

# *Journal of the National Black Association for Speech-Language and Hearing*

## **NBASLH MEMBERS' PERCEPTIONS OF COMMUNICATION SERVICES TO TRANSGENDER INDIVIDUALS**

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### **ABSTRACT**

People who are transgender often seek resources to help them express their preferred gender identity. These resources include pursuing the services of speech-language pathologists (SLPs) for communication and voice therapy. However, there are few clinically and culturally competent SLPs who are able to serve the transgender population. An important aspect of cultural competence is the assessment of attitudes toward culturally diverse populations. Few studies have explored how SLPs view their professional role and ethical obligations in providing services to transgender people. The purpose of this article is to assess how SLPs and students of speech-language pathology perceive their responsibilities in the treatment of transgender clients. An electronic survey was completed by 127 students and professionals at the 2017 annual meeting of the National Black Association of Speech Language and Hearing (NBASLH). The results indicated that the majority of respondents agree or strongly agree that serving transgender clients is within their scope of practice, and is their ethical obligation. However, few participants indicated that they had been trained in this area or had plans to pursue training. Implications for ways to increase the number of culturally and clinically competent SLPs serving this population are provided.

**KEYWORDS:** cultural competence, transgender, perceptions of health providers, speech-language pathologists, communication services

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People who are transgender have a gender identity that is different from their assigned sex at birth (Fenway Health, 2010). Because communication is an important aspect of human behavior and gender expression, many transgender, transsexual, and gender non-conforming people seek the assistance of speech-language pathologists (SLPs) (World Professional Association for Transgender, 2011). Treatment targets for communication services with transgender populations include voice therapy for modification of pitch, intonation, resonance, and speech rate; and nonverbal communication patterns such as gestures, posture, and facial expressions (Davies & Goldberg, 2006). Transgender women are more likely to seek communication services because of the lack of medical, surgical, and hormonal interventions for voice feminization (Bodoin, Byrd, & Adler, 2014). Transgender individuals may encounter many challenges in expressing their unique gender identity. In general, there is a lack of resources to meet the health needs of lesbian, gay, bisexual, transgender, and queer, and/or questioning, (LGBTQ) populations, and in particular those who are transgender individuals (Bradford, Makadon, Stall, Goldhammer, & Landers, 2008). Currently, there is a paucity of clinically and culturally competent speech-language pathologists to serve the transgender population (Mayer, Bradford, Makadon, Stall, Goldhammer, & Landers, 2008).

Cultural competence has long been a point of emphasis for the American Speech-Language-Hearing Association (ASHA) and its members. ASHA established The Office of Multicultural Affairs (OMA) in 1969 with the purpose of helping ASHA members provide quality services in an increasingly pluralistic American society. ASHA and the OMA provide a variety of resources to help clinicians work toward cultural competence including a Practice Portal, a variety of guidelines and reports, and other educational materials. One of these is an official statement from ASHA (2004) describing the particular knowledge and skills needed to provide culturally and linguistically appropriate services in speech-language pathology and audiology. This document details the professional and clinical competencies of culturally competent providers across specific clinical domains such as language, articulation/phonology, voice, fluency, dysphagia, and hearing/balance. This statement, along with many others

from ASHA and the OMA, describes how cultural diversity is derived from many factors, including race, ethnicity, religion, socioeconomic status, age, mental/physical disability, sexual orientation, and gender identity. However, it has been argued that a specific focus on how to serve the needs of LGBTQ populations has been lacking (Hancock & Haskin, 2015; Masiongale, 2009). In more recent years, there have been an increasing number of resources that assist in the clinical service delivery of transgender individuals (Adler, Hirsch, & Mordaunt, 2006; Azul, Nygren, Soderstein, & Neuschafer-Rube, 2017; Decakis, 2002; Gelfer, 1999). However, there has been a limited amount of research on the role of cultural competence in serving transgender populations and the attitudes of speech-language pathologists in this.

## **The Relevancy of Cultural Competence and Therapist Attitudes**

Cultural competence is a process that develops over an extended period of time (Goode, 2004). Although there is no one definition of cultural competence, the Substance Abuse and Mental Health Services Administration (2004) describes cultural competence as attaining the knowledge, skills and attitudes to enable practitioners to provide effective care for diverse populations. According to a model by Turner, Wilson, and Shirah (2006), this is typically a dual process of personal and professional growth involving four stages: 1) awareness (knowledge), 2) sensitivity (attitudes), 3) competency (skills), and 4) mastery (training others).

Obtaining knowledge is the first crucial step in working toward cultural competence with all cultures, including LGBTQ populations. Knowledge can be gained by learning about the unique health challenges of members of the LGBTQ community. Some of the most significant health issues reported in a national survey of people who are transgender included refusal of care, harassment and violence in medical settings, and lack of provider knowledge (Grant et al, 2010). Other pertinent issues pertain to a lack of financial resources and access to health care, an insufficient number of providers who are competent in dealing with LGBTQ issues as a part of the provision of medical care, and a lack of culturally appropriate or even culturally friendly services (Mayer et.

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al, 2008). As clinicians grow more knowledgeable about these issues, it is necessary to engage in self-assessment and reflection as a part of cultural competence.

Taking inventory of one's own beliefs, attitudes, biases, and perceptions is a healthy part of the process. Recognizing the influence of one's own beliefs and biases is a crucial aspect of the knowledge and skills needed to provide culturally and linguistically appropriate services (ASHA, 2004). These beliefs come from one's unique upbringing, background, experiences, and other cultural influences such as spirituality and religion. The next phase of self-assessment is to evaluate how beliefs could influence one's own behaviors and actions, particularly clinical service delivery. A continuation and very important step of this process is working toward improving sensitivity and attitudes necessary to serve specific populations appropriately (Hancock, 2015).

There are very few studies of clinicians' attitudes toward LGBTQ populations. Hancock and Haskin (2015) investigated the knowledge and attitudes of speech-language pathologists in this area. An online survey completed by 279 SLPs in four countries revealed that SLPs expressed generally positive feelings toward LGBTQ groups with higher comfort than knowledge. Only 4% expressed moral issues in working with LGBTQ people. In terms of knowledge, there was a significant amount of variance from respondents with the majority being more accurate on health related questions than both stereotype adherence questions and LGBTQ terminology. In addition, 51% of the respondents did not know how to describe transgender communication therapy, and 47% indicated that these services were not addressed in their master's curriculum. Hancock and Haskin discussed the need for SLPs and those who train SLPs to improve in LGBTQ cultural competence.

An important variable in developing intercultural awareness and sensitivity is exposure and interaction. Exposure to individuals from culturally and linguistically diverse backgrounds leads to higher levels of cultural competence (Franca & Simpson, 2011). In a study of SLP students' attitudes and beliefs regarding language diversity, it was found that a lack of previous exposure to nonnative English speakers and cultural biases negatively affected how nonnative English speakers might be perceived (Franca et al., 2016). In addition to exposure, clinicians should assess their own beliefs about culturally

diverse clients, including the LGBTQ community, as well as their ethical responsibilities as it pertains to the provision of communication services to these individuals.

## **SLP Roles and Responsibilities**

There is some debate about the ethical mandates for practitioners in speech-language pathology. However, ethical responsibilities in terms of provision of quality services and avoiding discrimination are very clear. Rule C of the ASHA Code of Ethics specifies that communication professionals should not discriminate in the delivery of services based on a host of factors including gender identity (ASHA Code of Ethics, 2010). The Code of Ethics also specifies that professionals should provide all services competently, should use every resource to ensure high-quality service, and engage in lifelong learning in order to maintain and enhance professional competence and performance. However, many ASHA professionals may have moral or religious beliefs against changing one's gender identity. Moreover, transgender clients may not present with a communication disorder in the traditional sense if there is no vocal pathology or abnormality. Therefore, the issue of delivery of services to transgender clients could constitute a conflict of interest in which it could be difficult to maintain the separation of personal interests from professional services. Conflict of interest is also addressed in the ASHA Code of Ethics (2010) (Ethics III, Rule of Ethics B) in that it specifies that "individuals shall not participate in professional activities that constitute a conflict of interest." Many clinicians may have to weigh their own personal beliefs against what their professional association says is appropriate.

The purpose of the present study was to gain an understanding of how SLPs and students of speech-language pathology perceive the roles and responsibilities of SLPs in the treatment of transgender clients for communication, including voice, therapy. Clearly, understanding and clarifying levels of sensitivity, attitudes, and perceptions as it pertains to transgender clients are essential to the continued development of one's cultural competence.

## **Method**

A thirteen-item survey (see Appendix A) was created that inquired about the following from the respondents: a)

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level of experience with transgender communication therapy; b) level of training in this area and future plans for training; c) comfortability with providing services; and d) beliefs about ethical responsibility, scope of practice, and medical and educational necessity in this area. The responses to beliefs about ethical responsibilities were correlated with demographic data from the participants to determine if there is a relationship between their beliefs and the variables of age and years of experience.

## **Participants and Setting**

The authors conducted a convenience survey sampling at the 2017 annual meeting of the National Black Association for Speech-Language and Hearing (NBASLH). Although many of the goals of the organization involve the promotion of the professions to Black professionals and clients, membership is not exclusive to Black individuals. The requirement for participation in the survey was being a student or professional in speech-language pathology. One-hundred twenty-seven electronic surveys were completed. Participants were approached by students or the corresponding author to complete the survey on an electronic tablet.

## **Data Analysis**

Means, percentages, and standard deviations were computed for responses to each of the 13 Likert-scale questions used for analysis. Quantitative correlation analyses were used to assess how respondents' beliefs about ethical responsibilities, scope of practice, medical and educational necessity, and comfortability in treating transgender clients were related to age and number of years of experience.

## **Results**

### **Background Information**

The sample of participants was 93% female, 6% male, and 1% transgender, transsexual, or non-conforming. The majority of the respondents came from southern states: Georgia (19.5%), North Carolina (10.9%), Florida (7.8%), Louisiana (7.8%), South Carolina (5.4%), Texas (5.4%), Virginia (4.6%), Alabama (3.1%), Tennessee (1.5%), and the District of Columbia (0.7%). States represented from the northeast included New York (8.5%), Connecticut (5.4%), Maryland (5.4%). States represented from the midwest included Ohio (5.4%), Michigan (3.1%), Illinois (0.7%), and Wisconsin (0.7%). The only western state represented was California (3.1%).

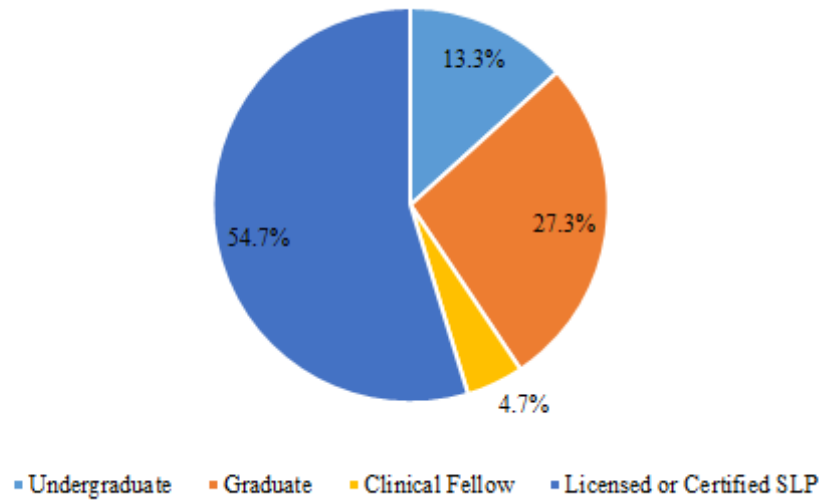
As shown in Figure 1, the majority of the respondents were licensed or certified SLPs (54.7%), followed by graduate students (27.3%), undergraduate students (13.3%), and clinical fellows (4.7%).

### **Age and Experience**

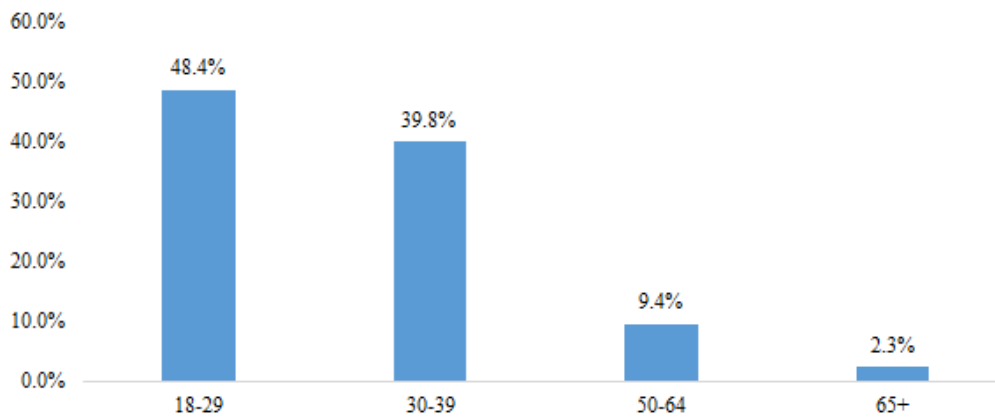
Most respondents ranged in age from 18-29 years old (48.4%), followed by 30-49 years old (39.8%), 50-54 years old (9.4%), and 65 years and older (2.3%) (see Figure 2). As depicted in Figure 3, over one-third were pre-professionals (34.4%), followed by professional ranging in experience from 0-5 years (21.1%), 6-10 years (15.6%), and 11-15 years (9.4%), and more than 15 years (19.5%).

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**Figure 1. Survey Question #4: “What is your professional level?”**

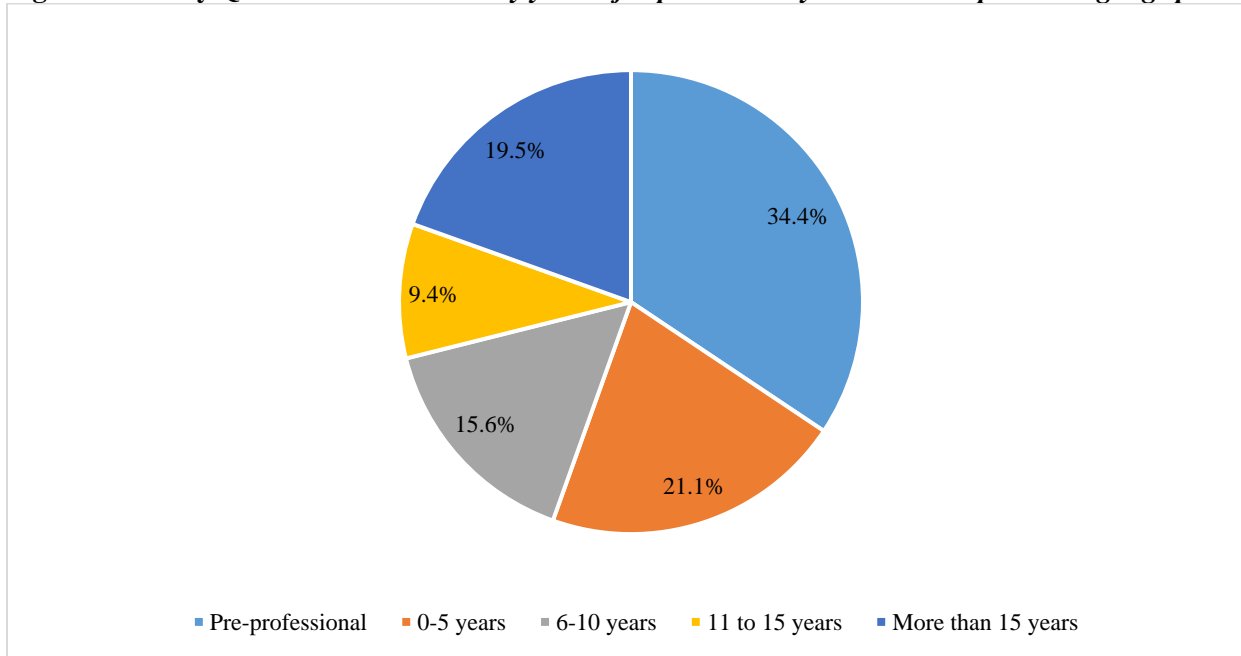


**Figure 2. Survey Question #2: “What is your age range?” (N=127)**



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Figure 3. Survey Question #4: “How many years of experience do you have as a speech-language pathologist?” (N=127)

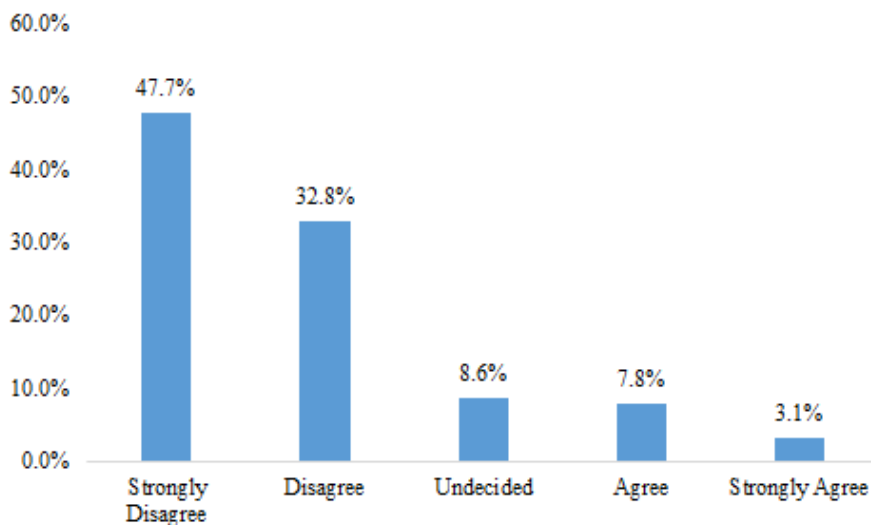


## Level of Experience, Training, and Comfortability

Only 5.5% of the respondents indicated that they had experience treating transgender patients for communication and voice, whereas 94.5% indicated that they had not. Only 10.9% reported that they had received

training for working with the transgender population (see Figure 4). Although education on voice treatment is an essential piece of training to be a SLP, most respondents indicated that they did not feel like they were adequately trained to treat such a specialized population.

Figure 4. Survey Question #10: “I have received training for working with the transgender population.” (N=127)

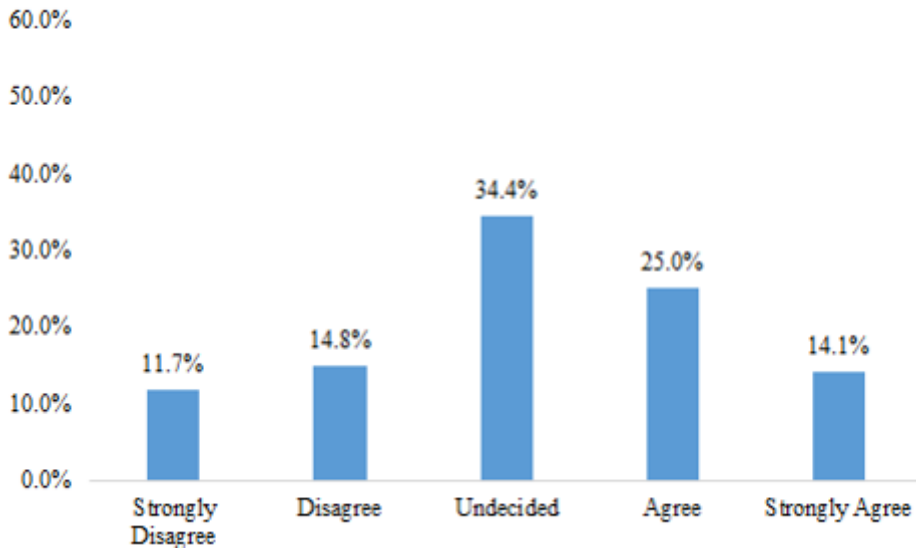


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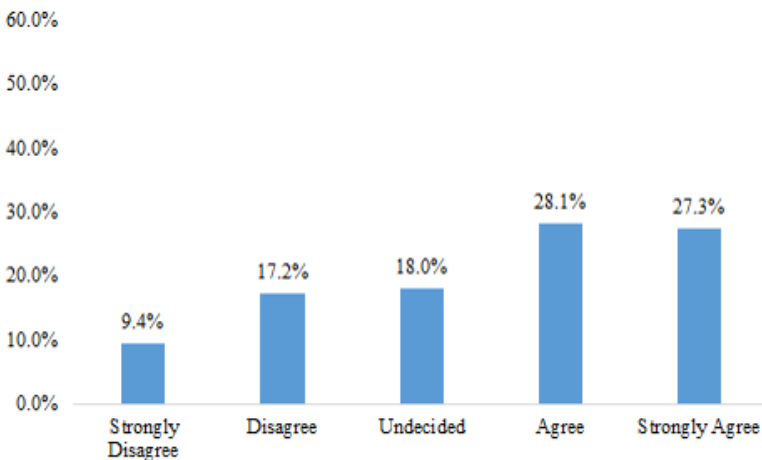
Despite this lack of training, many of the respondents were ambivalent about whether they would pursue training in the future (see Figure 5). The majority of the respondents were undecided (34.4%) if they would pursue training for treating transgender clients followed by those who agreed (25%), disagreed (14.8%), strongly agreed (14.1%), and strongly disagreed (11.7%). Some respondents verbally indicated that they did not specialize in voice treatment; therefore, they would not seek further education on treating the transgender population.

As shown in Figure 6, 55.4% of the respondents agreed or strongly agreed that they were comfortable with treating transgender voice patients, whereas 44.6% indicated that they were not comfortable or were undecided. This question was included to differentiate between being ethically obligated and comfortable in providing treatment of the transgender population for a variety of reasons. However, a limitation of this question is that it doesn't differentiate why someone might be uncomfortable. Comfortability could be limited because of ethical and moral dissonance, a lack of clinical preparation, or a multitude of other reasons.

**Figure 5. Survey Question #11: “I am likely to pursue training for treating transgender voice patients.” (N=127)**



**Figure 6. Survey Question #9: “I am comfortable with treating transgender voice patients.” (N=127)**



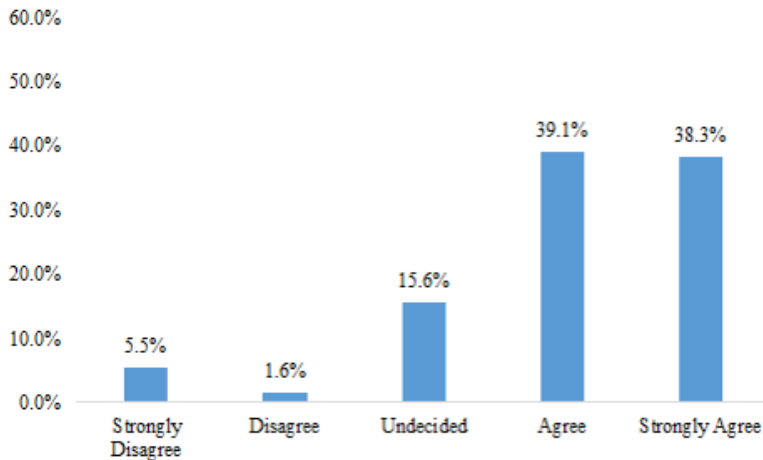
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## **Clinician’s Ethical Views in Providing Services to Transgender Clients**

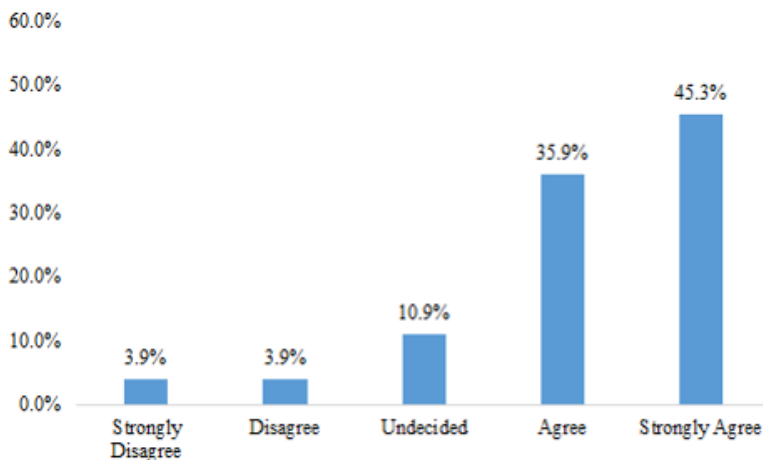
The survey was designed to determine SLPs perceptions in regards to communication and voice treatment of transgender clients. The data indicated that the majority of respondents strongly agreed (38.3%) or agreed (39.1%) that treating transgender voice clients is within the SLP scope of practice (see Figure 7). The results indicate the respondents’ interpretation of ASHA’s Scope of Practice as including transgender communication and voice services.

Similarly, as shown in Figure 8, most respondents strongly agreed (45.3%) or agreed (35.9%) that as SLPs or aspiring SLPs they were obligated to treat transgender clients who were referred to them.

**Figure 7. Survey Question # 8: “Treating transgender voice clients is within my scope of practice as an SLP or will be within my scope of practice when I am an SLP.” (N=127)**



**Figure 8. Survey Question # 12: “Treating transgender clients who are referred to me is my ethical responsibility.” (N=127)**





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Despite these strong professional and ethical convictions, there was significant ambivalence on the topic of medical and educational necessity of transgender communication services. A combined 66.5% of respondents agreed or strongly agreed with medical and educational necessity, 22.7% were undecided, and 10.9% disagreed (see Figure 9). Many SLPs who work in education facilities, medical facilities, or who receive third party compensation through medical insurance are often required to address the need for their services to be medically or educationally necessary. The responses to this question indicate that many of the respondents were conflicted as to whether transgender communication services are truly necessary or elective services.

Correlations were used to determine if there was a significant relationship between the variables of a) age range and b) number of years of experience, in connection to survey questions related to perceptions of scope of practice, ethical responsibilities, medical and educational necessity, and comfortability treating transgender clients (See Appendix A for questions 8, 9, 12, and 13). No significant correlations were found. All correlations between age and Question 8 (-.19), Question 9 (-.14), Question 12 (-.13), and Question 13 (-0.07) were negative and weak. In addition, correlations between years of experience in the profession were also tested. Correlations between years of experience in the field and Question 8 (-.21), Question 9 (-.25), Question 12 (-.23), and Question 13 (-0.08) were negative and weak. This finding indicates

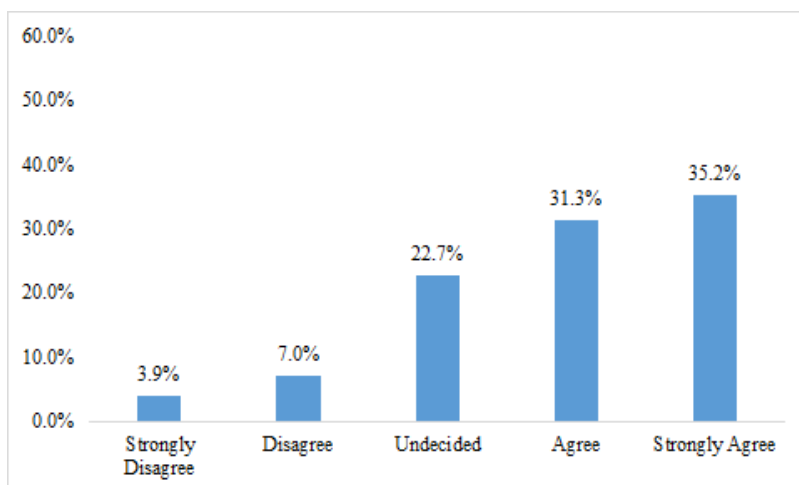
that there was no relationship between items responses and the age and years of experience of participants in this study.

## **Discussion**

Quantitative analyses of SLPs and aspiring SLPs reveal that most of the participants in this study believe that transgender communication and voice therapy is within their scope of practice (77.4%), and is their ethical responsibility (81.2%). About two-thirds (66.4%) of respondents also believe that the provision of these services is a medical or educational necessity. The indication is that the majority of those who were surveyed perceive transgender communication services to be an elective service that is within the SLP scope of practice.

The survey provides some insight into how SLPs might perceive potential transgender clients. Hancock and Haskin's (2015) reported that respondents in their study had slightly more negative feelings towards transgender individuals compared to gay, lesbian, or bisexual individuals, yet issues of morality did not present a significant barrier towards how SLPs feel about LGBTQ communities. However, an important distinction between Hancock and Haskin's study and the present study is the measurement of *professional* perceptions versus *personal* perceptions. It is unknown how the participants in this study felt about the LGBTQ community personally.

**Figure 9. Survey Question #13: “Transgender voice therapy is a medical and/or educational necessity for LGBTQ individuals.” (N=127)**



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Their perceptions of their professional and ethical obligations toward LGBTQ individuals are more apparent.

Despite these perceptions, the respondents' experience, training, and comfortability present a different picture of SLPs' roles in transgender communication therapy. Few reported receiving training in this area (10.9%), and even less (5.5%) had experience with the population. In addition, 39% indicated that they would pursue training in the future compared to 34.4% who were undecided and 26.5% who indicated that they would not pursue training. This is likely related to transgender communication therapy being considered a niche specialty in speech-language pathology. The question of comfortability in providing services is complicated by a variety of factors not indicated in the question. Nearly 45% indicated that they were either undecided or not comfortable providing services. However, several respondents indicated to our research team that they weren't comfortable because they had not received training or because they were not very comfortable with providing voice therapy in general. Because of the limitation of this question, it is not known how many if any respondents were uncomfortable or undecided because of the population itself.

## **Limitations**

The participants in this study were limited to attendants at the 2017 NBASLH convention. The membership of NBASLH does not resemble the demographics of the SLP field, which is overwhelmingly White and female. It is entirely possible that aspiring and practicing SLPs across the United States could have different levels of experience, training, and comfortability, and could feel differently about their professional perceptions and responsibilities. Therefore, the results of this survey by itself cannot be generalized.

Self-reported data on professional and ethical issues also have limitations. Many respondents may provide responses that they perceive to be professionally or politically correct even if they believe otherwise. This is particularly true in a professional setting such as a conference. The data gathering method of "cold calling" via physically approaching them in the midst of a professional meeting is effective in many ways but also has its limitations. It does not allow time for depth of

thought on these potentially complicated professional and ethical issues.

Finally, there are limitations on the survey and the data itself. The sample size may have affected the correlation data that could be gathered. The survey was a researcher-constructed instrument used to gather data on the perceptions of SLPs relative to transgender communication therapy. The number of questions was limited intentionally in order to increase participation at a professional meeting. There are limitations to its validity as an instrument to determine ethical beliefs and the explanation of those beliefs.

## **Clinical Implications**

The ethical and professional guidelines of speech-language pathologists in the delivery of transgender communication services is somewhat convoluted. There lies a potential conflict of interest because of a clinician's moral or religious beliefs about transgender people. This could pose as a barrier in the clinician providing quality services. The purpose of this study was to understand how SLPs and aspiring SLPs perceive the responsibilities of SLPs in the treatment of transgender clients. Based on the results of this study, it is apparent that the majority of the participants do not perceive a debate about their ethical responsibilities, at least in a theoretical sense. The majority believe that providing services to transgender clients is within the SLP scope of practice and that it is the SLPs ethical duty to serve those clients if she or he is referred one. It is fortunate that this group of SLPs do not implicate professional conflict in their responsibilities within their scope of practice. This indicates that they are demonstrating high levels of sensitivity, a crucial aspect of cultural competence (Turner et al, 2006). However, when it comes to the next phase of cultural competence, *competency and skills* with transgender individuals in the delivery communication and voice therapy, very few participants acknowledged having that level of cultural responsiveness. The majority of the participants had no experience in working with transgender individuals, and had been trained to do so. Further, many did not plan on seeking this type of training in the future. This is not to suggest that every SLP should be trained and prepared in this area. However, it is problematic when there are few SLPs to serve the needs of the transgender community

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(Bradford, Makadon, Stall, Goldhammer, & Landers, 2008; Davis & Goldberg, 2006).

As the initial educational preparer of speech-language pathologists, graduate programs should consider ways to integrate teaching transgender clinical skills into the curriculum and clinical education. Case studies could be presented and assessed in academic courses such as voice disorders and diversity and multicultural courses. Several universities have on-campus clinics that specialize in transgender communication and voice therapy. Other universities could follow this model or simply offer transgender communication services to members of the community. Adding new client streams is particularly prudent when many programs are challenged with finding more clinical placement opportunities for student clinicians (Polovoy, 2015).

Another way to increase the amount of clinicians who work in this area is if more practicing clinicians decide that this is a viable revenue stream for them. Private practitioners are prime targets for adding transgender clinical skills to their repertoire. Building and maintaining a consistent client base is a tremendous challenge in private practice, and diversification of one's referral sources is a key method for success (Dougherty, 2012).

As professional providers of communication services, speech-language pathologists should be central in helping transgender individuals successfully transition to their preferred gender identity. Communication is such an important aspect of identity expression. Therefore, SLPs must prepare to help those who require these services. This will require a collective effort to continue to develop clinical and cultural competence.

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## **Appendix A**

### NBASLH Sample Perceptions of SLPs and Students in Responsibilities of Treating Transgender Voice Clients Demographics

Q1 I identify as

- Male (1)
- Female (2)
- Transgender, Transexual, or Gender Non-Conforming (3)
- Other (4)

Q2 What is your age Range?

- 18-29 years old (1)
- 30-49 years old (2)
- 50-64 years old (3)
- 65 years and older (4)

Q3 What is your professional level?

- Undergraduate Student (1)
- Graduate Student (2)
- Clinical Fellow (3)
- Licensed or Certified Speech-Language Pathologist (4)

Q4 How many years of experience do you have as a speech-language pathologist?

- Pre-professional (student) (1)
- 0-5 years (2)

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6-10 years (3)

11 to 15 years (4)

More than 15 years (5)

Q5 In which state do you currently reside?

Alabama (1)

Alaska (2)

Arizona (3)

Arkansas (4)

California (5)

Colorado (6)

Connecticut (7)

Delaware (8)

District of Columbia (9)

Florida (10)

Georgia (11)

Hawaii (12)

Idaho (13)

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- Illinois (14)
- Indiana (15)
- Iowa (16)
- Kansas (17)
- Kentucky (18)
- Louisiana (19)
- Maine (20)
- Maryland (21)
- Massachusetts (22)
- Michigan (23)
- Minnesota (24)
- Mississippi (25)
- Missouri (26)
- Montana (27)
- Nebraska (28)
- Nevada (29)
- New Hampshire (30)

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- New Jersey (31)
- New Mexico (32)
- New York (33)
- North Carolina (34)
- North Dakota (35)
- Ohio (36)
- Oklahoma (37)
- Oregon (38)
- Pennsylvania (39)
- Puerto Rico (40)
- Rhode Island (41)
- South Carolina (42)
- South Dakota (43)
- Tennessee (44)
- Texas (45)
- Utah (46)
- Vermont (47)



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- Virginia (48)
- Washington (49)
- West Virginia (50)
- Wisconsin (51)
- Wyoming (52)
- I do not reside in the United States (53)

## Experience

Q6 Have you had experience treating transgendered patients for voice and communication?

- Yes (1)
- No (2)

## Perceptions

Q8 Treating transgender voice clients is within my scope of practice as an SLP or will be within my scope of practice when I am an SLP.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9 I am comfortable with treating transgender voice patients.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q10 I have received training for working with the transgender population.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 I am likely to pursue training for treating transgender voice patients.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 Treating transgender clients who are referred to me is my ethical responsibility.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 Transgender voice therapy is a medical and/or educational necessity for LGBTQ individuals.

	Strongly Disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (4)	Somewhat agree (5)	Strongly agree (6)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>