** Commonly used shorthand for transgender. Avoid using this term as a noun: a person is not 'a trans'; they may be a trans person.

**Transition:** A process through which some transgender people begin to live as the gender with which they identify, rather than the one assigned at birth. Transition might include social, physical or legal changes such as coming out to family, friends, co-workers and others; changing one's appearance; changing one's name, pronoun and sex designation on legal documents (e.g. driving licence or passport); and medical intervention (e.g. through hormones or surgery).

**Transsexual:** A person whose gender identity is 'opposite' to the sex assigned to them at birth. The term connotes a binary view of gender, moving from one polar identity to the other. Transsexual people may or may not take hormones or have surgery.

*Use of the term 'transsexual' remains strong in the medical community because of the DSM's prior use of the diagnosis 'Transsexualism' (changed to "Gender Identity Disorder" in DSM- IV).*

*The term 'transsexual' is hotly debated in trans communities with some people strongly identifying with the term while others strongly rejecting it. Moreover, for some, 'transsexual' is considered to be a misnomer inasmuch as the underlying medical condition is related to gender identity and not sexuality.*

## **Appendix 2: Useful resources**

### **Websites**

**The World Professional Association for Transgender Health (WPATH)** is an international authority for transgender healthcare. This was formerly the Harry Benjamin International Gender Dysphoria Association. The Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People is published by WPATH and is currently in its 7<sup>th</sup> edition and available to download for free at: [www.wpath.org](http://www.wpath.org).

**Transgender Equality Network Ireland (TENI)** Is Ireland's national advocacy agency which seeks to improve conditions and advance the rights and equality of trans people and their families. Their website includes references to services, both publicly and privately available, including support groups, as well as useful guidelines for educators, practitioners and advocates.

[www.teni.ie](http://www.teni.ie).

**The American Speech and Hearing Association (ASHA)** have a page dedicated to Speech & Language Therapy services for transgender service users which includes a helpful list of references to useful articles.

<http://www.asha.org/Practice/multicultural/Providing-Transgender-Transsexual-Voice-Services/>

## **Book**

This is the only book of its kind currently available and provides a useful and comprehensive overview of approaches to Speech & Language Therapy for transgender service users as well as general information regarding medical interventions.

Adler, R. K., Hirsch, S., Mordaunt, M. (2012). *Voice and Communication Therapy for the Transgender/Transsexual Client: A Comprehensive Clinical Guide – Second Edition*. Plural Publishing.

### **Appendix 3: Authors**

Ms. Susan Miller, Senior Speech & Language Therapist, Linn Dara, Mid Kildare Child & Adolescent Mental Health Service (CAMHS), 9 Sycamore House, Millennium Park, Naas, Co. Kildare.

Ms. Rachel Moore (Chair), Speech & Language Therapist, Express YOUR Gender, C/o Insight Matters, 46 Mountjoy Square, Dublin 1.

Ms. Margaret Rodden, Clinical Tutor, HSE/NUIG Speech & Language Therapy Clinic, Aras Moyola, National University of Ireland, Galway.

Dr. Pauline Sloane, Associate Professor, Speech Pathology, University of Dublin, Trinity College, 7-9 South Leinster Street, Dublin 2.