PAVA

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Paul Patinka, Editor

Eimear McCarthy Luddy, Assistant Editor

Introducing our New Assistant Editor

Eimear McCarthy Luddy

Dear fellow PAVA members,

I joined PAVA 2 years ago as the first Irish member, just in time for the unforgettable 2020 symposium. I have met many of you in Zoom rooms since and am always amazed by the unending kindness and curiosity displayed by this organizations members. I am delighted to be joining the InFormant team as the new Assistant Editor!

Originally, I was working toward a career in opera performance until a voice injury in 2018 forced an unexpected career shift. I was diagnosed with muscle tension dysphonia but there was no one in Ireland who could help. No referral pathway in conservatoires, no multidisciplinary voice clinics, no Singing Voice Specialists, no Vocal Rehabilitation Coaches, extremely few voice specialist SLTs, and even fewer voice specialist ENTs. The only option at that time was to fly abroad (if you had the money). I could not comprehend that in a nation so known for its storytellers and singers, we were unable to care for their vocal health. And so, my adventures in vocology began.

The term ‘vocology’ was not used in my country, or indeed in the U.K. (where I completed my undergraduate studies). The first time I came across it was on the Summer Vocology Institute’s website when researching my MMus dissertation. At the time, there was no national conversation around vocal health in Ireland, few voice science resources, and no reference to vocology in any university curricula. I ran a crowdfunding campaign within my community and was sponsored by 54 donors to attend SVI.

It is hard for me to accurately describe how pivotal my experience at SVI was. This room full of wonderful voice nerds, being guided by the titans of the vocology industry, was such a dream come true. Many of them are also PAVA members now and they all continue to inspire me daily as I watch their careers develop.

I started my business ‘Vocology Ireland’ the following year, with the goal of bringing an approachable voice science resource to Irish shores and sparking a national interest in vocal health.

Over the past 2 years I have delivered vocology workshops to singers, voice teachers, speech & language therapy students, and GP trainers. I also created and taught the first undergraduate vocal health module for singers in Ireland at the Royal Irish Academy of Music.

My typical week includes singing teaching (of various genres), vocology workshops, and furthering my training in the field of singing voice rehabilitation. I work with Vocal Health Education Ltd. running their course ‘Vocal Health First Aid’, an accredited qualification completed by hundreds of people internationally. I am so grateful that Irish voice users have been able to access a course like this fully online, without having to travel outside their country.

I picked up a rather unusual ‘lockdown hobby’ of anatomy illustration, which was initially an effort to improve my own understanding of vocal anatomy. However, it ended up being so much more fun than I thought it would be and I am still drawing new images weekly for my #AnatoMonday series. I am creating a coloring book of my images at the moment and hope to publish it later this year. I love to make science more accessible and I firmly believe that it shouldn’t be a private club.

Some non-vocology things about me: I’m fluent in Irish, I’m a big rugby fan (for such a small country, we’re actually pretty great at rugby!), I'm always on the lookout for new creative vegetarian recipes, and I absolutely adore living by the sea. If you ever decide to visit Ireland, please reach out!

HANDS-ON VOCOLOGY

Writing Person-Centered Voice Therapy Goals: Strategies and Examples

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Introduction

DiLollo and Favreau (2010) summarize patient- or person-centered care (PCC) as an approach to service delivery that emphasizes a person's relationships, choice, autonomy, competence, and values above completing tasks, skill acquisition, or diagnosis. PCC also emphasizes that individuals with any disorder or condition are equal stakeholders in their care; they should be actively involved in decision-making and problem solving. Although ideal, the realities of implementing PCC in a professional, clinical setting can be difficult.

For example, writing treatment goals remains one of the most common clinical tasks for speech-language pathologists and related clinicians. In the field of voice, goals must be an ideal balance of intrinsic factors and observable behavior. If a goal focuses too much on skill performance, the person with the voice disorder (PVD) may be set up for failure. Conversely, if measurable differences in vocal production and wellness are not considered, then all the hard work spent in voice therapy is for naught. It is also imperative that treatment goals reflect skilled, reimbursable services.

Although the SMART paradigm (e.g., Schut & Stam, 1994) is helpful in constructing goals, clinicians working with PVDs will need to be mindful that this framework provides only attributes for an adequate goal. Consider the following short-term goal often used for persons with hypofunctional voice disorders: “Patient will sustain /a/ for 12 seconds at an average intensity of 65 dBs independently in 2 to 3 weeks.” Although this goal has all of the features of a SMART goal, it is not necessarily a person-centered goal. It emphasizes a decontextualized skill rather than how a person’s overall relationships and well-being has benefited from voice therapy.

This article provides clinicians working with PVDs a set of practical strategies to assist in writing person-centered voice therapy goals that have been effective in the author’s clinical practice. Collaboration with the PVD is considered a prerequisite of all strategies that follow. Although presented separately, many of these strategies are often used simultaneously. Clinicians should implement these recommendations in accordance with facility policies as well as state and national laws.

STRATEGIES

Relationship and Rapport Matter

In a PCC model, it is imperative that the clinician establish a trusting relationship with the PVD. This should begin as soon as possible. The clinician could consider a personal phone call or email to the PVD if their schedule permits once the initial consult or evaluation is confirmed. This communication expresses enthusiasm and care about the PVD before physically or virtually meeting.

If scheduling does not permit connecting with the PVD before the appointment, the initial consultation is a prime opportunity to start building a therapeutic alliance. Stemple et al. (2020) implied that case history and interviewing were the most important component of the voice evaluation. To assist in writing person-centered goals, the clinician can ask follow-up questions that focus on the human being in front of them. For example, if a PVD referred discloses on the intake form how many children they have, it can be quite powerful to ask about their names and what the family enjoys doing. Limited vocal participation in these activities may be the reason why the PVD has sought services. These simple but important questions can build trust and rapport. An appropriate relationship between the clinician and PVD helps treatment focus. Unique and individualized rapport may facilitate conversations about realistic expectations and motivation.

Think SMARTER

The SMARTER goal framework (Hersh et al., 2012) proposes that treatment goals should be shared between the patient and clinician; monitored through dynamic and consistent assessment; accessible, relevant, and transparent to the patient; evolving based upon current needs; and relationship-centered. A SMARTER goal compliments the aforementioned SMART paradigm, but focuses more on the person who will receive care. This does not mean that the clinician simply asks what the PVD wishes to work on in treatment. It is a more complex process that can be accomplished during a follow-up session after the initial voice evaluation. Expanding upon the previous strategy, thinking SMARTER for goal writing will require the clinician and the PVD to dialogue about what is occurring with the voice and how it can be improved.

Education and discussion is a common activity in SMARTER goal writing. Do the goals make sense to the PVD? Do they stress a relationship or a relevant interaction? Is the PVD motivated to address this goal? Does the PVD agree with and understand how progress will be assessed? Answers to these and other questions help determine if a goal is only SMART or even SMARTER. Another simple strategy for SMARTER goals is to include the PVD's actual name (if facility policies permit) rather than a generic "client" or "patient" moniker in the goal.

Long-Term Participation, Short-Term Skill

Baylor and Darling-White (2020) emphasize the importance in addressing participation, communication skills, and environment modification in rehabilitation. Participation refers to the engagement in authentic life situations and how persons fulfill roles and responsibilities in daily life (WHO ICF, 2001). Furthermore, communicative participation is engaging in any life situation where knowledge, information, feelings, or ideas are exchanged (Eadie et al., 2006). Functional voice production is imperative for communicative participation based upon these definitions. For those clinicians who are trying to embrace writing person-centered goals but are unsure where to start, writing a participation-focused long-term goal may be effective. This long-term goal can then be addressed through mastery of skill-focused short-term goals. A simple but efficient way to achieve this is through reverse engineering, or "beginning with the end in mind." If a grandmother with presbyphonia wants to sing at her grandson's sixth birthday, a goal focusing on exactly achieving that outcome is the long-term focus. Exactly how to achieve that long-term goal can be addressed through skill acquisition as described via short-term goals.

Person-Centered Measurements: PROMs and GAS Depending upon each case, discrete trial or accuracy-based methods may not always be the best for the criterion in voice therapy goals. For example, a goal such as “Patient will use resonant voice strategy in 80% of single word trials with minimal assistance” might be discouraging for the PVD early in the process (although there is a time and place for accuracy). An alternative and more comprehensive approach can include strategic implementation of patient- or person-reported outcome measures (PROMs) or goal attainment scaling (GAS).

PROMs are validated questionnaires that assess an individual’s experience (e.g., Weldring & Smith, 2013). PROMs can assess a variety of constructs including presence of conditions, symptoms, or degree of severity (e.g., Cappelleri et al., 2014). In voice, there are a myriad of PROMs (e.g., the Voice Handicap Index, the Voice-Related Quality of Life, the Vocal Fatigue Index, the Communicative Participation Item Bank, etc.). Although these instruments are often used in the initial evaluation and at discharge, they can also be effective means to measure goals. PROMs as a criterion can demonstrate voice therapy’s lasting impact on the actual life of a PVD.

Another person-centered measurement is GAS. GAS is a process in which the PVD and clinician determine various degrees or levels of performance towards achieving a target (e.g., Krasny-Pacini et al., 2016). Essentially, a scale or rubric is developed that rates the level of achievement up to the most positive or exceptional outcome based upon 5 levels. For example, a professional voice user who is experiencing vocal fatigue during performances may want to finish a set without throat discomfort.

The highest level of outcome may be at a rating of “+2,” which equates to “completes the set with no signs or symptoms of vocal fatigue.” A rating of “-2” might mean “completes the set with no improvement of vocal fatigue.” GAS can be a powerful tool in goal writing as well as therapy as it is generated based upon discussion and dialogue between PVD and clinician. The PVD can understand the scale and, therefore, rank exactly how progress is occurring. It also emphasizes all possible outcomes from the PVD’s experience.

EXAMPLES

To conclude this article, the author provides the following case vignettes for PVD and their voice therapy goals. The intention is to guide clinicians in writing goals that are more aligned with PCC and implement the strategies reviewed above.

The Veteran: “Jack”

A 76 year-old veteran with presbyphonia described that he was unable to enjoy conversations in a local coffee shop with fellow veterans including weekly game days due to limitations in vocal intensity. In this example, participation is the long-term goal with a PROM as the criterion.

LONG-TERM GOAL: Jack will participate in conversations and games with familiar communication partners as indicated by reduced Aging Voice Index compared to baseline.

SHORT-TERM GOALS:

1. Jack will identify 3 to 5 details about his diagnosis as well as vocal production following educational activities given minimal assistance.

2. Jack will complete 3 sets of “strong voice” voice therapy exercises for daily maintenance at an average vocal intensity of 72 dBs independently per patient voice log.

3. Jack will converse using “strong voice” strategy at an average of 65 to 72 dBs with 2 familiar communication partners during a structured activity for 5+ minutes with minimal assistance.

4. Jack will trial and implement at least 4 indirect strategies learned in voice therapy during conversational exchanges independently to reduce communication breakdowns secondary to voice changes.

5. Jack’s communication partners will report no more than 3 instances during conversational exchanges in which his voice makes it difficult to understand him as a result of implementation of voice therapy strategies.

The English Teacher: "Shelly”

Shelly was a high school English teacher experiencing mild to moderate vocal fatigue throughout the school year. Per the Vocal Fatigue Index, she had high scores in physical discomfort as well as avoidance for social situations, particularly after a week of teaching. Voice therapy goals focused on enabling Shelly to use her voice efficiently, reducing symptoms, and modifying her classroom environment. It was also important to Shelly per her dialogue with the clinician that she “had a life” outside of work. GAS was implemented as the strategy for progress monitoring.

LONG TERM GOAL: Shelly will maximize vocal production for various social situations (e.g., teaching, worship) as indicated by a score of “+1” on patient-developed goal attainment scale (“I am able to use my voice in 80% of a work day and in 80% of non-work interactions).

SHORT-TERM GOALS:

1. Shelly will teach a mock 10+ minute lesson using various voice therapy strategies (indirect and direct) independently with a score of at least “+1” on patient-developed goal attainment scale (“I am able to use voice therapy strategies consistently with reduced but not eliminated vocal fatigue”).

2. Shelly will examine and trial various environmental modifications to her teaching style and classroom to reduce vocal fatigue as indicated by at least “+1” on patient-developed goal attainment scale (“I experience vocal fatigue rarely as a result of changing my teaching approaches and my classroom environment”).

3. Shelly will engage in recreational social events in the evenings and weekends requiring vocal communication using voice therapy strategies as indicated by a score of at least “0” on patient-developed goal attainment scale (“I am able to engage in at least 1 evening conversation with my family and attend at least 1 weekend activity without signs or symptoms of vocal fatigue”).

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Getting Personal

An Interview with Ruchi Kapila

To learn more about our cross-disciplinary interests, InFormant editors will be interviewing various PAVA members so we can all learn a little more about the diverse fascinations housed in our organization. In March 2022, Paul Patinka had the honor of interviewing Ruchi Kapila whose work focuses on affirming gender identity in voice care.

A full transcript can be found here.

1) Can you tell us a little about some projects you are currently working on or recently finished?

I presented on teaching and focused considerations on gender-inclusive care as it pertains to voice within the realm of speech-language pathology for Sin City Laryngology. I did a course on intersectionality for the transplaining platform, which is hosted by AC Goldberg and Chris Rehs-Dupin. I'm gearing up for the National Convention for the ASHA Convention in New Orleans this fall where I'm doing what we call lovingly call a gender one-o-one class on working with people in the trans and gender-nonconforming or trans and gender-expansive community. I have some pending co-authoring publications in terms of chapters that I've written with some colleagues of mine like AC Goldberg, Maurice Goodwin, and Ry Pilchman, as well as Haley Fulk.

2) What about vocalization fascinates or inspires you the most?

I think it's amazing to see people navigate all kinds of voice configurations. Getting to watch people recognize that they can navigate things around airflow, breath, resonance, and registers or pitch configurations, all these things are amazing to watch. Since I was young, I have gotten feedback that I was supposed to have a very high, light soprano, soubrette kind of vocal quality. And whenever I was training myself into it, it kind of made me feel chronically tense and feel like I wasn't singing with my whole body. And I think that my gender identity was a big part of that too. It was like hiding aspects of myself that felt masculine or masc or didn't fit with some kind of contrived notion about what femininity in the voice is. So I think being able to open up all of those pieces and recognizing that, yes, there are physiological ramifications or things that are happening with voice production, but it is influenced by psychogenic considerations, emotional considerations, and histories of trauma.

3) What excites you about being a member of PAVA? How does PAVA fit into your overall career trajectory or goals?

I think it has a great propensity for moving away from hierarchical models of how we address voice and push for true interdisciplinary team voice care, which is greatly missing. Whether it's related to how insurance is billed or people not having access. There's hope for collective accountability in terms of how we provide voice services, making sure most of that is coming from an evidence-based practice point, but also that, you know, having this collective and interpersonal respect for how everybody navigates the voice or discusses their specific subspecialties or scope of the voice.

The idea that PAVA can kind of break down those walls around who's privy to what information and being able to collectively understand that there is a client or there's a patient at the center, all of this that needs our support and that we all need to be in the room to support them for them to have all perspectives on and on voice care in an in a holistic sense.

4) Do you have a mentor in your field whose work you look up to? Who is it and why?

I think I navigate mentorship very differently in that there are bits and pieces that I take inspiration from, from various people within my field and outside of my field. I want to highlight Shulie Gibson, who's a Black speech-language pathologist in Houston, who has her voice practice and has done a lot to kind of serve different communities of color in terms of having access to voice and getting to feel a different way in that particular setting. I would be remiss not to mention Zachary Gordin, whom I work with for Festival Opera. But the other thing I want to also add is that, I think it's sometimes one of those pieces around mentorship doesn't allow us to step in and take a stab on our own in terms of how we work with clients or being able to be critical about some of the things that we inherit around voice and being able to expand those definitions or expand our modality as a practice. And so I think mentorship is important, but it always has to encourage this kind of innovation in newer clinicians.

5) If you had unlimited resources and a year of vacation, what is something fun you would like to do with that time?

I was jokingly talking about this with my fiance, and I had to include him in this question.

So I’d buy a home close to my family in California, where my family can watch our cat while we travel the world. There are a lot of places that I want to see. I haven't been to India since 2011, so if I can see my family, that'd be great.I feel like one of the things that I don't get a lot of time to do is reconnect with cultural roots in that way. I'm hitting an age where I want to be completely fluent in my home languages and get to connect with singing histories and things that are related to being Punjabi that I haven't gotten to do. There's so much on that list. I’ve always wanted to see the northern lights. I want to go to Germany. My brain kind of explodes thinking about all of the things that I could do in a year if you just took all the responsibilities off of me.

Opinion

The InFormant team welcomes opinion pieces from our membership. These pieces do not reflect the opinions of the Board of Directors or PAVA as an organization, but serve as a platform for members to share their ideas about vocology. If you have something you would like to share in InFormant, please contact the Communications Director at communications@pavavocology.org for more information.

A Tribute to Katherine Verdolini Abbott

Ingo R. Titze

Nothing gives me more pleasure than to highlight some of the accomplishments of Kittie Verdolini Abbott on her 70th birth year. Normally people retire at 65, but Kittie has found another gear in her physical and mental machinery to reach beyond ordinary longevity. It is her never-ending curiosity of how things work, and her love of raising people to their potential, that keeps her in this high gear.

Kittie and I first met in Iowa in 1980. She and her beloved first husband Gabriele Verdolini came to study voice science with me, she as a singer and a speech-language pathologist and he as an otolaryngologist. In the Principles of Voice Production class, we had discussions that went beyond the usual first-principles content. It was clear that Kittie and Gabriele came to revolutionize the field, not to get a grade. Their exit from Iowa City was quick and tragic. Gabriele was struck by a car while the two of them were walking on the Coralville strip, side by side.

He was rushed to the nearby University of Iowa Hospitals and Clinics, but did not recover from his injuries. Kathy and I spent the night with Kittie in the hospital and in our house. We felt her deep spiritual connection to eternal life when she made the agonizing decision to take him off life support.

It was impossible for Kittie to continue her graduate studies in Iowa City after that heart-wrenching experience. She went back to St. Louis to live with her sister, while she stayed close to the rest of her family, in particular her father, to put everything into a spiritual perspective. Her father, a minister who marched with Martin Luther King, understood the physical and emotional trauma of having one's life torn to shreds overnight. Kittie enrolled in graduate school at Washington University in St. Louis, obtaining her PhD in experimental psychology.

New and highly valued contributions to our field came from her studies in experimental psychology. Perceptual-motor learning principles helped practitioners to understand variable practice, feedback during and after practice, the role of conscious and nonconscious processes in learning, and the importance of interference in practice (being distracted by unpredictable events). For me, the most important lesson was that learning is demonstrated in your first attempt to do something slightly novel, something outside the practice set.

Our faculty at Iowa was hoping for Kittie's return after her PhD completion. A tenure-track line opened, and Kittie and I became colleagues in the Department of Speech Pathology and Audiology. She directed and operated the Voice Clinic.

Many highly qualified students arrived, including Kate Devore, Martin Spencer, Daniel McCabe, Karin Cox, Starr Cookman, Douglas Montequin, Miriam van Mersbergen, to name only a few. The faculty had to get used to boldness in the clinic. The sounds of vocal gymnastics penetrated throughout the Wendell Johnson Speech and Hearing Center. While the voice clinic was on the second floor, first and third floor offices and labs heard the daily vocalization concerts. It was not the usual SLP sit-across-the table activity with pencil and paper. Clients and students vocalized in all positions and on all surfaces.

In research, Kittie and I addressed the effect of ambient hydration on phonation threshold pressure. Here we had to have wet and dry rooms. Nothing deterred Kittie from steaming up one room and desiccating another. Research participants marched from the steam bath to the sauna to vocalize. In 1990, when we received a large cross-institutional grant, we began the Vocology track that paralleled a public schools track and a hospital track for specialty courses in the SLP program. We had the only Vocology track in the world. One year, Kittie invited Arthur Lessac to work together in her lab. From those fruitful daily thought exchanges, her Lessac-Madson Resonant Voice Therapy (LMRVT) began to grow toward full maturity. Our textbook, Vocology: The Science and Practice of Voice Habilitation, followed by bringing voice research and clinical practice under the umbrella of current acoustic, biomechanical, neuro-muscular, and behavioral theories.

Kittie’s maverick approaches did not always match with the prescribed protocols in departments or institutions. She told me recently that loyalty to God, people, and discovery are more important than institutional loyalty. She looked for places to work based on that philosophy.

It took her from Iowa to Harvard, from there to Pittsburgh, and from there to Delaware. Her desire to be a thinker, a classroom teacher, and a working practitioner all in one person sometimes crossed some territorial lines. It reminds me of my own struggles I have had in academia. So often I hear deans and vice presidents admonish faculty to “think out of the box”. Before the sentence is completed, you get the feeling that the next sentence is “as long as you don’t step out of my box.”

Kittie is a unique individual because of her international background and connections. She speaks multiple languages, feels perfectly at ease in European cultures, and has recently immersed herself in Latin American teaching and investigative ventures. Singing a duet from Verdi’s Il Trovatore was a memorable event for me. Kittie immediately assumed the role of Azucena, a troubled mother who defends her adopted son Manrico. She never just sang notes, but immediately put the drama into her mezzo voice. I sang the part of Manrico, mainly because I loved the duet harmony.

Recently, Kittie and I talked a little about our deep beliefs. While we are on the same page for the protection of life and protection of the earth, we get along like Bader-Ginsburg and Scalia did on the Supreme Court on other ideologies. We both respect diversity of thought and do not cancel anyone. Mostly, we are united in our love of God, love of spirituality, and love of the less-privileged. Kittie says that she is not so much a feminist in a narrow sense; she says she happens to be a woman who just does what she wants. She would describe herself as more of a “personist,” encouraging others similarly to do what they want even in the face of social stereotypes, where these exist, and working towards the flattening of structural imbalances that disadvantage and limit.

The few remarks I have made reflect mostly memories of the early part of Kittie's career, those I could recite first-hand. While our paths did not cross much in the last twenty years, we have now re-connected in our service to PAVA. I end my tribute to her with a limerick that reflects her PAVA leadership style.

THE KITTIE VERDOLINI ABBOTT LIMERICK

We all know the woman named Kittie
Her speech is profound, yet witty
She leads with love
When push comes to shove
And not so much by committee

We love this woman named Kittie
She gets down to the nitty-gritty
In voice and speech
Her work has a reach
From Newark to Salt Lake City

Ingo R. Titze