

University of Nebraska - Lincoln

DigitalCommons@University of Nebraska - Lincoln

Department of Special Education and
Communication Disorders: Faculty Publications

Department of Special Education and
Communication Disorders

1-2023

Revisiting the Rainbow: Culturally Responsive Updates to a Standard Clinical Resource

Angela M. Dietsch

University of Nebraska-Lincoln, angela.dietsch@unl.edu

Richard MocarSKI

San Jose State University

Debra A. Hope

University of Nebraska-Lincoln, dhope1@unl.edu

Nathan Woodruff

Trans Collaborations Community Board, Lincoln, Nebraska

Miechelle McKelvey

University of Nebraska at Kearney

Follow this and additional works at: <https://digitalcommons.unl.edu/spcedfacpub>



Part of the [Gender and Sexuality Commons](#), [Gender, Race, Sexuality, and Ethnicity in Communication Commons](#), [Lesbian, Gay, Bisexual, and Transgender Studies Commons](#), [Medicine and Health Commons](#), [Social Justice Commons](#), [Special Education and Teaching Commons](#), and the [Speech Pathology and Audiology Commons](#)

Dietsch, Angela M.; MocarSKI, Richard; Hope, Debra A.; Woodruff, Nathan; and McKelvey, Miechelle, "Revisiting the Rainbow: Culturally Responsive Updates to a Standard Clinical Resource" (2023).

Department of Special Education and Communication Disorders: Faculty Publications. 262.

<https://digitalcommons.unl.edu/spcedfacpub/262>

This Article is brought to you for free and open access by the Department of Special Education and Communication Disorders at DigitalCommons@University of Nebraska - Lincoln. It has been accepted for inclusion in Department of Special Education and Communication Disorders: Faculty Publications by an authorized administrator of DigitalCommons@University of Nebraska - Lincoln.

Revisiting the Rainbow: Culturally Responsive Updates to a Standard Clinical Resource

[Angela M. Dietsch](#), Richard MocarSKI, Debra A. Hope, Nathan Woodruff, and Miehelle McKelvey

[Dietsch, Hope](#): University of Nebraska–Lincoln, Lincoln, Nebraska, United States

[MocarSKI](#): San José State University, San Jose, California, United States

[Woodruff](#): Trans Collaborations Community Board, Lincoln, Nebraska, United States

[McKelvey](#): University of Nebraska at Kearney, Kearney, Nebraska, United States



Abstract

Purpose: Cultural responsiveness is essential for efficacious and affirming clinical relationships. This may be especially important with historically marginalized clients, such as transgender and gender-diverse (TGD) people seeking behaviorally based affirming communication services. We recommend modifications to standard tools for diagnostics and training that otherwise might undermine our efforts to create an inclusive and affirming environment. **Method:** Modifications to the Rainbow Passage, a standardized paragraph utilized for eliciting speech samples in clinical settings, focused on nongendered terminology and the elimination of content with religious connotations. **Results:** The recommended edits to the Rainbow Passage maintain similar length, cadence, and phonetic balance while considering cultural and health care context for TGD people and other clients. **Conclusion:** Simple linguistic changes to a standardized paragraph maintain clinical benefits and facilitate SLP efforts toward cultural responsiveness, client engagement, and good clinical outcomes.

Speech-language pathologists (SLPs) serve clients from a broad range of backgrounds. In recent years, there has been increased attention to how SLPs and other health care providers can be more responsive to all aspects of one's identity, including but not limited to cultural, linguistic, and gender identities and their intersections. Whereas standardized tools for assessment and intervention have specific benefits, there is also a responsibility to ensure that they align with our priorities regarding inclusivity and cultural responsiveness (American Speech-Language-Hearing Association, 2014). Reexamination of existing tools can lead to simple changes with significant impact (Goldberg, 2022). For example, transgender and gender-diverse (TGD) clients, whether being seen for gender-affirmation services or some other reason, may benefit from use of more inclusive stimulation to facilitate engagement in care and good clinical outcomes.

The chronic marginalization stress experienced by TGD communities creates significant health and mental health disparities (Goins and Pye, 2013; James et al., 2016). These disparities are exacerbated by barriers created by an unwelcoming health care system that is not equipped to be TGD-affirming (Puckett et al., 2018). Furthermore, TGD persons often experience stigmatizing treatment in the health care

settings even when they have managed to navigate the barriers to access (Kosenko et al., 2013), creating even more distress. This cycle, along with similar cycles outside of the health care industry that stigmatize TGD persons, create marginalization stress, which contributes to further behavioral health issues.

Gender-affirmation care improves behavioral health for TGD people who desire it (Tordoff et al., 2022). Gender affirmation is different for every TGD person and might include medical gender affirmation, such as hormones or surgeries, or other interventions to better align one's gender expression with gender identity such as voice and other communication feature training. Unfortunately, gaining access to gender-affirmation care can prove difficult; providers who claim to serve the community sometimes create stigmatizing barriers ranging from language on websites and intake forms (Holt et al., 2021) to microaggressions such as misgendering and deadnaming (using the client's birth name rather than their current name) during their interactions (Meyer et al., 2020). Furthermore, the systems that govern affirmation procedures are imbued with stigma and create unnecessary barriers to entry (Hughto et al., 2015). In short, navigating the gender-affirmation process can and does often create stigmatizing events for TGD persons.

To combat this issue, it is vital that all fields examine clinician training, research design, and clinical practices to move swiftly toward an affirming environment (Hope et al., 2022; Obasi et al., 2022). This viewpoint seeks to engage the SLP community in efforts to move toward this level of inclusivity for the TGD community, as our services are often a part of a comprehensive gender-affirmation care regime. We note that there has been recent interest in the field in expanding provider competency for gender-affirmation services (Moog & Timmons Sund, 2021; World Professional Association for Transgender Health, 2011), and we seek to help move the field in this direction by highlighting the importance of creating TGD-affirming standardized clinical protocols for all types of SLP care.

Application and Example

Recorded speech samples are a component of virtually every SLP evaluation. They typically include spontaneous speech (such as in response to interview questions) and oral reading, if appropriate based on client literacy skills. Several published paragraphs have been commonly used by SLPs for decades to obtain oral reading samples during communication assessment. The use of standardized stimuli is desirable for many reasons that complement the information gleaned from spontaneous speech. Standardized samples ensure that a wide array of speech features are captured, such as phonemes across word positions, pause durations, and stress/intonation patterns. Such stimuli also control for factors that may influence speaking rate and speech fluency, such as word familiarity, syntactic complexity, word length, and mean length utterance. Furthermore, the use of standardized stimuli enables clinicians to compare client speech characteristics to normative data from other speakers using the same stimuli and to the client's own speech over time (Patel et al., 2013). There is a strong case for the use of standardized readings as part of a comprehensive SLP evaluation.

However, critical review of the most commonly used stimuli reveals that they do not align with principles of gender-affirming care. They tend toward highly gendered language and reinforce gender stereotypes. They may also include references to religion or familial relationships, which can cause undue stress for TGD persons who are less likely to have supportive religious and family-of-origin relationships than persons who identify as the gender they were

assigned at birth and might even have experienced psychological trauma in their religious and familial communities (American Psychological Association, 2015; Eisenberg et al., 2017). The potential damage to the clinical relationship and reduction in assessment data quality by use of nonaffirming materials undercuts the benefits of standardized stimuli described previously.

To address this concern efficiently while still maintaining the advantages of standardized stimuli, we sought to gently revise an existing stimulus to be more gender-affirming. We selected the Rainbow Passage (Fairbanks, 1960) for two key reasons. We anticipated that the topic may be of particular interest to TGD clients since the rainbow has been widely adopted as a symbol of gender and sexual-minority communities. Additionally, it required relatively fewer and less dramatic changes to be gender-affirming than some other standard passages such as the Grandfather Passage. Two general types of modifications were undertaken. First, all gendered terms were changed to alternatives that do not have an inherent gender association, such as "man" to "person" and "he"/"his"/"him" to "their"/"them." Second, three sentences with direct references to religious concepts were removed. The modified and original passages are shown in Table 1.

This modified version of the Rainbow Passage maintains a similar phonemic balance and reading complexity as the original, despite containing 17% fewer words (273 vs. 330). Notably, the first paragraph, which is often the only one used in clinical situations to obtain a speech reading sample, retains the same number of words as the original. Thus, implementation of the Modified Rainbow Passage involves no significant sacrifice and several potentially significant benefits. For TGD clients, it provides inclusion and avoidance of gendered language that could confound oral reading performance. For non-TGD clients, the agender shifts are unlikely to be distracting. The removal of religious references is of potential benefit to persons with a range of religious backgrounds and those with no religious beliefs.

Future Directions

As clinical practice expands to meet the needs of an ever-growing and diverse population, it will become necessary to develop new or adapt established standardized passages that reflect racial, cultural, and

Table 1. Side-by-side comparison of the Modified Rainbow Passage and the original Rainbow Passage with modified portions underscored.

Modified Rainbow Passage	(Original) Rainbow Passage*
<p>When the sunlight strikes raindrops in the air, they act as a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a person looks for something beyond their reach, their friends say they are looking for the pot of gold at the end of the rainbow.</p> <p>Throughout the centuries people have explained the rainbow in various ways. Some have accepted it as a miracle without physical explanation. Others have tried to explain the phenomenon physically. Aristotle thought that the rainbow was caused by reflection of the sun's rays by the rain. Since then physicists have found that it is not reflection, but refraction by the raindrops which causes the rainbows.</p> <p>Many complicated ideas about the rainbow have been formed. The difference in the rainbow depends considerably upon the size of the drops, and the width of the colored band increases as the size of the drops increases. The actual primary rainbow observed is said to be the effect of superimposition of a number of bows. If the red of the second bow falls upon the green of the first, the result is a bow with an abnormally wide yellow band, since red and green light when mixed form yellow. This is a very common type of bow, one showing mainly red and yellow, with little or no green or blue.</p>	<p>When the sunlight strikes raindrops in the air, they act as a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a <u>man</u> looks for something beyond <u>his</u> reach, <u>his</u> friends say <u>he</u> is looking for the pot of gold at the end of the rainbow.</p> <p>Throughout the centuries people have explained the rainbow in various ways. Some have accepted it as a miracle without physical explanation. <u>To the Hebrews it was a token that there would be no more universal floods. The Greeks used to imagine that it was a sign from the gods to foretell war or heavy rain. The Norsemen considered the rainbow as a bridge over which the gods passed from earth to their home in the sky.</u> Others have tried to explain the phenomenon physically. Aristotle thought that the rainbow was caused by reflection of the sun's rays by the rain. Since then physicists have found that it is not reflection, but refraction by the raindrops which causes the rainbows.</p> <p>Many complicated ideas about the rainbow have been formed. The difference in the rainbow depends considerably upon the size of the drops, and the width of the colored band increases as the size of the drops increases. The actual primary rainbow observed is said to be the effect of superimposition of a number of bows. If the red of the second bow falls upon the green of the first, the result is <u>to give</u> a bow with an abnormally wide yellow band, since red and green light when mixed form yellow. This is a very common type of bow, one showing mainly red and yellow, with little or no green or blue.</p>

*See the work of Fairbanks (1960); <https://www.york.ac.uk/media/languageandlinguistics/documents/currentstudents/linguisticsresources/Standardised-reading.pdf>; available via open access at <https://creativecommons.org/publicdomain/zero/1.0/>.

gender equity. Modifications of language within the Rainbow Passage were minimal and maintained a similar phonemic balance and reading complexity as the original. However, modification of other standardized passages may prove more difficult. Thus, it may be necessary to create a variety of passages that reflect not only gender-affirming language but also a range of reading levels. The development of new passages that reflect gender-affirming language and diversity must also be developed with scientific methodology. For example, the "Caterpillar Passage" (Patel et al., 2013) was developed for assessment of individuals with motor-speech disorders. This passage was developed using solid research principles, which provides researchers and clinicians the ability to create normative data within a group of individuals and thus contributes to the knowledge base. By creating more inclusive reading passages, clinicians and researchers are creating a more welcoming environment for individuals seeking clinical services or volunteering for research studies. In short, we hope that this view-

point acts as further encouragement for the field to be leaders in providing affirming care for TGD persons, as voice and other communication-related training is often an important component of gender affirmation for many clients. Furthermore, we implore the field to reexamine all standardized clinical assessment tools for continuous improvement for all clients, with this example of the need for cultural and gender inclusiveness as an exemplar of the work needed to remain a welcoming field for all clients, no matter their identities.

Acknowledgments

This work was supported by internal funding from the University of Nebraska-Lincoln.

Disclosure

The authors have declared that no competing financial or nonfinancial interests existed at the time of publication.

References

- American Psychological Association. 2015. Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist* 70(9): 832-864. doi: 10.1037/a0039906
- American Speech-Language-Hearing Association. 2014. Cultural competence. <http://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence/>
- Eisenberg, M. E., A. L. Gower, B. J. McMorris, G. N. Rider, G. Shea, and E. Coleman. 2017. Risk and protective factors in the lives of transgender/gender nonconforming adolescents. *Journal of Adolescent Health* 61(4): 521-526. doi: 10.1016/j.jadohealth.2017.04.014
- Fairbanks, G. 1960. *Voice and Articulation Drillbook*, 2nd edition. Addison-Wesley Educational Publishers.
- Goins, E. S., and D. Pye. 2013. Check the box that best describes you: Reflexively managing theory and praxis in LGBTQ health communication research. *Health Communication* 28(4): 397-407. doi: 10.1080/10410236.2012.690505
- Goldberg, A. C. 2022. Is your practice welcoming and inclusive of all genders? ASHA LeaderLive. <https://leader.pubs.asha.org/do/10.1044/leader.IPP.27052022.gender-inclusive.10/full/>
- Holt, N. R., R. E. King, R. MocarSKI, N. Woodruff, and D. A. Hope. 2021. Specialists in name or practice? The inclusion of transgender and gender diverse identities in online materials of gender specialists. *Journal of Gay and Lesbian Social Services* 33(1): 1-15. doi: 10.1080/10538720.2020.1763225
- Hope, D. A., N. R. Holt, N. Woodruff, R. MocarSKI, H. M. Meyer, J. A. Puckett, J. Eyer, S. Craig, J. Feldman, J. Irwin, J. Pachankis, K. J. Rawson, J. Sevelius, and S. Butler. 2022. Bridging the gap between practice guidelines and the therapy room: Community-derived practice adaptations for psychological services with transgender and gender diverse adults in the Central United States. *Professional Psychology: Research and Practice*. doi: 10.1037/pro0000448
- Hughto, J. M. W., S. L. Reisner, and J. E. Pachankis. 2015. Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science and Medicine* 147: 222-231. doi: 10.1016/j.socscimed.2015.11.010
- James, S., J. Herman, S. Rankin, M. Keisling, L. Mottet, and M. Anafi. 2016. The report of the 2015 US transgender survey. National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
- Kosenko, K., L. Rintamaki, S. Raney, and K. Maness. 2013. Transgender patient perceptions of stigma in health care contexts. *Medical Care* 51(9): 819-822. doi: 10.1097/MLR.0b013e31829fa90d
- Meyer, H. M., R. MocarSKI, N. R. Holt, D. A. Hope, R. E. King, and N. Woodruff. 2020. Unmet expectations in health care settings: Experiences of transgender and gender diverse adults in the central Great Plains. *Qualitative Health Research* 30(3): 409-422. doi: 10.1177/1049732319860265
- Moog, D., and L. Timmons Sund. 2021. Clinician and consumer perspectives on gender-affirming voice services. *Journal of Voice* 37(5): e1-805.e11. doi: 10.1016/j.jvoice.2021.05.009
- Obasi, S. N., R. E. King, N. R. Holt, R. MocarSKI, D. A. Hope, and N. Woodruff. 2022. Educational preparedness to care for transgender and gender diverse adults: Perspectives of mental health professionals. *Journal of Gay and Lesbian Social Services* 35(2): 1-14. doi: 10.1080/10538720.2022.2056782
- Patel, R., K. Connaghan, D. Franco, E. Edsall, D. Forgit, L. Olsen, L. Ramage, E. Tyler, and S. Russell. 2013. "The caterpillar": A novel reading passage for assessment of motor speech disorders. *American Journal of Speech-Language Pathology* 22(1): 1-9. doi: 10.1044/1058-0360(2012/11-0134)
- Puckett, J. A., P. Cleary, K. Rossman, B. Mustanski, and M. E. Newcomb. 2018. Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexuality Research and Social Policy* 15(1): 48-59. doi: 10.1007/s13178-017-0295-8
- Tordoff, D. M., J. W. Wanta, A. Collin, C. Stepney, D. J. Inwards-Breland, and K. Ahrens. 2022. Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *JAMA Network Open* 5(2): e220978. doi: 10.1001/jamanetworkopen.2022.0978
- World Professional Association for Transgender Health. 2011. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341