

Areas of Assessment

Case History

Medical History

Vocal Hygiene

QoL Questionnaires

Perceptual Assessment

Instrumental Assessment

Stimulability testing

Readiness

Histories

Case History:

- Relationship to voice
- Previous vocal training
- What do they already know?

Medical History: (general...AND..)

- Pain or Dysphonia present?
- Medications
 - Drying?
 - Other weird side effects?
 - Any previous vocal injury
- Other surgeries, injuries, disabilities, accommodation requests

Vocal Hygiene

We know this!

Some stuff to keep in mind:

- Being trans can be stressful, so practice Harm Reduction!
 - Drink an extra glass of water for every beer, cigarette
 - Get hydration through fruits, soups, etc
- Also: some hormone medications are diuretics

Quality of Life

Gender Spectrum Voice Inventory (GSVI)

- Hook & Duffy (2021)

Trans Woman Voice Questionnaire (TWVQ)

- Dacakis & Davies (2012)
- Formerly “Transsexual Voice Questionnaire (TVQ)”
- Limitations of cisgender researchers/clinicians creating this document...

Trans Self-Evaluation Questionnaire (TSEQ)

- Shelagh & Davies (2012)

Instrumental

Record Voice samples

- Average fundamental frequency
 - Standardized Passage
 - Monologue about a preferred topic
- Pitch Range
 - Gliding up/down to get range
 - Woo hoo!!

GOING THROUGH FULL RANGE MAY TRIGGER DYSPHORIA.

Instrumental

Use apps and instruments of choice

- Computer: Praat, VoceVista Video Pro
- Phone Apps: Voice Tools, Voice Pitch Analyzer, Voice Analyst
- etc..

Perceptual

Aside from the usual, aka CAPE-V if dysphonic

Laryngeal Palpation

Resonance:

- On a rating scale 1-5
 - Forward vs chest

Stimulability (Therapy Begins With Assessment!)

Flow Voice

- Exp. CSCFT (Verdolini Abbott & Gartner–Schmidt, 2005)

vs.

Resonant Voice

- Exp. LMRVT (Verdolini Abbott, 2008)

Which technique helps the client feel/hear a difference AND also helps the SLP hear a difference?

- Expand on this and this can become “homework” for the next session

Readiness

- Community and/or family support?
 - Refer to local resources for: groups, meetups
 - Therapeutic support if need be
 - Online community
- Are basic needs being met?
 - Refer to local resources to support if necessary
 - Housing
 - Work
 - Etc.
- Education re: practice
- Confidence and Commitment? (<- See Hapner, 2020)

Creating Goals

- Based on assessment data
- Should be made with client
 - Goals vary from client to client
(Davies & Goldberg, 2006)
- Be prepared to change them!

Generalization & Prep for Discharge

Post therapy:

- Many are able to maintain therapeutically trained levels (pitch, resonance, etc.)
- AND Partial regression can occur. (Dacakis 2000)

So what do we do about this?

- Less frequent sessions
- Or occasional follow up sessions
- Vocal support/practice groups

Generalization & Prep for Discharge

Remember Motor Learning Theory!

- Work on Whole rather than parts:
- Don't focus too long on separate areas- combine with other areas ASAP
- Use targeted area(s) at a conversational level in treatment as soon as possible (Helding, 2008) (Titze & Verdolini-Abbott 2012)

See Conversational Training Therapy (CTT) (Gartner-Schmidt et al, 2016) as guidance