

WEBVTT

1

00:00:01.560 --> 00:00:11.880

Grillo, Elizabeth: Okay, so I would like to interact so welcome to our second episode of the CSD at wc podcast today we are celebrating World voice day.

2

00:00:12.210 --> 00:00:20.820

Grillo, Elizabeth: And we will be interviewing graduate students in the department, who have worked with transgender clients and we will be hearing from samantha.

3

00:00:21.690 --> 00:00:41.760

Grillo, Elizabeth: la Santa Monica cassie and nicolette so thank you for listening and let's begin, so the first question I have for you is, I would like you to talk about your preparation for working with transgender clients, what did you have to do to get ready for the sessions.

4

00:00:48.540 --> 00:00:49.050

I can.

5

00:00:50.610 --> 00:00:51.360

Samantha : Do to go on it.

6

00:00:53.040 --> 00:00:55.770

Samantha : So my experience working with.

7

00:00:56.160 --> 00:01:05.550

Grillo, Elizabeth: clients who are transgender I had an evaluation, I also observed another clinician who gave treatment so for an evaluation is.

8

00:01:05.970 --> 00:01:18.780

Grillo, Elizabeth: I always thought the most important thing was to have the equipment required to take voice measures I use voice evaluate, which was awesome, especially because I gave this valuation during coven.

9

00:01:18.900 --> 00:01:26.730

Samantha : And it's something that allows you to have space in between, and the client can kind of do it a little more independently.

10

00:01:27.570 --> 00:01:38.670

Samantha : And it's also important to think about the semi ability aspect of it, and having more than one option, because not everything works for

the same person.

11

00:01:39.270 --> 00:01:51.150

Samantha : So I worked with a male to female and after going through boys class, you know, the first thing you think of is false vocal folds retraction directions correct code tilt.

12

00:01:51.720 --> 00:01:58.050

Samantha : and actually that wasn't something that worked at least not in this moment for this client.

13

00:01:58.380 --> 00:02:10.830

Samantha : So, then, we tried, as narrow, which was a lot more successful and it sounded a lot more natural and feminine so just having multiple options, because if you only have that one and it doesn't work not so good.

14

00:02:11.850 --> 00:02:12.750

Samantha : luck, I would say.

15

00:02:12.990 --> 00:02:30.150

Grillo, Elizabeth: yeah so samantha interesting so you're you're using terms like as narrow thyroid tilt false vocal folds attraction what, what can you tell people what that means a lot of people don't know what those terms are and and you say you know you have options So what do you mean by that.

16

00:02:30.960 --> 00:02:41.550

Samantha : So as narrow thyroid till things like that, that is, with Estelle figures, which is what we've learned out West Chester university with Dr grillo.

17

00:02:42.180 --> 00:03:00.510

Samantha : So that is a type of voice therapy that really focuses on the anatomy and physiology of the voice mechanism so those are terms that can be described, especially to an adult client who is cognitively able to understand those terms.

18

00:03:01.890 --> 00:03:15.900

Samantha : And then having options so just like any other treatment, whether it's articulation or language one therapy is not going to work for every single client so when you're trying out different.

19

00:03:17.160 --> 00:03:21.570

Samantha : types of voices new voices you want to make sure you have.

20

00:03:22.710 --> 00:03:24.390

Samantha : The ability to see what works best for them.

21

00:03:25.230 --> 00:03:38.610

Grillo, Elizabeth: So do you feel that understanding the anatomy that natalie and physiology through that still figures that gave you more tools, rather than, for example, just using the definition of a resonant voice.

22

00:03:39.060 --> 00:03:45.240

Grillo, Elizabeth: or a voice that was you know breathy or a voice that was so just using auditory perceptual terms.

23

00:03:45.690 --> 00:03:55.350

Samantha : I think so, especially for clients who are transgender because I know something very common that happens, especially when it's male to female and they're working with a.

24

00:03:55.950 --> 00:04:08.520

Samantha : SIS female clinician they might try to match you so if you're able to speak more in anatomical terms they can think of it more about themselves and not trying to.

25

00:04:09.120 --> 00:04:19.410

Samantha : match you and pitch, because that is not it's not always possible and also, we want to create their own voice we don't want them to try and mimic yeah our voice so.

26

00:04:19.470 --> 00:04:20.790

Grillo, Elizabeth: that's a really good point.

27

00:04:21.990 --> 00:04:24.450

Grillo, Elizabeth: wanna did you want to add how did you prepare for your.

28

00:04:24.450 --> 00:04:26.460

Grillo, Elizabeth: sessions with your transgender client.

29

00:04:27.570 --> 00:04:37.080

, Svetlana: I agree a lot with what Sam said part of what I did with my transgender client was to really try to educate them.

30

00:04:37.560 --> 00:04:47.790

, Svetlana: I was their first treatment clinician at our clinic so I really wanted to educate them like you mentioned about the anatomy the physiology.

31

00:04:48.180 --> 00:04:56.220

, Svetlana: And there was also that element of counseling involved, since they were going through a transitional moments in their life.

32

00:04:56.610 --> 00:05:18.240

, Svetlana: We spent a lot of time talking about what their goals were so that they were the lead and I was just there helping them achieve the best possible outcome, so there was a big element of counseling a big element of education, I think, in every session that I have my clients.

33

00:05:19.170 --> 00:05:24.840

, Svetlana: wonder, though that was definitely something I kept reading about like a lot of counseling.

34

00:05:24.930 --> 00:05:36.390

, Svetlana: yeah and I was very lucky that semester, I had Dr means and Dr means had a big like few classes on counseling and that really helped me.

35

00:05:36.480 --> 00:05:36.840

Grillo, Elizabeth: wonder.

36

00:05:36.870 --> 00:05:39.750

, Svetlana: On just to help my client at that time so.

37

00:05:39.990 --> 00:05:53.040

Grillo, Elizabeth: Wonderful so you felt completely prepared because of the preparation that you received, you know, obviously, through your voice class and through other classes, you had at the at the university so that's wonderful would anybody else like to share how how they prepared.

38

00:05:54.060 --> 00:05:54.600

Cassie: I can.

39

00:05:55.110 --> 00:05:55.950

Grillo, Elizabeth: Thank you cassie.

40

00:05:56.040 --> 00:06:17.370

Cassie: So I had a different experience ilana you and wanna both know that I had no idea what I was doing going into it, I, it was my first client of the whole semester, and I had never taken a voice class I didn't know so figures I didn't know anything um so I met with Dr grillo and lana.

41

00:06:18.930 --> 00:06:29.640

Cassie: And I had to basically teach myself the so figures, the gbt PM model all of that um but now it's like going super smoothly and therapy.

42

00:06:30.600 --> 00:06:54.120

Cassie: They are doing very well with the govt PM um, but it is interesting because, like I said it's so much counseling yourself and a lot of it is like subjective, and so I what i've been doing is if, like they do like standard versus modified voices like how they define old a new voice they.

43

00:06:55.200 --> 00:07:07.380

Cassie: Self report back to me like Okay, did you feel like that was your modified voice, I asked them that so that it's not me saying okay yeah that's your voice, because it shouldn't be me deciding what it is it's them.

44

00:07:08.250 --> 00:07:09.600

Grillo, Elizabeth: Great that's a really good point.

45

00:07:09.600 --> 00:07:13.800

Grillo, Elizabeth: always good always bring it back to the client and offer.

46

00:07:14.280 --> 00:07:18.720

Grillo, Elizabeth: You know them to provide their feedback that's a really good point plus it helps develop their ear.

47

00:07:19.290 --> 00:07:32.100

Grillo, Elizabeth: Right, it helps develop so they know what voice they're using so that then when they're away from you, they can be more attuned to that excellent cassie would anybody else like to share other things, other ways they prepared that we didn't talk about yet.

48

00:07:33.570 --> 00:07:47.610

, Nicolette S.: I can share a little bit about my preparation, so I you know I looked back at my notes from my voice class and just sort of went on to ashes website to look into change under voice therapy.

49

00:07:48.300 --> 00:08:00.150

, Nicolette S.: And I also because I felt like I needed a little bit more information, I went on to YouTube and just looked up transgender voice therapy kind of to get the perspective from.

50

00:08:01.530 --> 00:08:12.720

, Nicolette S.: transgender voice clients themselves, so I got to see the perspective of people who were still in the middle of their therapy still establishing that new voice and also people who had.

51

00:08:13.650 --> 00:08:26.370

, Nicolette S.: finished therapy and were using their new voice in their day to day life so it was interesting to hear what was working well for them and to kind of take from that and apply some of those aspects in my own therapy sessions.

52

00:08:26.760 --> 00:08:35.040

Grillo, Elizabeth: Excellent so that is that those additional investigations were helpful for you nicolette yes wonderful i'm calcium forgot to ask you, you were.

53

00:08:35.040 --> 00:08:37.590

Grillo, Elizabeth: mentioning the GDP tm what is that.

54

00:08:39.570 --> 00:08:43.590

Cassie: So that's the global voice prevention therapy model i'm.

55

00:08:45.240 --> 00:08:48.150

Cassie: There I feel like there's no good way to just quickly summarize it.

56

00:08:49.590 --> 00:08:57.990

Cassie: But it's basically helping clients develop a new voice, and it can be used for a lot of different like voice.

57

00:08:59.190 --> 00:09:14.130

Cassie: I don't even know anything I feel like it's not always even just voice I don't know but it's um you can use it to establish a new voice that's like either like healthier or reduces slack if people are working on loudness like just anything.

58

00:09:14.610 --> 00:09:19.740

Grillo, Elizabeth: yeah so it's a therapy model that I developed and there's basically four components to it.

59

00:09:20.220 --> 00:09:32.460

Grillo, Elizabeth: stimulus ability testing to determine what you need to change to produce all of the new voices you're going to train and it's based off of the anatomy and physiology the system, which is the so figures and the so qualities.

60

00:09:33.000 --> 00:09:39.330

Grillo, Elizabeth: The second component would be any additional methods that augment and support the work you're doing like vocal hygiene vocal education.

61

00:09:39.690 --> 00:09:47.010

Grillo, Elizabeth: But the goal of the model is to get this new voice and everything the client is saying or new voices we train more than one voice it's not just one.

62

00:09:47.520 --> 00:09:55.080

Grillo, Elizabeth: Another component is using the new voice in treatment hierarchy bottom up treatment hierarchy from smallest unit of veterans like.

63

00:09:55.470 --> 00:10:00.660

Grillo, Elizabeth: You know single word, all the way up to conversational speech and there's some really important steps in between there.

64

00:10:01.410 --> 00:10:16.980

Grillo, Elizabeth: between words and conversation, and then the fourth piece would be having the the client produce all of the voices they're learning at each step of the hierarchy, and they also contrast it with their own voice to that's the old voice, they were producing before they met you invoice therapy.

65

00:10:18.810 --> 00:10:22.110

Grillo, Elizabeth: let's see macaque Monica did you want to add anything for preparation.

66

00:10:23.640 --> 00:10:44.280

Monica: I really agree with everybody else I did my astral studying, just like everyone else did I was in the same boat as cassie with being a first time clinician and having transgender voice client as my first client, so I think I also visited Dr grillo.

67

00:10:45.300 --> 00:11:00.870

Monica: As first of advice um, but I think something that was really big for me, not so much preparing, but during the sessions was using a sense of humor and kind of letting them know.

68

00:11:01.560 --> 00:11:07.110

Monica: Some of this is going to be silly or you're going to feel a little bit silly doing all the Estella voices and.

69

00:11:07.560 --> 00:11:15.030

Monica: It gets a little bit you know if you're not a very outgoing person, it might be a little trouble um, so I think.

70

00:11:15.780 --> 00:11:35.130

Monica: Having that in mind, going into it was really helpful and that really helped my client to to realize like this is okay and we're going to work through it and we're all working together so there's a really nice just easy going yeah I.

71

00:11:35.820 --> 00:11:40.830

Grillo, Elizabeth: yeah and I like the idea of you know you're working together and it's okay to make these.

72

00:11:40.890 --> 00:11:43.500

Grillo, Elizabeth: These funny sounding voices that goes for any voice.

73

00:11:43.500 --> 00:11:46.920

Grillo, Elizabeth: client you work with not just transgender clients.

74

00:11:47.670 --> 00:11:56.610

Grillo, Elizabeth: Now all of you have had the experience of the of investigating other voice therapy models that are in the literature that are mainly focused on training one voice.

75

00:11:57.030 --> 00:12:06.330

Grillo, Elizabeth: Based on auditory perceptual terms because you've had the experience of learning about those other models plus what you've learned with Estelle and the GDP tm.

76

00:12:07.020 --> 00:12:21.240

Grillo, Elizabeth: Can you talk a little bit about you know the benefits, you see, in approaching voice therapy through the anatomy and physiology so defining those auditory perceptual terms by anatomy physiology through

so, can you talk about that a little bit.

77

00:12:26.010 --> 00:12:31.230

Cassie: I know that with my client it's really easy to.

78

00:12:32.370 --> 00:12:42.570

Cassie: Use so when i'm like correcting them so like I can hear them going slack or like getting a higher larynx and it's so easy for me to just like not jump in.

79

00:12:42.930 --> 00:12:52.230

Cassie: But instead, just like do this on the screen, or like whatever they need, so that they know to fix it and, like educating them on that was really helpful because now.

80

00:12:52.650 --> 00:13:05.700

Cassie: I think it made them a lot more aware of what they're actually doing and I know I told you in class like we were like you're not doing this one part, and it was so easy for us to fix it because they knew what we were talking about yeah.

81

00:13:05.880 --> 00:13:07.290

Grillo, Elizabeth: yeah so cassie if.

82

00:13:07.320 --> 00:13:08.310

Grillo, Elizabeth: Just think about.

83

00:13:08.340 --> 00:13:22.200

Grillo, Elizabeth: You what you've been doing this semester, do you think you would have been able to do all those things if you approached the voice therapy from only auditory perceptual terms like How would you how would you have done that.

84

00:13:23.400 --> 00:13:25.170

Cassie: I don't know I feel like I.

85

00:13:26.340 --> 00:13:31.170

Cassie: It would have been like just me being like that did is that the voice that you wanted like.

86

00:13:32.790 --> 00:13:42.210

Grillo, Elizabeth: Like it doesn't feel like you wouldn't know how to tweak

it, how to fix it like look at all of those additional tools, you have because you can focus on learning site, you can focus on tilting the thyroid.

87

00:13:42.540 --> 00:13:51.900

Grillo, Elizabeth: You can focus on true vocal full body cover let's make it more stiff or thin and for trying to be more feminine you know, like if we're just doing resonant voice and we're humming.

88

00:13:52.950 --> 00:14:00.990

Grillo, Elizabeth: Up you know Okay, but I I just I feel like I don't know what to do, how do I, how do we shape that what do other clinicians think about that.

89

00:14:05.190 --> 00:14:07.200

Samantha : i'm going off on a little bit I think just.

90

00:14:07.890 --> 00:14:18.660

Samantha : Add especially adding the hand movements, along with the anatomy that you're teaching is super helpful because, instead of interrupting them while they're speaking, you can just give them that hand movement.

91

00:14:18.990 --> 00:14:26.700

Samantha : And I know for myself learning, I still figures when I even when i'm using them because I like to do that for fun actually.

92

00:14:27.780 --> 00:14:38.580

Samantha : Even if i'm like belting in when i'm home alone, I find myself doing the hand movements that go along with it so it's almost a little reminder to yourself, too.

93

00:14:38.970 --> 00:14:49.050

Samantha : yeah it's just a little reminder that I think is really helpful and it's something that we can use to correct them without interrupting and it's something that they might even be able to use to correct themselves.

94

00:14:49.470 --> 00:14:50.790

Grillo, Elizabeth: yeah good point samantha.

95

00:14:51.060 --> 00:14:53.670

Grillo, Elizabeth: anybody else have any other comments, before I move to the next question.

96

00:14:57.900 --> 00:15:06.420

Grillo, Elizabeth: Okay, so we, the next question I have for you is i'd like to talk about how did you ensure a safe zone for your client.

97

00:15:07.440 --> 00:15:13.620

Grillo, Elizabeth: What did you do to promote gender cultural sensitivity, as you were working with them through out the therapy.

98

00:15:15.780 --> 00:15:21.780

, Svetlana: I think one of the first things I did was talking about pronouns and what they felt comfortable with.

99

00:15:23.370 --> 00:15:32.700

, Svetlana: It was very easy to establish rapport with my client I opened up, I gave him a little bit of background about me and then I asked them about them.

100

00:15:33.360 --> 00:15:46.410

, Svetlana: And they were immediately comfortable you know it just like it was very easy to talk to them, they were they felt comfortable sharing very private things right away with me, I think, because I.

101

00:15:47.010 --> 00:15:53.820

, Svetlana: Let them know that I was just the person, and I was here to really support them in any direction they wanted to take this therapy.

102

00:15:54.240 --> 00:16:06.720

, Svetlana: As we you know week by week and we developed a great relationship, I think that a clinician has to have a sense of openness, obviously you don't have to share your bank account information or you know.

103

00:16:06.750 --> 00:16:07.320

Grillo, Elizabeth: Why not.

104

00:16:09.480 --> 00:16:20.040

, Svetlana: Just, but you have to have some sort of openness that they're just people and you're you're connecting and you have to have that human to human connection to really see good results.

105

00:16:20.460 --> 00:16:33.060

, Svetlana: To see the results and like Monica said humorous such a big part of our everyday life, human makes everything better So if you can

include that in your therapy I think you'll it'll be a win, win situation for everyone.

106

00:16:33.510 --> 00:16:34.650

Grillo, Elizabeth: awesome what what do other.

107

00:16:34.650 --> 00:16:35.430

Grillo, Elizabeth: clinicians.

108

00:16:35.610 --> 00:16:38.220

Grillo, Elizabeth: have to have to offer with that as well.

109

00:16:44.550 --> 00:16:48.810

Monica: I was actually gonna say something similar to ilana that I really like how she put it.

110

00:16:49.890 --> 00:16:58.410

Monica: About were just people were both people and there's nothing really crazy going on there, I feel like.

111

00:16:59.250 --> 00:17:09.150

Monica: With my client we started out by addressing pronouns but then from there, there really wasn't too much focus on.

112

00:17:10.140 --> 00:17:26.670

Monica: Anything dealing with the transgender identification for them, I feel like that made them feel more comfortable to just kind of come in proceed with the therapy sort of working on the voice, just as people.

113

00:17:28.110 --> 00:17:31.950

Monica: And we didn't really highlight anything that would be uncomfortable.

114

00:17:33.360 --> 00:17:43.440

Monica: Like they had known that we were accepting of them are and just having that understanding, I think, was enough yeah.

115

00:17:44.340 --> 00:17:47.070

Grillo, Elizabeth: yeah the client immediately felt safe.

116

00:17:48.120 --> 00:17:48.450

Monica: yeah.

117

00:17:48.750 --> 00:17:50.400

Grillo, Elizabeth: nicolette you wanted to say something.

118

00:17:51.750 --> 00:17:59.670

, Nicolette S.: yeah so I definitely like Monica and lana focused a lot on building rapport in the beginning.

119

00:18:00.390 --> 00:18:12.300

, Nicolette S.: And it was my client was so sweet, and we really just seem to hit it off from the jump which was awesome and but, that being said, I still made sure.

120

00:18:12.780 --> 00:18:28.290

, Nicolette S.: Throughout our therapy sessions to always ask for her input on the methods we were using you know ask how she felt to make sure she was really involved in her own therapy and just making sure she felt like her opinion was being recognized.

121

00:18:30.090 --> 00:18:42.690

, Nicolette S.: From, just like the overall method we were using down to her smaller productions, and you know that's also increasing that self awareness, which is just a win, win for everyone there awesome.

122

00:18:44.010 --> 00:18:46.440

Grillo, Elizabeth: Great does anybody else have anything else to add.

123

00:18:50.310 --> 00:18:59.370

Grillo, Elizabeth: Okay, so let me move on to our next question i'd like to talk now about the goals that you set for the client what were the goals were the goals met.

124

00:19:08.580 --> 00:19:09.090

, Svetlana: I.

125

00:19:11.580 --> 00:19:20.850

, Svetlana: My transgender client came to me mid semester, so I only had them for about five weeks six weeks.

126

00:19:23.040 --> 00:19:35.730

, Svetlana: And we got very far into the hierarchy we didn't meet, I

believe, though, conversational level of the hierarchy, but at that point, they were still.

127

00:19:37.110 --> 00:19:52.290

, Svetlana: transitioning in what kind in the sense of what kind of voice they wanted they didn't they knew they want, they were going from female to male but where they wanted their voice they didn't know and.

128

00:19:53.010 --> 00:19:57.360

Grillo, Elizabeth: So ilana did that match where they were in their life situation as well.

129

00:19:57.720 --> 00:19:59.430

Grillo, Elizabeth: Yes, Okay, yes.

130

00:19:59.460 --> 00:20:03.210

, Svetlana: It did match, so they were very in a very transitional.

131

00:20:03.480 --> 00:20:21.030

, Svetlana: uh huh a place, I think cassie is with that client now I don't know if things have changed since then they were in a very transitional place, but they were always very hard working they really were engaged in the therapy.

132

00:20:22.440 --> 00:20:33.960

, Svetlana: One thing that really did help was recording their voice and we went by standard and modified voice that's what they felt comfortable for new and old, so that they could hear themselves but.

133

00:20:35.040 --> 00:20:39.330

, Svetlana: They did very well in those five weeks I have to say, I think that the.

134

00:20:40.770 --> 00:20:50.040

, Svetlana: The so and your and your model really allows for voice clients to progress quickly because it's so structured.

135

00:20:50.340 --> 00:21:03.450

, Svetlana: Right, I had the same kind of experience with another voice client that I had in my first semester at the clinic we just had vocal nodules and it also progressed really nicely because of the structure of the model so.

136

00:21:04.140 --> 00:21:10.920

Grillo, Elizabeth: Well, you bring up a good point that you know we as clinicians need to meet the client where the client is.

137

00:21:11.370 --> 00:21:18.000

Grillo, Elizabeth: And if they're in the if they're in a process within their own life of you know transitioning and maybe they're maybe they're.

138

00:21:18.870 --> 00:21:25.860

Grillo, Elizabeth: More a male at work, maybe there are more a female at home, you know, we need to be able to give them the tools.

139

00:21:26.190 --> 00:21:40.080

Grillo, Elizabeth: That they need to be successful, so that's why it's important when we work with them to possibly train multiple voices, you know you're using terms and kathy's using terms like modified and standard voice I think those are terms that that client preferred.

140

00:21:41.250 --> 00:21:51.000

Grillo, Elizabeth: But the point is, is that the client knows what these voices are and they can then you know transition to whatever the voice, they need for that moment in time.

141

00:21:52.020 --> 00:21:57.390

Grillo, Elizabeth: And that's that's that's a significant thing that's a huge tool that you gave that client to be successful, with.

142

00:21:58.440 --> 00:22:00.000

Grillo, Elizabeth: Other clinicians what other.

143

00:22:00.630 --> 00:22:01.020

Grillo, Elizabeth: How.

144

00:22:01.080 --> 00:22:04.320

Grillo, Elizabeth: Did you set what were the goals were the goals met in your semester.

145

00:22:05.220 --> 00:22:14.370

Cassie: So I can kind of like go off of what lana was saying so it's interesting because I think that the client is now further in their journey.

146

00:22:15.780 --> 00:22:16.770

Cassie: And they.

147

00:22:17.880 --> 00:22:28.200

Cassie: Know like what they want their voice to sound like and it's so it's really interesting because they're like standard or old voice is actually becoming like while we're, just like in general.

148

00:22:29.190 --> 00:22:38.310

Cassie: So, like we haven't even been doing standard versus modified in the hierarchy because whenever they do their standard voice they go up so high.

149

00:22:38.850 --> 00:22:46.710

Cassie: And it's like not natural for them anymore like that's not their like it's their old voice, but they don't like producing it, and they don't feel comfortable, so we just kind of.

150

00:22:47.520 --> 00:23:00.570

Cassie: moved on from that, and they so we kind of like went back in the hierarchy, because they were like no my voice isn't where I want it to be, it needs to be lower so now we're going back through it at the like lower pitch.

151

00:23:01.080 --> 00:23:16.170

Cassie: um but we actually I was just mentioning this they weren't doing false vocal fold retract, so now we have them do it in like a Patrick voice from sponge Bob or their standard, so they can get used to the false vocal folder tracks and then they do.

152

00:23:17.610 --> 00:23:21.720

Cassie: Their modified voice so it's like we have like kind of adjust it to the client.

153

00:23:21.990 --> 00:23:33.780

Cassie: yeah because they weren't as comfortable doing it in their standard voice anymore, so we kind of just like switch it up, so that it worked for them, but like again that hierarchy like allows you to do that yeah which is nice.

154

00:23:34.530 --> 00:23:45.420

Grillo, Elizabeth: So interesting the client now is further along in the transition process, so the voice has to meet the client where the client is right now and it sounds to me like you have given the client those tools

so that's wonderful.

155

00:23:46.800 --> 00:23:50.220

Grillo, Elizabeth: samantha nicolette Monica did you want to comment on goals and if they were meant.

156

00:23:52.380 --> 00:24:09.420

Samantha : So when it comes to transgender clients, I only had them for assessment, so the only thing I can really say is that I recommended that they use so quality of as narrow I know this client actually wants to nicolette and things kind of changed.

157

00:24:09.960 --> 00:24:11.340

Samantha : which I think it's funny because.

158

00:24:11.610 --> 00:24:25.950

Samantha : We were lucky to have that evaluation in person and then treatment was through zoom so I always wonder if that changed anything, or if it was just that's how they were on the day they saw me and that's why that figure worked best.

159

00:24:26.970 --> 00:24:40.410

Samantha : So that's kind of the only experience I have when it comes to voice with transgender clients, the other client I had had a CDA and we were working on having a stronger thick voice.

160

00:24:41.580 --> 00:24:46.290

Samantha : And we did not meet the goal we actually discontinued, the goal, because we.

161

00:24:47.550 --> 00:24:56.100

Samantha : refer to emt because of suspicion of other something physical going on, so I was my own experience with that okay.

162

00:24:56.400 --> 00:24:59.730

Grillo, Elizabeth: So interesting, so you know, depending upon the clinician.

163

00:25:00.360 --> 00:25:12.540

Grillo, Elizabeth: You know the voice will change right that's so samantha found one figure that work nicolette potentially worked with another figure, both are correct, but I guess it also depends on what the client prefers as well nicolette did you want to say something.

164

00:25:13.800 --> 00:25:23.190

, Nicolette S.: yeah so I can speak to that a little bit um so I did have the I worked with the client that samantha had evaluated and.

165

00:25:23.850 --> 00:25:37.260

, Nicolette S.: I remember from reading the report, you know we went right into as narrow and it just didn't sound authentic for her and she agreed so we moved into.

166

00:25:37.950 --> 00:25:49.440

, Nicolette S.: High larynx attractive false vocal folds and a thyroid tilt and that seemed to be where she wanted to be in terms of how feminine the new voice would sound.

167

00:25:50.220 --> 00:25:59.010

, Nicolette S.: So that's what my first goal had encompassed know the high larynx which are false vocal folds and the thyroid tilt to give her that.

168

00:26:00.180 --> 00:26:12.690

, Nicolette S.: Higher pitch, but also that more feminine quality she didn't reach her goal, but I did I did right, the goal to be more long term for her.

169

00:26:13.200 --> 00:26:25.470

, Nicolette S.: She did start later in the Semester, and so it wasn't too surprising that she didn't meet her goal, I think I only saw her for seven sessions, so it wasn't really enough time to get.

170

00:26:26.250 --> 00:26:40.860

, Nicolette S.: super far and her progress but i'm going off of that first goal and that high larynx component she tended she had some difficulties with maintaining.

171

00:26:41.550 --> 00:26:57.780

, Nicolette S.: A pitch range that was more towards that traditionally feminine pitch range, but also one that sounded authentic for her so my second goal was to have her maintain a pitch range that encompass that.

172

00:26:59.100 --> 00:27:12.390

, Nicolette S.: New voice that worked for her though those are my two goals and she didn't meet the second one either, but she did show improvement

and in maintaining consistency, for her new voice.

173

00:27:12.660 --> 00:27:21.930

Grillo, Elizabeth: awesome and you know just a point about the so samantha's experience versus Nicole let's experience with the same client samantha saw her one time.

174

00:27:22.710 --> 00:27:32.880

Grillo, Elizabeth: You know nicolette is working with her for seven weeks so you know it's a little different when you're able to see a client for longer you're able to adapt and change.

175

00:27:33.420 --> 00:27:42.810

Grillo, Elizabeth: Right, so it kind of makes sense that nicolette potentially was doing something different than samantha because she was spending more time with her, and they were fine tuning, and she was really getting a sense for what the client preferred.

176

00:27:43.710 --> 00:28:00.720

, Nicolette S.: and Dr gorilla I didn't I did want to add another factor in kind of the difference and how I was perceiving her voice, maybe so not only was it over zoom the therapy, she was also in a car car for a lot of the sessions.

177

00:28:00.870 --> 00:28:01.260

Grillo, Elizabeth: wow.

178

00:28:01.320 --> 00:28:04.440

, Nicolette S.: So you can imagine how the acoustics would be different.

179

00:28:04.650 --> 00:28:05.040

Grillo, Elizabeth: Yes.

180

00:28:05.100 --> 00:28:10.830

, Nicolette S.: You know, being with her in person in a special room that samantha was probably in so.

181

00:28:10.860 --> 00:28:16.260

Grillo, Elizabeth: wow so tell a practice in the car that must have been interesting.

182

00:28:17.100 --> 00:28:23.040

, Nicolette S.: yeah we recommended that she tried to switch to a room and she did, and it ended up being.

183

00:28:23.190 --> 00:28:23.640
, Nicolette S.: Okay, good.

184

00:28:24.120 --> 00:28:24.930
, Nicolette S.: beneficial so.

185

00:28:25.920 --> 00:28:31.530
Grillo, Elizabeth: You made that a more you know conducive environment for success so that was good okay good.

186

00:28:33.240 --> 00:28:44.610
Grillo, Elizabeth: So now i'd like you guys to talk about the methods that you use to achieve the goals what worked what didn't work, you know what was successful maybe what were challenged what were some challenges you experienced with your clients.

187

00:28:53.010 --> 00:28:56.850
, Svetlana: I thought that tell us doing it through Tele practice is a great way.

188

00:28:58.320 --> 00:29:05.970
, Svetlana: I was surprised that how well it's a voice therapy actually works via tell therapy um.

189

00:29:07.260 --> 00:29:23.160
, Svetlana: I you know i've read your article and there's others that support our practice but it's really nice to see that over this medium that we were like all just thrown into it really does work, and you know you can really still help your clients.

190

00:29:23.640 --> 00:29:31.980
, Svetlana: yeah good and feel better and maybe some level of higher hierarchy and their goals so.

191

00:29:33.450 --> 00:29:36.150
, Svetlana: I love, I actually really enjoyed doing it, this one.

192

00:29:36.450 --> 00:29:49.380
Grillo, Elizabeth: yeah yeah good, yes, so you you you, you made a difference

right and even through zoom we can hear, as you know, as long as your ears fine tune, you can hear subtle differences, even through zoom.

193

00:29:50.340 --> 00:30:02.130

Grillo, Elizabeth: You know we're talking about subtle changes vertical thyroid versus vertical tilt yes, you can hear that difference that's a subtle change so developing your ear to hear that and you're still able to capture that on zoom awesome.

194

00:30:03.420 --> 00:30:07.110

Grillo, Elizabeth: anybody else what what methods worked well what didn't work well.

195

00:30:11.430 --> 00:30:15.360

, Nicolette S.: So some things that worked really well for my client.

196

00:30:16.470 --> 00:30:18.510

, Nicolette S.: Were vocal warm ups.

197

00:30:19.530 --> 00:30:20.880

, Nicolette S.: I used to sing so i'm.

198

00:30:21.960 --> 00:30:34.410

, Nicolette S.: Pretty familiar with some of those warm up, so I kind of tried to incorporate that kind of tried to incorporate some resident voice just in those first five minutes to get her started, and then we also.

199

00:30:35.070 --> 00:30:49.380

, Nicolette S.: I also really emphasize the importance of vocal hygiene and you know, on therapy days and every day, you know Whenever she was practicing and so that was definitely helpful I know my client.

200

00:30:50.490 --> 00:31:02.790

, Nicolette S.: Was complained about hoarseness some of the time, so I was really trying to push that vocal hygiene and make sure that you know decreased and wasn't continuing as she was practicing awesome.

201

00:31:03.270 --> 00:31:05.640

Grillo, Elizabeth: Great great nicolette anybody else Monica or.

202

00:31:05.640 --> 00:31:06.210

cassie.

203

00:31:09.510 --> 00:31:13.230

Monica: My client had a lot of luck with using thyroid tell.

204

00:31:14.820 --> 00:31:31.170

Monica: That was the big helpful figure for them other ones were a little bit more tricky like false vocal fold retract was one that they had a lot of trouble finding that and really understand that.

205

00:31:32.580 --> 00:31:50.880

Monica: So we had to work through that with lots of practice but whenever they were feeling that their voice wasn't sounding how they really wanted it wasn't getting the feminine quality happening, we would do a bunch of us with the fire.

206

00:31:51.990 --> 00:31:54.900

Monica: And then, all of a sudden, they would have it.

207

00:31:56.310 --> 00:32:06.780

Monica: yeah back to the overview for thyroid till really if they were stuck That was the thing that brought them the voice they really want it.

208

00:32:07.200 --> 00:32:18.480

Grillo, Elizabeth: So let me give people an exam so the O, you who you so that's actually doing two things oh you that's retracting your false vocal fold and it's tilting your thyroid.

209

00:32:18.900 --> 00:32:30.300

Grillo, Elizabeth: So let me give people an example there's three manipulations or conditions for false vocal folds so we have retract oh you owe you so open.

210

00:32:30.690 --> 00:32:44.370

Grillo, Elizabeth: We have amid false vocal fold, which is the way i'm talking to you right now 12345 vs blue you hello, how are you oh i'm so retracted and i'm so tilted at the same time.

211

00:32:44.970 --> 00:32:54.150

Grillo, Elizabeth: versus 12345 which is mid and kind of a vertical thyroid and then for false vocal folds we also have constrict which is.

212

00:32:55.560 --> 00:33:08.580

Grillo, Elizabeth: 12345 so we have a lot of voice patients who constrict their false vocal folds, so we need to open them up to you and retract Oh yes, so I just wanted to give people, an example of.

213

00:33:09.300 --> 00:33:17.010

Grillo, Elizabeth: So what the differences in with our with the false vocal cassie did you want to add anything else about your methods that worked or things that didn't work.

214

00:33:18.210 --> 00:33:23.790

Cassie: I feel like I kind of mentioned it to with like the they weren't doing the false vocal folds retract.

215

00:33:24.810 --> 00:33:27.360

Cassie: Even though it was like part of their modified voice.

216

00:33:29.190 --> 00:33:36.870

Cassie: But we just kind of took out the standard voice and then we're like talk like Patrick to get those balls vocal folds of track because that worked for them.

217

00:33:37.080 --> 00:33:38.760

Grillo, Elizabeth: Is Patrick the sponge.

218

00:33:39.510 --> 00:33:43.950

Grillo, Elizabeth: yeah but, so the reason that we did that was because we also needed them.

219

00:33:43.980 --> 00:33:45.240

Cassie: To keep a low larynx.

220

00:33:47.340 --> 00:33:51.390

Cassie: And whenever they did the oh you it went very high.

221

00:33:51.420 --> 00:33:51.900

yeah.

222

00:33:53.340 --> 00:33:53.760

Cassie: yeah.

223

00:33:54.150 --> 00:34:09.210

Grillo, Elizabeth: yeah so we want to make sure we do the retract and the thyroid till with a solid quality you sponge Bob ooh ooh ooh so yeah so that's an example of doing a low larynx for somebody who is wanting a more.

224

00:34:10.290 --> 00:34:16.380

Grillo, Elizabeth: Male sounding voice so overall What did you all learn from working with your clients.

225

00:34:16.770 --> 00:34:26.760

Grillo, Elizabeth: Overall, you know what was the overall experience like would you do anything differently, next time, do you love this population do you want to keep working with these types of clients go ahead, tell us what you think.

226

00:34:29.970 --> 00:34:38.370

, Svetlana: I really enjoyed working with my client and general voice I would definitely love to do something in the future with voice.

227

00:34:40.440 --> 00:34:54.120

, Svetlana: I loved it because I saw how much difference and made in their life, and I think that's a big part of who we are and what we do is we're here to help, and if we can even just.

228

00:34:54.960 --> 00:35:03.960

, Svetlana: help a little bit make someone's life better and help their transition in life and their journey in life, be happier then.

229

00:35:05.550 --> 00:35:07.980

, Svetlana: that's that's all that matters at the end of the day.

230

00:35:08.610 --> 00:35:22.350

Grillo, Elizabeth: that's right that's, the most important, that is, that is the big question how are we, improving the quality of life of this individual, ultimately, that is the most important question that we need to get answered.

231

00:35:23.640 --> 00:35:28.500

Grillo, Elizabeth: Absolutely that's where all of our clients, not just just not just for transgender voice clients, but.

232

00:35:28.860 --> 00:35:39.930

Grillo, Elizabeth: every type of client that we work with how are we, improving their quality of life at home at school on the job socially

caregivers how are we, improving the quality life of the caregivers who are interacting with that person.

233

00:35:40.590 --> 00:35:51.390

Grillo, Elizabeth: You know people they meet on the street, the client obviously that's a really important point lorna but what other people like to share i'm asking again what did you overall learn from working with these clients.

234

00:35:52.890 --> 00:35:57.210

Grillo, Elizabeth: What would you do differently, next time, do you see yourself working with this population in the future.

235

00:35:59.370 --> 00:36:07.500

Cassie: So I definitely enjoyed it I feel like it like lama said it's like you can tell that it's like making a difference in their life like they come back.

236

00:36:07.830 --> 00:36:13.410

Cassie: And they're like I did this at work like I use my health yell in my modified voice outwork and they're so excited.

237

00:36:14.070 --> 00:36:20.700

Cassie: However, there's also times, where i've never taken a counseling class, I have no idea about any of that and it's a very emotional.

238

00:36:21.240 --> 00:36:29.100

Cassie: session like sometimes they'll come in and they're like I don't want to do this today, like i'm having a lot of anxiety, I feel depressed and I don't.

239

00:36:29.610 --> 00:36:31.950

Cassie: think I can use my modified voice accurately.

240

00:36:32.250 --> 00:36:42.750

Cassie: And those are the days, where it's like I feel like i'm being like a cheerleader the whole time, just like getting them through the session but I don't always know like what to say, or like what's appropriate to say because.

241

00:36:43.230 --> 00:36:55.410

Cassie: Like I said i've never had a counseling class i've also never worked with this population so it's like I feel like next time, if I were to do

this, I definitely want to take, like several very specific counseling classes.

242

00:36:55.710 --> 00:36:56.610

Grillo, Elizabeth: yeah yeah so.

243

00:36:57.270 --> 00:36:58.470

Grillo, Elizabeth: cassie you're saying that.

244

00:36:59.370 --> 00:37:02.310

Grillo, Elizabeth: To add to your expertise, you would want to kind of.

245

00:37:02.400 --> 00:37:09.510

Grillo, Elizabeth: kind of dive more into counts the specific counseling strategies potentially for this patient population would be very relevant for you.

246

00:37:09.840 --> 00:37:15.480

Grillo, Elizabeth: yeah yeah that's a really good point nicolette samantha Monica did you want to add anything.

247

00:37:17.430 --> 00:37:28.770

, Nicolette S.: yeah i'll add to that um with what Kathy was saying about you know being your clients cheerleader and that resonated with my experience a little bit I felt.

248

00:37:29.160 --> 00:37:41.460

, Nicolette S.: And my client tended to be pretty hard on herself during therapy and she would often you know say her phrase or say her sentence and say oh That was really bad that was really bad, so I think I.

249

00:37:42.150 --> 00:37:56.220

, Nicolette S.: Really learned the importance of not only giving feedback on way she could improve but also feedback on things she did really, really well yeah and just really trying to lift her up because it's hard and.

250

00:37:58.080 --> 00:38:03.330

, Nicolette S.: it's so important to again just be that cheerleader for your client yeah the.

251

00:38:03.600 --> 00:38:10.230

Grillo, Elizabeth: First transgender client that we worked with in our

clinic I was kind of supervising the student with the client and.

252

00:38:11.040 --> 00:38:22.140

Grillo, Elizabeth: She had a wonderful social worker who had actually referred her to our clinic so we brought the social worker in with her, her her parent.

253

00:38:22.770 --> 00:38:31.680

Grillo, Elizabeth: And it was just an amazing experience, because the social worker was there, giving us counseling advice we were working as a team, I think I think she came for two sessions.

254

00:38:32.340 --> 00:38:41.520

Grillo, Elizabeth: And just to have her expertise as the esl P and listening to her as another professional and what she has to offer, I just learned so much from her she's amazing.

255

00:38:42.450 --> 00:38:49.860

Grillo, Elizabeth: So that was a really wonderful experience as the msrp to have another clinical provider they're providing those additional pieces that.

256

00:38:50.310 --> 00:39:04.110

Grillo, Elizabeth: You know I didn't know as well, in terms of the counseling for this for this individual and how to help that part of it, so that was that was something I learned that was really important for me, you know moving forward in my practice i'm Monica did you want to add anything.

257

00:39:04.800 --> 00:39:16.410

Monica: Sure um I really enjoyed working with my client, I have a voice background and like singing musical voice.

258

00:39:17.730 --> 00:39:31.590

Monica: And psychology So when I came in, with my transgender client I was so nervous like not sure what to expect, but I felt like it was really in my wheelhouse.

259

00:39:33.390 --> 00:39:39.570

Monica: So, by the end of it, I was totally comfortable i'm even have such a good time in the sessions i'm.

260

00:39:40.350 --> 00:39:56.160

Monica: just doing all of the fun voice things and it just became natural

and there was no in the beginning, there are some awkwardness and like just on my clients part but by the end we were just having fun with it and just getting them that quality of life and.

261

00:39:57.300 --> 00:40:00.330

Monica: That was Maybe my favorite experience in clinic.

262

00:40:01.080 --> 00:40:02.190

Grillo, Elizabeth: Oh wonderful.

263

00:40:02.550 --> 00:40:02.940

Monica: Very.

264

00:40:03.420 --> 00:40:12.300

Grillo, Elizabeth: And I think it's important to that you know you you all are beginning clinicians your students and you know, expressing that and saying that you know i'm learning to you're learning.

265

00:40:12.720 --> 00:40:17.340

Grillo, Elizabeth: we're both learning together and just being open about that and having that dialogue.

266

00:40:17.880 --> 00:40:25.140

Grillo, Elizabeth: And you know i'm going to make mistakes and we're going to make mistakes together and it's okay to make mistakes, this is a safe place to play around and experiment.

267

00:40:25.470 --> 00:40:33.840

Grillo, Elizabeth: and respect each other and value each other, I think, is really important, so final question and then we'll open up open up questions to the audience.

268

00:40:34.380 --> 00:40:43.740

Grillo, Elizabeth: So what can you offer to students and other professionals who are potentially going to be working with these individuals in the future, to help them prepare.

269

00:40:44.370 --> 00:40:51.210

Grillo, Elizabeth: What do you wish, you would have known that you didn't know that you know now that you can tell people to.

270

00:40:52.170 --> 00:41:07.080

Grillo, Elizabeth: You know, investigate it sounds like cassie I think we talked about the counseling piece right, making sure you're prepared to be able to address those questions or issues that arise, is there anything else, that you would add to that what else should they do to prepare.

271

00:41:10.650 --> 00:41:19.110

Cassie: I would also say, just like i'm going in with like a mindset that like Yes, this is therapy, but it's also very like.

272

00:41:19.710 --> 00:41:31.020

Cassie: This can be really hard for someone to be doing i'm like imagine literally trying to change how you talk all the time, because your voice comes out so naturally now so it's definitely like a difficult thing.

273

00:41:32.610 --> 00:41:39.630

Cassie: and make sure that they know that because I feel like a lot of times my client would like get discouraged and i'd be like you, are literally changing something that.

274

00:41:39.840 --> 00:41:49.620

Cassie: is coming out of your mouth, naturally, and you want it to sound like it is you i'm like so like don't like I always say like don't ask if you like, your voice ask if it sounds like you.

275

00:41:49.890 --> 00:41:51.150

Grillo, Elizabeth: yeah that's a good point.

276

00:41:51.240 --> 00:41:52.740

Cassie: I don't know if, like my voice.

277

00:41:52.770 --> 00:41:53.850

Cassie: But it sounds like the.

278

00:41:54.750 --> 00:42:03.450

Grillo, Elizabeth: You know that's a really good point it's hard, this is hard work, it takes time it takes practice, things are going to feel weird.

279

00:42:03.900 --> 00:42:13.290

Grillo, Elizabeth: And being there like cassie saying letting the client know that supporting them that's so valuable that's a really great point cassie anybody else want to offer.

280

00:42:17.580 --> 00:42:28.470

Samantha : I would say, take time to educate yourself on the counseling aspect kind of like Kathy was saying we were very lucky to have a speaker come in, I can't remember if she was a counselor.

281

00:42:28.950 --> 00:42:32.550

Samantha : Or what her title was, but she was great she gave a lot of.

282

00:42:33.000 --> 00:42:43.680

Samantha : tools to us, especially on those days when they aren't super excited or motivated to participate, so those scales, so you can see where they are, and then you can talk those through.

283

00:42:44.190 --> 00:42:54.300

Samantha : Because again yeah we're not therapists are countless we're not like like psychiatrists or psychologists that type of therapists are counselors.

284

00:42:54.720 --> 00:43:05.160

Samantha : However, you may be one of the only people in their life that they share this identity with, especially if they're in the very beginning of their transition.

285

00:43:05.760 --> 00:43:14.670

Samantha : So it's something that you need to take a lot of responsibility for and to be there for them and to be an advocate and an ear for them so yeah.

286

00:43:14.700 --> 00:43:15.840

Grillo, Elizabeth: Wonderful samantha great.

287

00:43:15.840 --> 00:43:20.040

Grillo, Elizabeth: Points nicolette ilana Monica did you want to add anything.

288

00:43:23.640 --> 00:43:31.560

, Svetlana: I would say to other future student clinicians to you know reach out to the amazing faculty.

289

00:43:32.430 --> 00:43:43.860

, Svetlana: Especially if your it's your first client, you know reach out there's you have all the resources and everyone there's in the in the in our clinic and our department is there to support you and.

290

00:43:44.190 --> 00:43:59.340

, Svetlana: guide you and teach you so there's really nothing to be scared about I was so afraid of just starting, and I had this amazing faculty who supported me, and you know, let me, learn and.

291

00:43:59.850 --> 00:44:11.670

, Svetlana: encouraged me so just don't be afraid because you have these amazing professionals who will hold your hand if you even help.

292

00:44:13.290 --> 00:44:28.440

Grillo, Elizabeth: me right, that is our job we want you, you know you are the future of the profession and we want to support you in any way that we can and we enjoy doing it so yeah please seek out guidance and help nicolette Monica did you want to add anything.

293

00:44:32.250 --> 00:44:34.170

, Nicolette S.: I think something that I.

294

00:44:35.280 --> 00:44:52.020

, Nicolette S.: tried to remind myself, as I was working with my client was this was her final step in her transition, so there are really complex emotions that come along with that.

295

00:44:54.090 --> 00:45:09.600

, Nicolette S.: And just making sure you are working with them at a pace that works, and I know my client tended to just rush through certain things, so I really had to slow her down a little bit to make sure the practice was meaningful.

296

00:45:09.990 --> 00:45:17.070

, Nicolette S.: Sorry, make sure her practices meaningful, but other clients may need some more time.

297

00:45:17.760 --> 00:45:33.870

, Nicolette S.: Because it is so emotional or it can be so emotional, so I guess just making sure you're checking in on your client and not only for their voice needs, but also emotionally and just making sure you're moving at a pace that works for them yeah.

298

00:45:33.930 --> 00:45:37.200

Grillo, Elizabeth: that's a really good point the client that I supervised.

299

00:45:37.410 --> 00:45:38.520

Grillo, Elizabeth: A number of years ago.

300

00:45:39.540 --> 00:45:48.390

Grillo, Elizabeth: That the student and I were working with the social worker together this same experience that glad the voice was the last thing that was holding her up.

301

00:45:49.170 --> 00:46:01.590

Grillo, Elizabeth: And so, she was elated at the end of therapy that she she felt like this is me this is my whole person now, because this was what was holding me up so her whole life changed since you talked about that openly.

302

00:46:02.190 --> 00:46:16.890

Grillo, Elizabeth: And that was an amazing feeling to have to know that we are able to help her reach that final stage, she was finally able to be her true self because everything was in place so that was an amazing experience Monica did you want to add anything.

303

00:46:19.380 --> 00:46:27.450

Monica: um I really love that nicollette said and I had a sort of different experience, because my client was right at the very beginning.

304

00:46:28.500 --> 00:46:55.140

Monica: Their process, so I would say, for future clinicians to really get a feel for who the client is and where the client is maybe in your interview try to really see where they are and listen to them, to see what they're looking for and then just meet them there and from there yeah.

305

00:46:55.200 --> 00:47:02.370

Grillo, Elizabeth: yeah that's great that you said that because I was going to say that because we've also worked with clients in the clinic we worked with a.

306

00:47:03.060 --> 00:47:15.780

Grillo, Elizabeth: A child who is who is experimenting with their gender identity, and so we were working on a voice that was more non binary that was that was neither kind of male or female.

307

00:47:16.740 --> 00:47:27.510

Grillo, Elizabeth: Because because of the child's age, the child wasn't ready to commit to where they thought, eventually, they would be so the

student was working on something that was kind of in between.

308

00:47:27.990 --> 00:47:37.560

Grillo, Elizabeth: And that's and we help the client meet that where they wanted to be at that moment, but who knows, maybe, five, six years from now, the client will come back and we'll be more ready to become.

309

00:47:38.070 --> 00:47:45.300

Grillo, Elizabeth: You know more feminine sounding and then we will then adjust the voice at that time, so I think that's a really good point meet them where they are.

310

00:47:45.870 --> 00:47:50.520

Grillo, Elizabeth: So i'm wondering if any students in the audience undergraduate students from.

311

00:47:50.970 --> 00:48:01.500

Grillo, Elizabeth: The West Coast university initial chapter national students speech language hearing association chapter has any questions or any graduate students who are with us as well, I think we have some graduate students who have joined to.

312

00:48:02.670 --> 00:48:09.120

Grillo, Elizabeth: So let us know if you have any questions you're welcome to turn on your camera turn on your MIC and ask or you can chat if you'd like.

313

00:48:10.680 --> 00:48:12.510

Grillo, Elizabeth: We would love to have questions.

314

00:48:18.990 --> 00:48:26.340

Brodhag, Emma: In the question I was wondering if you guys were placed with those clients out of interest is that something that you.

315

00:48:27.840 --> 00:48:31.200

Brodhag, Emma: sort of tell your supervisors and.

316

00:48:32.580 --> 00:48:35.370

Brodhag, Emma: When you're getting placed that that's something you're interested in, or is it randomize.

317

00:48:45.570 --> 00:48:58.560

Monica: I don't I think it's right, I was random for me at least but i'm wondering if you can request your interest and maybe get parent that way i'm not totally sure, but in my case, it was just.

318

00:48:59.610 --> 00:49:00.990

Monica: Random circumstance.

319

00:49:01.680 --> 00:49:03.900

Grillo, Elizabeth: yeah you know Emma, thank you for your question, a.

320

00:49:03.900 --> 00:49:05.190

Grillo, Elizabeth: lot of it depends on.

321

00:49:05.220 --> 00:49:16.170

Grillo, Elizabeth: The clients availability, you know when is the client available and having that day in time match up with when you know we have a particular clinic section, a lot of that has to do with it.

322

00:49:17.520 --> 00:49:29.010

Grillo, Elizabeth: oftentimes the supervisors have a specific clinics section may ask the student group to say would anybody be interested in taking this client over you know, would you who would like to work with this transgender client.

323

00:49:29.640 --> 00:49:37.770

Grillo, Elizabeth: And some in some examples we may actually place a student who's had, for example, in the past.

324

00:49:38.340 --> 00:49:45.870

Grillo, Elizabeth: People who have worked with me, who have the knowledge of voice we've had so voice training, even before they started the graduate program we identify them as.

325

00:49:46.170 --> 00:49:56.250

Grillo, Elizabeth: As being someone who might be a good person to start with, because I already have a background of so figures in the GDP tm so that has happened in the past as well, so if there's a lot of factors are really just depends on.

326

00:49:58.110 --> 00:49:58.380

Grillo, Elizabeth: That.

327

00:49:58.410 --> 00:49:59.940

Grillo, Elizabeth: Thank you for your question you're welcome.

328

00:50:00.480 --> 00:50:02.490

Grillo, Elizabeth: Does anybody else have any other questions.

329

00:50:04.350 --> 00:50:15.450

Brigit Corej: I have another question um in terms of the literature that's available for transgender voice therapy is there anything you guys felt that you would have liked additional information on in terms of.

330

00:50:16.590 --> 00:50:24.270

Brigit Corej: expertise and strategies, I know you guys you lot use desktop model was there are times, where you felt there could have been additional support or research backing.

331

00:50:33.750 --> 00:50:39.300

Cassie: I feel like since I had like no idea what I was doing when I first started.

332

00:50:41.130 --> 00:50:46.170

Cassie: I just kind of went Sri to Dr grillo and wanna it was her client.

333

00:50:48.270 --> 00:50:49.260

Cassie: But it was like.

334

00:50:50.430 --> 00:50:57.570

Cassie: Even looking into like the gv tpm it is so extensive that any questions I had if you just search like in the.

335

00:50:58.470 --> 00:51:12.000

Cassie: model, like the handout that Dr grillo gives us it's like in this little handout it literally gives you goals anything that you would need and then like the Estelle figures are so straightforward that I felt like I didn't really have any.

336

00:51:13.080 --> 00:51:15.720

Cassie: um I don't know if other people did.

337

00:51:17.610 --> 00:51:21.240

Samantha : I guess the only thing I could add to that is outside of so.

338

00:51:22.890 --> 00:51:33.540

Samantha : it's a lot of just very subjective terms, so if you were looking into that kind of research, how we were talking about earlier like what is a relaxed voice what is a.

339

00:51:34.740 --> 00:51:37.920

Samantha : add another adjective here this type of voice, you know.

340

00:51:39.120 --> 00:51:50.550

Samantha : The research could maybe there could be something behind it, but the descriptions and the way to actually implement the treatment may be confusing or just not concrete so.

341

00:51:55.830 --> 00:51:56.310

Brigit Corej: Thanks, thank you.

342

00:51:56.910 --> 00:51:58.080

Grillo, Elizabeth: Monica did you want to say.

343

00:51:58.170 --> 00:51:59.040

Brigit Corej: That something wanna.

344

00:52:00.780 --> 00:52:02.430

, Svetlana: I was just gonna say that I.

345

00:52:03.660 --> 00:52:14.910

, Svetlana: I the model and the SL figures and the anatomy you know the education, I really felt that it gave my client, a very good.

346

00:52:16.050 --> 00:52:28.110

, Svetlana: Overall, gave me a very good, comprehensive overall idea of how to teach the therapy, so that the client was successful outside of our sessions.

347

00:52:29.220 --> 00:52:45.990

, Svetlana: Of course, you know every everything you do should be back by evidence and, obviously, Dr girls model is exceptional in that we're just lucky that it was just you know, Dr girls here and here's the model and here and the questions answered so.

348

00:52:48.180 --> 00:52:53.070

, Svetlana: I I only stuck with the model, the model and the US, the figures.

349

00:52:54.210 --> 00:52:55.740

Grillo, Elizabeth: Well, and the literature for.

350

00:52:55.740 --> 00:53:02.220

Grillo, Elizabeth: transgender voice, I mean there are there is literature for transgender voice, it tends to be more descriptive.

351

00:53:02.700 --> 00:53:05.880

Grillo, Elizabeth: i'm not aware of any large scale.

352

00:53:07.290 --> 00:53:16.470

Grillo, Elizabeth: trial, you know look working with transgender clients and saying okay here's the technique we're going to use let's test it against a control let's test it against another treatment.

353

00:53:17.040 --> 00:53:26.130

Grillo, Elizabeth: i'm not aware of any literature that exists for that so kind of what you have to do, then, is pulled from other literature base within the voice world.

354

00:53:26.490 --> 00:53:37.590

Grillo, Elizabeth: and say okay what other you know clinical studies are available, maybe not for transgender voice, but that have been shown to be efficacious and then I can apply aspects of these.

355

00:53:37.980 --> 00:53:47.100

Grillo, Elizabeth: approaches to my transgender population so that's kind of where we are i'm not aware of any large scale trials with this type of population.

356

00:53:48.630 --> 00:53:53.730

Grillo, Elizabeth: But there's room for the future, we could do something like that right, we need to add to the literature base, we could do that.

357

00:53:54.450 --> 00:54:04.500

Grillo, Elizabeth: Thank you Bridget for your question, that was a great question doesn't do any does anybody else have any other questions or comments you can chat if you feel more comfortable chatting or you're welcome to turn your camera on and talk.

358

00:54:17.670 --> 00:54:24.420

Grillo, Elizabeth: Okay, so we are going to end this wonderful amazing interview Thank you so much to these amazing students.

359

00:54:25.080 --> 00:54:33.150

Grillo, Elizabeth: Without mana Monica cassie samantha nicollette, we would not be able to help all these people we've helped over the years.

360

00:54:33.780 --> 00:54:43.470

Grillo, Elizabeth: Right in our clinic, so we are so thankful and blessed that we have students, like you, who just do such a great job so that we can change the lives of all these people.

361

00:54:44.130 --> 00:54:51.750

Grillo, Elizabeth: So i'm going to stop recording now and we are going to move into the next part of the evening, so let me make sure I know how to stop Okay, here we go stop.

362

00:54:54.180 --> 00:54:54.690

Yes.