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INTERPERSONAL PRACTICES IN INDIVIDUALIZED VOICE TEACHING:
A MIXED-METHOD STUDY OF PEDAGOGICAL SIMILARITIES AND
DIFFERENCES BETWEEN TEACHERS OF SINGING AND SPEECH-LANGUAGE
PATHOLOGISTS

by

Brianna C. Smith

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(Vocal Pedagogy)

Under the Supervision of Dr. Kevin G. Hanrahan

Lincoln, Nebraska

July, 2021

INTERPERSONAL PRACTICES IN INDIVIDUALIZED VOICE TEACHING:
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PATHOLOGISTS

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University of Nebraska, 2021

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The interpersonal teaching practices of teachers of singing and speech-language pathologists are examined in this mixed-method research study. The aim of this research is to identify common teaching themes and to determine how the disciplines of voice pedagogy and speech-language pathology agree and vary regarding interpersonal interactions with voice users (i.e., students, patients, and clients).

This research aims to identify the areas of overlap and disparity in the fields of voice pedagogy and speech-language pathology to determine where one field might positively influence the other. First, based upon standards set by speech-language pathologists and teachers of singing, this research identifies interpersonal practices valued by teachers of singing and speech-language pathologists, compares these practices, and makes recommendations for each of the two fields. Second, it identifies and compares the types of instruction within these fields by looking at practices and teacher training in interpersonal skills. In essence, this determines whether the values (beliefs, expectations, and standards set by the field) held by teachers of singing and

speech-language pathologists align with training and use of interpersonal skills in and across both fields.

This has led to an inventory of positive interpersonal practices of teachers of singing and speech-language pathologists, through which recommendations are made for individuals and institutions based on both the similarities and differences between these two fields, with the aim of positively impacting current teachers of singing, speech-language pathologists, and those in teacher education programs, as well as the broader educational structures in place for individualized voice teaching.

Keywords: interpersonal, music education, vocal pedagogy, speech-language pathology, teachers of singing, methodologies, research-based teaching, pedagogical content knowledge, voice users

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CHAPTER 1: BACKGROUND AND PURPOSE

Introduction

Aside from my family and closest friends, I would point to music educators and mentors as having the greatest impact on my life. I have been influenced by a handful of key individuals, from my elementary school choir director who gave me my first ensemble solo to my high school voice teacher who introduced me to Italian art song, all the way to my current voice teacher who has supported my continued education. Not only did each individual encourage my love of music and teach me certain skills, but they also invested in me as a person. Thinking back, I realize the value of these relationships and my interactions with them: Who saw me individually on a weekly basis and spoke truth and encouragement to me? Who gave me personal, academic, and career support alongside musical technique? Who knew my goals and helped me fulfill my potential?

However, as I have discovered over time and especially through this research, being a voice teacher is so much more than just imitating my own teaching models. It is also more than singing repertoire, explaining anatomy and physiology, providing performance opportunities, and encouraging practice habits. While all of these necessary things happen in the voice lesson, they do not fully capture the unique dynamic that exists between teacher and student. Furthermore, learning how to address musical and vocal technique does not fully prepare teachers for non-musical concerns.

Interpersonal is a word describes the “soft skills” of empathy, humor, instructional flexibility, and others that teachers of singing often employ. Interpersonal skills describe existing interactions and relationships that people share. It can be broad and encompass large groups, but it can also be used to describe what transpires between

just two people. This is the case with voice lessons between the teacher and singer. Holding (2010), in considering the connection between music and Howard Gardner's intelligences (of which interpersonal skills is one), found the studio to be one of a few settings that affords an intimate environment for developing interpersonal intelligence. But for this setting to be successful, there must be "tactful, civil and mature interaction" between the teacher and the student (Holding, 2010, p. 328).

In the earliest volumes of the *Journal of Singing*, interpersonal skills are discussed. For example, Cady (1965) wrote, "Because the voice studio is a place where two people meet, the structure of an interpersonal, intimate situation is a paramount concern to those who use a studio for their livelihood" (p. 16). He reminded teachers that it is within their power and responsibility to create relationships and understand the humanity needed in voice lessons. Similarly, Dwyer (1971) said, "It is a fact of human experience that many people are by nature dependent on others. They look to others for advice, knowledge, skill, strength, even courage" (p. 16). It is important to not only recognize the connected nature of people, but to hold that responsibility with care. Voice experts who work in one-on-one settings are the ones who are often looked upon for help from voice users. "Almost everyone benefits socially and emotionally when supported by others" (Jellison, 2015, p. 138).

Therefore, as a teacher who considers interpersonal skills necessary in my line of work, and based on personal interest, I decided to research interpersonal skills in the field of voice pedagogy. As in the case of many teachers of singing, I was a singer before I was a teacher, and a teacher before a researcher. Now in all three roles, I search for practices that will help both teachers and students to guide conversations in the fields of

voice towards a better understanding of interpersonal practices in individualized voice teaching.

However, after seeing the need for more research on interpersonal practices employed by teachers of singing, I began to think about voice education and voice health as a whole. In learning more about the fields of speech-language pathology and voice medicine, I realized that many of the skills utilized by teachers of singing were used by voice experts across fields, while also seeing key differences. Thus, the decision to compare the use of interpersonal skills used by teachers of singing with those used by speech-language pathologists is based on an existing connection between these two fields.

The relationship between voice pedagogy and speech-language pathology is not a new one, but it is one that researchers continue to study (David, 1995; Dayme, 2005; Gilman, et al., 2010; Heuer, et al., 1993). The overlap in techniques is most apparent in people who have voice or neurological disorders, those who have undergone surgery on the larynx and/or the vocal tract, or professional voice users, defined as “anyone whose voice is essential to their job” (American Academy of Otolaryngology), who need help developing healthy voice habits (Buescher, 2002; Heuer, et al., 1993; Kisselburgh, 1956; Salvador & Strohauer, 2010; Stemple, 2020; Wan, 2010). While the research on treating injured voices and professional voice users continues to grow, there are more comparisons that can and should be drawn between these disciplines regarding the way they interact with students and clients in their care. Little research has been done which compares and contrasts the interpersonal teaching methods of teachers of singing and

speech-language pathologists, though professionals in both fields recognize the need for strong interpersonal, or “soft skills.”

For example, both teachers of singing and speech-language pathologists recognize the intertwined nature of one’s voice and one’s self-concept. Changes to the voice, whether they are caused by pathology, a change in *fach* (voice type), or even just a “bad” day, can severely affect a voice user’s view of themselves, and there are often psychological factors that accompany physiological outcomes in the voice (Awan, 2001; Rosen et al., 1993; Sjoerdsma, 2013). The voice expert holds something extremely delicate in their care when they work with voice users, because “the singer’s voice is (or is often perceived to be) everything,” according to Rosen, et al. (1993) who wrote, “The mind and body are inextricably linked. What is felt in the body and produced by the voice is possible only because of the brain” (p. 32). The deeply personal nature of the voice places voice users in vulnerable situations. Hence, the relationship between the voice user and the voice expert must be built on trust.

In voice pedagogy, interpersonal skills such as working well with others and having a charismatic personality are highly desirable for musicians in educational, professional, and amateur settings (Blosser & Parker, 2011; Jackson & Burgess, 2016. Joseph, 2015; Laird, 2015; Parker, 2007). In interviews with top singers and conductors in the United States, Joseph (2015) found that in addition to skills related to musicianship, the most marketable singers are also able to take direction, work with a team, have a charismatic personality, and are emotionally invested in the end product. Good interpersonal skills are a top priority for those who hire singers, but there is little research on how these skills are developed in the solo voice studio. Singers often choose

teachers based on teacher personality or studio atmosphere (David, 1995, p. 18) and seem to flourish in settings where “respect, cooperation, and co-responsibility” are present (Dayme, 2005, p. 156). Many teachers of singing place value on the student as an individual and develop a healthy relationship with them (David, 1995; Dayme, 2005).

In speech-language pathology, interpersonal skills include reading verbal and non-verbal cues, establishing rapport, motivating voice users, and communicating in positive ways (Awan, 2001; Boone, 2020). Speech-language pathologists often ask voice users to describe problems in their own words. They then help them put problems in perspective and provide them with empathy and follow-up support (Boone, 2020, p. 184, 198). The interpersonal clinician can better assist voice users in reaching health goals. “Because patients seen by speech-language pathologists are communicatively impaired due to speech and/or language and/or cognitive deficits, it is crucial that clinicians and students-in-training demonstrate effective interpersonal and communication skills” (Zraick, 2003, p. 239). Speech-language pathologists, thus, are focused on more than just “fixing” a vocal concern, just as teachers of singing address more than just music.

There are also differences between the fields of speech-language pathology and voice pedagogy, a significant one being that while the field of speech-language pathology has rigorous training and interpersonal expectations for those certified to practice (ASHA, 2018; see [Appendix A](#)), the field of voice pedagogy needs more research concerning social approaches, not just scientific and physiological ones. Specifically, it is concerning that teachers of singing are not required to be licensed in any way (David, 1995, p. 87). Also, there is some disagreement within the singing voice community as to what qualifications and training are necessary to be able to teach (Gilman, et al., 2010, p.

174). However, voice pedagogy is increasingly becoming more systematic and objective in its approach to evidence-based practices, a positive development that could be aided by emulating the well-proven techniques of speech-language pathologists (Dimon, 2018; Dayme, 2005; Gilman, et al., 2010).

Purpose

The aim of this research is to positively impact current teachers of singing, speech-language pathologists, and those in teacher education programs, all of whom see students in one-on-one sessions, as well as the broader educational structures in place for individualized voice teaching by supplementing ideas found in educational research. Due to the private setting, interpersonal skills and relationships are conceivably implied in the teaching of singing and speech-language pathology fields. This, however, does not excuse the fact that there is not enough research on the common practices of individualized teachers of voice. By comparing and contrasting quantitative and qualitative responses from current teachers of singing, speech-language pathologists, and otolaryngologists, a more realistic and encompassing look at the fields will be examined.

Through this mixed-method study, an inventory of interpersonal practices of teachers of singing and speech-language pathologists is presented. Recommendations are made for individuals and institutions based on both the similarities and differences between these two fields. This research will also help expand both fields' understanding of pedagogical content knowledge by determining how teachers of singing and speech-language pathologists communicate content effectively. The similarities and differences in value, training, and use of interpersonal skills among teachers of singing and speech-language pathologists are the focal points through which this research is presented.

Research Questions

The following research questions consider similarities and differences in regard to interpersonal skills that are valued, trained, and used in the fields of voice pedagogy and speech-language pathology:

1. Are there interpersonal skills that are (A) valued, (B) trained, and/or (C) used by both fields?
2. Are there interpersonal skills that are (A) valued, (B) trained, and/or (C) used by only one of the fields?
3. Are there interpersonal skills that are valued and trained by both fields, but not used, or only used in one of the fields?
4. Are there interpersonal skills that are valued and used by both fields, but not trained, or only trained in one of the fields?
5. Are there interpersonal skills that are trained and used by both fields, but not valued, or only valued by one of the fields?

CHAPTER 2: LITERATURE REVIEW

A review of the literature will first establish the current state of interpersonal practices in voice teaching by considering research done about teachers of singing and speech-language pathologists. The relationship between the fields will also be examined, as will the use of interpersonal teaching through individualized instruction. Interpersonal skills within both fields, and the training and implementation of such, will be identified.

The literature is subdivided into categories based on the value of interpersonal skills, training in interpersonal skills, and use of interpersonal skills. In regard to valued interpersonal skills, topics include holistic approaches; trust, empathy, and safe environments; individualized instruction; and mentorship and “the match.” The discussion of training in the fields includes collaboration and multidisciplinary training, standards of training in both fields, training activities, and pedagogical content knowledge. Finally, the discussion of use of interpersonal skills revolves around awareness of self and others, client-centered communication, and feedback and setting goals.

Value of Interpersonal Skills

Holistic Approaches

It is imperative that voice experts spend time learning about each student because of the uniquely personal qualities of each vocal instrument. Boone et al. (2020) writes:

Because emotionality and vocal function are so closely intertwined, effective voice therapy often requires the treatment of the total person and not just remediation of voice symptoms. Therefore...getting to know the patient is an important prerequisite to taking a case history or making an instrumental-perceptual voice evaluation. (p. 3)

It is not possible to detach the voice user from the voice. Any attempts to do so could not only break teacher-student trust, but also hinder vocal progress due to this intertwined nature. Furthermore, it is important to assess how a person feels about his or her voice and how that perspective affects them personally and professionally (Boone et al., 2020, p. 12-13). This may sometimes require psychological therapy to address any emotional problems influencing the voice (Boone et al., 2020, p. 14). There is a similar sentiment in the field of voice pedagogy:

The process of voice teaching is not a pursuit in which disembodied voices are trained to respond automatically to this or that thought. Rather, the process of voice teaching is a gradual analysis of the total personality of the student. Like his teacher, the student is a totality. There is no such thing as a voice, or a body, or a mind or emotions. There's only a person whom you and I semantically dissect for personal convenience in the process of communication. (Cady, 1965, p. 18)

Each voice user must be approached as a totality and treated holistically, as expressed by many of the participants in the qualitative phase of this research.

Building rapport is important to holistic teaching. Teacher self-confidence, safety and mutual respect, clear expectations and high standards, as well as an enthusiastic teaching style were four findings of Clemmon's 2010 research on rapport in the applied studio. She found that a good rapport between teacher and student was necessary, and the teachers she interviewed valued this rapport. One of her participants said, "What my teaching does in bettering their singing is perhaps the most important thing in our relationship" (p. 259).

Speech-language pathologists value skills such as building rapport, being warm and friendly, empowering parents and children, coaching parents to model behaviors and language, creating a safe environment for overwhelming emotions to be shared, sensing "unique needs and individual and cultural perspectives," and being reflective (Geller &

Foley, 2009, p. 9). Geller and Foley also illustrate how “use of self” plays a role in speech-language pathology, as the clinician is the “vehicle through which information, knowledge, and support can be given to a client and family” (p. 11). Teachers who are known for strong interpersonal skills are seen as strong teachers.

Trust, Empathy, and Safe Environments

Due to the one-on-one nature of many clinician-patient interactions, trust is a necessary component of interpersonal interactions. “‘Relational trust’ requires, but goes beyond, patient confidence in their practitioner's technical competence. It emerges out of mutual understanding and regard, and requires evidence that a doctor recognizes and respects the patient's needs, concerns and choices” (O’Grady et al., 2014, p. 80). Building trust is a difficult, though important, aspect of speech-language pathology and voice medicine, according to O’Grady et al. (2014) as “trust between patient and doctor is considered central to an effective therapeutic relationship” (p. 65). While much of the research in medicine and therapy points to developing rapport, these authors also wrote, “rapport cannot be equated with trust, which involves mutual understanding and regard as well as confidence that the other party will act in one’s best interest” (p. 73).

Nonetheless, there are challenges and hurdles faced by both members involved in an interaction when developing trust. For example, adolescents experiencing mental illness often lack trust in others (Clarke et al., 2020, p. 1), which may prevent them from approaching professionals (Rickwood et al., 2005, as cited in Clarke et al., 2020, p. 2). Other examples are surgical patients who believe they are at greater risk when they have limited knowledge of the surgeon’s technical competence (O’Grady et al., 2014, p. 68).

While building trust is a non-linear, on-going process in interpersonal interactions, there are ways in which doctors and clinicians can foster it. For example, Skirbekk et al. (2011) found patients had trust “if the doctor displayed early interest in the patient, was sensitive, unhurried, stepped outside their professional role to highlight a personal identity and built alliances with the patient to protect their interests” (as cited in O’Grady et al., 2014, p. 66). Teachers and speech-language pathologists also “focus on developing rapport and trust, express warmth through nonverbal ways like smiling, hold high standards and offers emotional support and instructional scaffolding, show personal regard for students by inquiring about important people and events in their lives, encourage productive struggle, demonstrate competence in the technical side of instruction” according to Hammond (2015, as cited in Cannon & Luckner, 2016, p. 96). In these ways, trustful and professional relationships can be built.

Empathy is distinct from, though related to, trust in interpersonal communication, as “empathy is the ability to identify another person’s feelings and experiences and to view the world from their perspective” (Foster et al., 2017, p. 94). These authors go on to say, “In healthcare provider–patient interaction, empathy improves interpersonal communication, fosters therapeutic alliance, correlates with patient and provider satisfaction, and improves patient care outcomes” (p. 94). Empathy contributes to patient outcomes, and while there is variability in how empathy is taught in different healthcare fields, “Empathy is included in the teaching curriculum for all professions collaborating in the delivery of healthcare, with nuances specific to each field” (p. 96).

Dufault (2013) found that master teachers in voice have strong, trusting relationships with students, and are “willing to change approach based on student needs”

(p. 40), and are intelligent and well-versed in several learning styles themselves. Blades-Zeller (1993) lists the following as duties of the teacher of singing:

1) The ability to diagnose vocal problems and devise solutions; 2) the ability to assess the student's needs and clearly convey information to the student; 3) the wisdom to treat each student as an individual; 4) a personal approach and individual style of teaching that is not an imitation; and 5) is vigorous, involved and still excited about teaching. (as cited in Dufault, 2013, p. 40)

Keeping in mind the impact of their communication on voice users, teachers of singing cannot underestimate their influence. In fact, Scott McCoy (2013) wrote, "In the end, you are the product of everyone with whom you have studied" (p. 297), with one of those teachers being yourself (p. 298). Thus, the ways in which teachers of singing relate to students with respect are of utmost importance. "In order for open communication to be possible, the teacher of singing must create a relationship with students in which they trust the teacher, feel safe, and have a sense of belonging" (Frey-Monell, 2010, p. 151).

This safe and respectful environment is just one aspect provided by teachers of singing with strong interpersonal skills. The master teachers studied by Clemmons (2010) were upbeat, respectful, had high energy levels, were mentally engaged in what students were doing, and were aware of how their emotions affected their students. Rapport was found to be "essential to good teaching and learning" (p. 264). Faith and trust strengthened the working relationship between teacher and student, as did the idea that they were partners working towards the same goal. In this way, positive interpersonal relationships have the ability to greatly improve voice outcomes (Clemmons, 2010).

Individualized Instruction

All voice experts need to be aware of how to approach students as individuals and tailor their instruction as necessary, as will be further discussed in the next two sections, “Training in interpersonal skills” and “Use of interpersonal skills.” This is often observed when working with students with diverse needs or those who are differently abled. For example, music educators are encouraged to implement a knowledge of different learning styles to best serve students based on learning and physical abilities. Furthermore, it is imperative that voice experts understand and respect the individual culture of a voice user, rejecting any cultural stereotypes and striving for a greater understanding of others (Frey-Monell, 2010, p. 150). Jellison (2015) phrases it in this way: “We view children as members of multiple groups defined by any number of factors and also view them as individuals with unique characteristics and needs” (p. 142).

However, the ways in which teachers approach individualized instruction vary, as is expected. The need for a variety of teaching methods depending on the needs of the student is one thing that makes one-on-one teaching so demanding, yet rewarding. Not all students can be effectively taught in the same way and individual differences often require a holistic approach (Reid, 2018; Smith, 2017). This truth illustrates the need for a better understanding of interpersonal teaching methods. In regard to this, Dayme (2005) writes:

Individual patterns are unique, and you will find that with keen observation you will become better at devising specific strategies to help yourself and possibly others. As a teacher of the vocal arts, ask yourself, ‘Am I teaching voice to the student, or teaching the student, voice?’ If the answer is the latter, then observing how each individual functions physically and reacts to your instructions is crucial to teaching success. (p. 3)

This type of “keen observation” does come with time and experience, but teachers of singing still need more practical and systematic approaches to individualized instruction, which is the gap this research aims to fill.

Again, the voice therapy field may offer a helpful perspective to teachers of singing regarding individualized instruction. Boone et al. (2020) points out, “Two patients with the same causative voice problem may require a distinctively different combination of therapy procedures” (p. 13). Likewise, two singers may need to take vastly different paths to accomplish similar voice goals. A deep understanding of learning styles, learner motivation, and learner goals is necessary to know how to best aid student growth. One speech-language pathology author, Awan (2001), asserts, “We do not treat labels. Instead, we must treat each patient as a unique entity” (p. 3). Likewise, teachers of singers cannot approach students with preconceived notions about them as people or as vocalists.

Angell wrote that “effective instruction is not one-size-fits-all” (p. 131) and recommends trying different methods to determining learner differences, including the Enneagram test, determining dominant or preferred modalities (visual, auditory, or kinesthetic) and Gardner’s intelligences. He also states that voice teachers should recognize that “personality type, cultural background, body type, and mental and emotional development affect how each singer thinks about singing” (p. 132).

Additionally, interpersonal approaches trained in elementary and secondary music education may provide advantageous insights into interpersonal skills for one-on-one teachers of singing. The K-12 music educator is often concerned with creating an interpersonal atmosphere that encourages compassion and cooperation in the classroom

or large music ensemble (Blosser & Parker, 2011; Jackson & Burgess, 2016; Laird, 2015; Parker, 2007). Laird (2015) highlights the idea that music connects people on a human level and encourages “knowing another person’s internal state, including thoughts and feelings...imagining how one would think and feel in the other’s place, and feeling distress at witnessing another person’s suffering” (p. 56-57). She also emphasizes how important the teacher-student relationship is in predicting school success (p. 59). Likewise, Parker (2007) gives some recommendations for how the teacher-student relationship can be beneficial and even therapeutic in a choral setting. “Practitioners must accept clients for who they are. Through a mutual acceptance of the other, the relationship becomes stronger and the environment for growth is created” (p. 29).

Mentorship and “The Match”

Mentorship is a vital aspect of training both pre-service voice experts and voice students. Pre-service PreK-12 music educators, as compared to pre-service elementary educators, were found to have a significantly higher number of mentors in their lives in Barrett’s 2007 study on “Music Teachers’ Lateral Knowledge.” Musicians often identify model mentors throughout their education as someone who inspired them to pursue a career in music or who they wanted to emulate. Teachers of singing can find mentorship in master classes where both master and student approach the interaction in open, honest, and reflective ways and Holding (2010) asserts the value of learning interpersonal intelligence in this type of public situation, which requires students to behave in a rational and civil manner, even when under duress (p. 328).

Mentorship in speech-language pathology may be categorized by a strong match between clinician and patient, a common indicator of engagement and success. The therapy process is more successful when clinicians adapt their methods, give specific feedback, build relationships and rapport, and are liked by the patient (Braden et al., 2018, p. 1393). In a study done by Braden et al. (2018), they commented on this match, having interviewed 34 pediatric patients, their parents, and their speech-language pathologists and found that “the match matters,” “with children focused on the personality and character traits of the clinician, whereas parents and SLPs were more focused on their knowledge and skills” (p. 1398). Thus, when working with either children or adults, rapport is “established by tailoring the content and context of treatment exercises to the patients’ needs” (p. 1399).

Singers also recognize the importance of “the match,” as the teacher highly influences the atmosphere of a private lesson or studio class. “The atmosphere of the studio and the attitude of the studio teacher towards his or her students is tremendously important. More and more students are selecting teachers based on teacher personality and studio atmosphere as well as on the vocal techniques taught.” (David, 1995, p. 18). Teachers who strive to be effective with their students must also strive to connect on this interpersonal level.

While considering the role that teachers of singing play in the lives of voice users, there is a fine line when it comes to emotional and mental health concerns of voice users. There are conflicting opinions about how involved a voice expert should be in the lives of voice users, especially in regard to their personal well-being. It may be more beneficial to express one’s frustrations than to complete a book of exercises, according to Cady

(1965), who also said the realistic teacher will be careful to maintain a balance of any personality differences (p. 19). One voice student interviewed by Clemmons (2010) stated that the teacher should never cross the boundary to act as a therapist (p. 261). This contrasts with an earlier philosophy presented by Rosen et al. (1993): “The singer's personal, trusting relationship with his or her voice teacher makes the teacher a potentially ideal co-therapist” (p. 34). Holding (2010) asserted that while “voice teachers are not practicing cognitive therapists” (p. 328), there are methods they can use to improve intrapersonal intelligence in voice users.

With boundaries in mind, most voice experts agree that they are not friends with their students, even if they have friendly interactions (Clemmons, 2010, p. 262). One technique that teachers of singing can employ in these situations is outsourcing. Relationships with mental health professionals and knowing when or how to recommend them to voice users, is one way in which voice experts can help voice users without crossing boundaries or administering services for which they are not qualified (Walker & Commander, 2017, p. 261). In terms of academic or professional outcomes, however, many teachers of singing see themselves as career counselors for singers (Rosen et al., 1993), which is something for which they are better suited.

Speech-language pathologists often view themselves as a guide when working with voice users. In fact, in a lecture hosted by the University of Wisconsin Division of Otolaryngology, Tolejano (2017) encouraged practitioners to be a guide rather than a dictator. Allowing patients to notice changes for themselves, rather than being told what happened, gives them more autonomy in their voice. Tolejano also told listeners to eliminate preconceived notions about voice users. To best serve voice users, speech-

language pathologists give up counterproductive measures and are flexible in their practice, something prevalent in the qualitative results of this research. Some other barriers that speech-language pathologists try to avoid in order to encourage voice users to comply with voice therapy include “lack of empathy and lack of follow-up support” (Smith et al., 2009 as cited in Boone et al., 2020, p. 184). Strong interpersonal skills in a speech-language pathologist can spur voice users on and keep them engaged.

While many interpersonal interactions between experts and voice users are directed towards health outcomes in the field of voice medicine, there is still learning and communication taking place. Similar to what is seen in the singing studio, the voice user is at the center of the interaction in speech-language pathology and drives the goals, activities, and outcomes of the process. This is becoming the norm world-wide, as “patient-centered or client-centered care is now widely recognized as a foundation principle of appropriate healthcare and there is evidence that increased patient involvement in rehabilitation leads to better outcomes” (Finch et al., 2013, p. 2).

Training in Interpersonal Skills

Collaboration and Multidisciplinary Training

As previously stated, the relationship between voice pedagogy and speech-language pathology is becoming more closely interrelated as experts in both fields recognize the similarities between the two, as well as the benefits to this relationship. “Increasingly, the distinctions between art and science are blurred; meetings and seminars include speakers from all areas of voice-related study – doctors, therapists, actors, singers, sports physiologists, Alexander and Feldenkrais teachers, and many others”

(Dayme, 2005, p. 2). As early as 1992, the National Association of Teachers of Singing (NATS) and the American Speech-Language Hearing Association (ASHA), the professional organization of speech-language pathologists, agreed that members needed to “cooperate in the development and delivery of interdisciplinary programs and services for singers with voice disorders” (Heuer, et al., 1993, p. 25).

The idea that one voice expert alone can possess all necessary information and skills is not only harmful for the relationships between voice professionals, but it is also detrimental to students who face the consequences of this elitist attitude. An atmosphere of collaboration and mutual respect is necessary among voice professionals if there is a hope of creating similar relationships with students. “Self-Determination Theory, an empirically-based meta-theory of motivation, states that individuals are most productive when their basic psychological needs for competence, autonomy, and relatedness are met” (NATS Visits AATS, 2018, p. 494- 495). This points to the focus of this research, interpersonal teaching methods.

While the focus on this research was originally designed to determine the role of interpersonal skills between voice experts and the voice users in their care, there are benefits to collaboration between voice experts. In fact, healthy working relationships among voice professionals can positively influence voice users. Professionalism, open communication, regular departmental forums, and uniformity in institutional policies are all aspects of a healthy voice department that help create a more consistent and safer environment for voice users (Ballard, 2001). Furthermore, Ballard (2001) says that students benefit when teachers of singing consult one another with questions or difficulties, as “a fresh perspective often helps fine tune or shed light on one’s approach

to working with a particular student” (p. 25). The field of voice pedagogy could benefit from more interaction among teachers of singing, as well as the “checks and balances, peer supervision” and “collegial support” found in other fields (Ballard, 2001, p. 25). The collaboration between voice experts is a common theme that will be corroborated in the qualitative results of this research.

The working relationship between teachers of singing and speech-language pathologists has the ability to be mutually beneficial to those within these fields, as well as for students, clients, and professional voice users who seek out their services. As an example, “some voice labs offer stroboscopic screenings for freshman vocal or theatrical majors to serve as a baseline” (Stemple, 2020, p. 379) or have a consulting speech-language pathologist who works with the music department to conduct programs and research (LeBorgne & Rosenberg, 2019).

Experts in voice medicine can assist singers in meeting vocal health goals, and teachers of singing can help those with voice and communication disorders. In fact, “music teachers may be naturally equipped to serve this population due to the nature of musical and speech-language processes,” according to Culp and Roberts (2015). These authors also draw connections between music activities and therapeutic activities, saying, “Music educators and SLPs may already share some similar practices and goals. For example, both seek to improve articulation.” Also, it is possible that some voice users are better served by a teacher of singing, a speech-language pathologist, or both. The voice team, as will be discussed below, functions best when cooperative efforts ensure students’ needs are met. For example, Boone et al. (2020) writes:

Sometimes the voice client does not have a voice disorder but only a voice difference, such as poor breathing, influencing a soft voice, or using a pitch level that is not appropriate... The client with a “different” voice might be better served on occasion by a National Association of Teachers of Singing (NATS) or Voice and Speech Trainers Association (VASTA) member, rather than by an SLP. The singing teacher and members of NATS have long recognized the connection between better emotions and the optimal usage of both speech and singing. Similarly, voice-speech teachers and members of VASTA have developed voice improvement methods that help the actor and speaker minimize speech differences that might negate performance. In the treatment of psychogenic dysphonia, there needs to be greater future interaction among the psychologist or psychiatrist, the SLP, and the teachers/coaches of the singing and speaking voice. (p. 83)

Therefore, more understanding, cooperation, collaboration, and communication need to occur within these fields to better serve a wider body of voice users.

The fields of voice pedagogy and speech-language pathology are potentially highly symbiotic when such collaboration is found. “The speech-language pathologist needs to understand both the lifestyle demands and the vocal demands on the singer as well as how those demands impact vocal health” (Gilman, et al., 2010, p. 177), while the teacher of singing must acknowledge ways in which various medical conditions and medical and/or surgical interventions can affect the tissues, a knowledge base that speech-language pathologists bring to voice care. Both fields use their understanding of scientific and physiological components of the voice, as well as potential faults (McKinney, 1982; Reid, 2018). This understanding is often most apparent when working with individuals with specific vocal disabilities or defects. Regarding speakers and singers with voice disorders or concerns, ASHA, NATS, and VASTA [Voice and Speech Trainers Association] “published a technical report on maintaining vocal health and optimal vocal use in singers and speakers” and addressed interdisciplinary management

of concerns (Stemple, 2020, p. 372), although the roles that each should play are not always clearly defined (Gilman et al., 2010, p. 171).

Not only does this relationship need to be more clearly defined, but it needs to be expanded to the general population of professional voice users. “The management approach must go beyond the manipulation of inappropriate vocal properties and must involve all aspects of vocal hygiene counseling,” which “may depend on the abilities of these disciplines to compromise and work together with the patient’s long-term vocal health as the primary consideration” (Stemple, 2020, p. 369-370). In order to serve a larger population of professional voice users, including singers, the relationship between these disciplines could be implemented in new and thorough ways. Nonetheless, cross-referrals among teachers of singing and SLPs have increased in recent years (Boone et al., 2020, p. 14).

As of right now, “there is no set protocol for providing care for the professional voice user,” (Stemple, 2020, p. 378), though the disciplines involved in the voice care team are working to find ways to better work together. This voice care team works together to determine the best route of care for each individual person. In doing so, each member must “practice and respect other’s professional boundaries” (Stemple, 2020, p. 373). Despite having a similar knowledge base, techniques, and goals, the training and requirements of each voice professional are unique. Stemple (2020) goes on to say that the fields must work together when rehabilitating a voice user, because “treating voice and speech disorders has legal implications and requires a master’s degree in speech-language pathology, as well as a license and certification,” while “voice pathologists are not trained to teach singing or acting” (p. 373).

Thus, the members of this team, as well as voice related fields as a corporate whole, must connect through “a significant amount of communication, collaboration, and cooperation between physicians, therapists, vocologists, voice coaches, and singers” but “with clearly defined roles and standards for training” (Stemple, 2020, p. 373). Stemple points to the creation of the Pan American Vocology Association (PAVA). According to PAVA’s website, “The mission of the Pan American Vocology Association is to advance the scientific and interdisciplinary study of vocalization across species,” through “research, training, and dissemination of knowledge” (PAVA, 2021).

When working with injuries or vocal health concerns, “singers may consult with voice teachers, family physicians, allergists, nutritionists, peers, or otolaryngologists/speech-language pathologists without specialized training in helping singers” (Rosen et al., 1993, p. 33). The voice teacher is often called upon to make a referral (p. 34). It is important that experts in these fields utilize one another and work well together to best serve the voice user.

Interprofessional collaboration is clearly important amongst voice experts. But for speech-language pathologists specifically, Tsakitzidis (2015) found that 90% of 4000 students who participated in educational modules on interprofessional collaboration from 2005 to 2014 agreed with the statement: “interprofessional learning should be included in undergraduate courses” (p. 5). More educational opportunities are being designed to improve “interprofessional collaboration for the benefit of patient care” (p. 2), with a focus on patient-centeredness and shared decision-making, which allows teams to develop treatment plans that are relevant and best suited to patient needs (p. 4).

Working well with multidisciplinary teams is an interpersonal skill expected of speech-language pathologists, as the professions of “behavior analysis, psychology, speech-language pathology, and occupational therapy are likely to provide treatment alongside one another and often to the same clients” (LaFrance et al., 2019, p. 709). In these teams, “Ideas may be shared openly, with the purpose of effectively overcoming barriers and solving problems. Additionally, improved transparency may lead to better teaming” (p. 723), as well as “maximal communication,” “joint problem solving,” and “collective progress evaluation” (p. 710).

Cooper-Duffy and Eaker (2017) point to the importance of interpersonal relationships when working with a team, writing:

When working on a team, it is critical for members to be aware of their interpersonal relationships. An interpersonal relationship is a verbal, written, or nonverbal interaction among more than one person that can be short- or long-term. This association may be based on inference, love, solidarity, regular business interactions, or some other type of social commitment. The types of interactions and relationships between team members can make or break the team and its accomplishment of the goal. (p. 186)

The goal of this team is to be patient-oriented, community-oriented, and relationship-focused. This requires professionals, including “special-education teachers, general-education teachers, physical therapists, speech-language pathologists, occupational therapists, medical professionals, paraprofessionals, social workers, counselors, school psychologists, community personnel, and other school personnel,” to work with families on “person-centered plans, individualized education programs (IEPs), assessments, functional behavioral assessments, inclusion plans, transition plans, eligibility decisions, and assistive-technology plans,” in order “to provide high quality outcomes for individuals with severe disabilities” (p. 181).

The parent or guardian of a child in speech therapy is part of the team when using interprofessional collaborative practice (IPCP), according to Cooper-Duffy and Eaker (2017) and is an aspect of interpersonal teaching that may not be as prevalent in singing instruction. Speech-language pathologists and voice doctors often treat children whose parents or guardians are actively involved in their child's treatment (Braden et al., 2018, p. 1395). In adult patients, spouses or other family members may play a role in the treatment process, especially to protect the rights and health of a vulnerable patient. "Over the last few decades, growing recognition of the importance of family input and participation has led to a change in the expected model of service delivery" (Mandak et al., 2020, p. 1489). Additionally, since families may respond to problems, outcomes, and interventions differently than professionals, it is important to view goals and resources through the lens of family paradigms (Hidecker et al., 2009, p. 213). "Professionals have expertise in their discipline, but they also need expertise in working with a wide diversity of families," according to Cooper-Duffy and Eaker (2017, p. 191). Additionally, there may be mental health constructs that speech-language pathologists must keep in mind when working with individuals and families (Geller & Foley, 2009). Thus, speech-language pathologists are trained to work with families, which requires additional interpersonal skills.

Needed interpersonal skills identified in IPCP include using teamwork with clearly defined roles for each member, creating specific and measurable goals, providing the reasoning behind skills and suggestions, giving timely feedback, avoiding judgment, planning via an agenda or timeline, encouraging ideas from all team members, and recognizing the uniqueness of each member. More specific actions require avoidance of

glancing at one's cell phone in order to focus on the family, clarify requests, make decisions with families, have open dialogue, do not interrupt, and say positive things about the child. Finally, it falls to the professions to use interpersonal skills and "know how to implement the collaborative problem-solving process" (Cooper-Duffy & Eaker, 2017, p. 191).

Standards of Training in Both Fields

One large hurdle to face when presenting the current state of voice teaching in America today is the lack of standardized training for teachers of singing, especially in regard to interpersonal practices, or "soft skills." While the National Association of Teachers of Singing (NATS) has a code of ethics that contains guidelines for personal ethical standards, ethical standards relating to students, and ethical standards relating to colleagues, these standards are not widely reinforced and there is no certification process for teachers of singing. If a voice teacher wants to be a member of NATS, they need to pay dues and meet the following qualifications to be considered a full member:

Teachers, Coaches, Choral Directors, and Collaborative Pianists who: 1) are at least 25 years of age, 2) work with 6 or more individual singing or collaborative pianist students per week, and 3) meet one of the following: Advanced Degree in a related field with 2+ years teaching -or- Undergraduate Degree in a related field followed by 3+ years teaching -or- 4 years of 1-on-1 study followed by 5+ years teaching. (Becoming a NATS Member, NATS.org)

However, these qualifications do not apply to people who do not belong to NATS and who teach voice in several different settings, including private home studios, community music studios, and in university settings. The lack of consistent standards within the field of voice pedagogy is troubling and can lead to much confusion between teachers,

students, and educational institutions at large. While standards for P-12 music educators are well-defined and often tested through a certification process, “the path for becoming an applied music teacher is less clear, less tangible, and often not supported in the current conservatory-like system in North America,” according to Parkes (2009/2010, as Cited in Angell, 2019, p. 127).

The lack of standardization in the field of speech-pathology also exists at times. Despite guidelines set by ASHA and the American Academy of Otolaryngology-Head and Neck Surgery, “There continues to be a large variability in specific protocols used for evaluation of dysphonia including differences in data collection, measures, client tasks, and so forth,” according to Patel (2018, p. 2), who also wrote:

Although these types of [voice disorder] assessments are performed on a regular basis at many research and clinical facilities in the United States, a lack of standardized procedures/protocols currently limits the extent to which the results can be used to facilitate comparisons across clinics and research studies to improve the evidence base for the management of voice disorders. (p. 2)

Accordingly, ASHA is working on standardizing the battery of assessments used with voice users, improving the use of evidence-based practices, and ultimately improving the level of care that voice users receive (Bless, 2014; Patel, 2018).

Nonetheless, speech-language pathologists are trained to meet their overall goal, which is “to optimize individuals’ ability to communicate and swallow, thereby improving quality of life” (ASHA, 2007, p. 3 as cited in LaFrance et al., 2019, p. 714), while also addressing “the cognitive aspects of communication (e.g., executive functioning), the voice component of speech, and issues related to sensory awareness” (ASHA, 2016 as cited in LaFrance et al., 2019, p. 714). Furthermore, “speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural

backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values" (ASHA, 2007, as cited in LaFrance et al., 2019, p. 717).

With service to clients in mind, the training process for becoming a speech-language pathologist is rigorous. In addition to passing a Praxis exam, "there exist clear national standards dictating the course of training for speech-language pathologists. These requirements include both academic and experiential standards, determined by the profession's regulatory body, ASHA" (Council on Academic Accreditation, 2017, as cited in LaFrance et al., 2019, p. 719). Pre-service speech-language pathologists must have experience working with individuals of all ages and must complete a clinical fellowship year, in which "mentorship is provided to develop a student's clinical skills" (LaFrance et al., 2019, p. 720). Training throughout a graduate program in speech-language pathology covers a wide range of topics, techniques, and communication types, which covers the base level of knowledge and expertise for a speech-language pathologist. Any further specialization will also be met with further examination. There are also expectations for those in the field to maintain their certification through "30 Certification Maintenance Hours (CMHs) during each 3-year interval" (ASHA Certification maintenance frequently asked questions: General information).

The process of training and certification is an area in which voice pedagogy could emulate the practice of speech-language pathology. "Most states have licensing requirements for speech and voice therapists, and ASHA, which issues professional certification for speech-language pathologists, has an extensive Code of Ethics by which its members must abide to retain their membership. But voice teachers are not licensed"

(David, 1995, p. 87). Teachers of singing and authors on the subject of voice pedagogy are aware of the lack of consistency in teacher training and practices. In his book, *Diagnosis and Correction of Vocal Faults: A Manual for Teachers of Singing and Choir Directors* (1982), James C. McKinney acknowledges that many teachers of singing do not know how to identify, understand, and correct faults in the voice. The authors of *What Every Singer Needs to Know About the Body* (2012) suggest that many singers experience “unnecessary suffering” (p. vii) because they do not have an accurate body map, or their teachers do not ask the right questions to correct misconceptions (p. viii).

Training Activities

Outside of the master class, as discussed by Holding (2010), it was difficult to identify training activities completed by teachers of singing other than voice lessons and vocal pedagogy coursework, which, according to Vetter (2016), can be highly irregular and varies based on instructors and institutions. Performing is a training activity on which many professional singers rely, but performing does not address the nuances of what it means to teach, as will be addressed in the next section on pedagogical content knowledge. Either teachers of singing need more training activity opportunities, such as the ones used in speech-language pathology, or more research needs to be done to codify how pre-service teachers of singing are developing their skills and honing their craft.

One type of training that could be adopted from the fields of education, medicine, and the clinical sciences such as speech-language pathology is problem-based learning (PBL). In medicine, this is an “instructional method that uses patient problems (e.g., fever, pain) as the context of teaching medical students problem-solving skills and is also

a process for acquiring basic and clinical science information through self-effort and group cooperation” (Atre-Vaidya & Taylor, 2000, p. 202). PBL “fosters patient-centered attitudes and enhances interpersonal skills,” while also improving board results for students who experience PBL (p. 203). In speech-language pathology, PBL can train speech-language pathologists to consider the concerns of voice users in an in-depth way while respecting the individuality of each voice.

Another type of training is the use of standardized patients (SP), or people trained to act like real patients during clinical simulations (Foster et al., 2017; Zraick, 2003). These simulations provide hands-on opportunities and feedback to pre-service speech-language pathologists. For example, when working with standardized patients, Zraick (2003) had participating graduate students in speech-language pathology use a checklist of interpersonal and communication skills:

1. Student introduced themselves appropriately.
2. Student touched patient or shook hands with patient.
3. Student was dressed appropriately for the encounter.
4. Student maintained eye contact with the patient.
5. Student “told before doing.”
6. Student treated patient with respect. (p. 241)

This, as well as shadowing and use of virtual patient technology, or “multimedia, screen-based interactive patient scenarios” (Foster et al., 2017, p. 100), can educate clinicians in empathy. Furthermore, Foster et al. (2017) found that medical students were perceived by standardized patients as more empathetic after interacting with virtual patients with a back story than those who interacted with virtual humans without back stories (p. 100-101).

While working with SPs and virtual patient technology, pre-service speech-language pathologists get to look directly at people, which is different than reading about

techniques conceptually, since “the ability to process others’ emotional states also relies on one’s ability to recognize and symbolize others’ faces,” and “preliminary evidence suggests that clinicians could undergo behavioral training to rewire their neural networks and achieve increased empathy towards patients” (Foster et al., 2017, p. 95). Thus, hands-on training interactions are essential.

Different types of training are needed for speech-language pathologists because they often work with families, not just singular patients. To promote these skills in preservice speech-language pathologists, Mandak et al. (2020) discovered that online training can prepare students to work in family-centered ways, while also being a time-conscious and practical way to fit relational training into the preservice training, as it only took 75-90 minutes (p. 1496). These relational skills were trained via the LAFF strategy: “(a) Listen, empathize, and communicate respect; (b) Ask questions; (c) Focus on the issues; and (d) Find a first step,” while also incorporating “a caring atmosphere, treating families with respect, and moving forward based on family desires” (p. 1491). A major aspect of the training was simulated role plays, which allowed “the preservice SLPs to demonstrate their pre- and post-instruction skills in a supportive and low-risk environment.” Through these role plays, the “most effective” behaviors were identified as:

(a) asking open-ended questions and taking time to ensure that the parent’s concern is fully understood (identified nine times); (b) keeping the conversation focused on the concern and addressing it directly, without getting too carried away with suggestions and information (identified four times); and (c) showing empathy and understanding and acknowledging the parent’s concern as valid (identified two times). (p. 1499)

These, alongside skills such as initiating small talk, listening, allowing silence, using appropriate body language, and asking permission to take notes were all interpersonal outcomes of this preservice training.

Still, there are training gaps that researchers seek to address in speech-language pathology. Zraick (2003) found that many pre-service speech-language pathologists had poor interpersonal and communication skills, despite being enrolled in practicums and courses that covered how to interact with patients. Thus, additional lectures were given on these topics as part of Zraick's research, resulting in "significantly increased competency" (p. 243). Likewise, some "SLP students do not receive practical training in techniques to communicate with people with aphasia (PWA) until they encounter PWA during clinical education placements," according to Finch et. al (2013, pg. 1). In their findings, pre-service speech-language pathologists did not always feel confident in their communication abilities when determining treatment plans and goals. Such anxiety influenced interactions where "interpersonal skills and clinical skills are closely interrelated" (pg. 2). After graduation, many speech-language pathologists relied on "learning on the job" to fill in gaps in knowledge (pg. 3), but standardization of training has occurred from ASHA in the past decade to address this.

The development of effective communication is imperative to experts in the field of communication and clinical competence is actually related to the interpersonal skills of the clinician (Colliver et al., 1999 as cited in Zraick, 2003, p. 239). Interpersonal skills are more predictive of patient satisfaction than the physicians' ability to give information on patients' condition or treatment (Phillips et al., 2012, as cited in Falkenstein et al., 2016, p. 675; Mechanic and Meyer, 2000 as cited in O'Grady, 2014, p. 67). In medical

fields, “ineffective communication between physicians and their patients has serious consequences for patients, including psycho-social distress, unnecessary treatment, inadequate symptom management, and poor quality of life” (Falkenstein et al., 2016, p. 664). The same may apply to speech-language pathologists who treat medical concerns alongside behavioral, communication, and social-emotional concerns.

Pedagogical Content Knowledge

Many teachers of singing share the belief of vocal pedagogue Richard Miller who wrote, “Knowing how the singing instrument works, and knowing how to get it to work consistently, is the sum of technical knowledge. That is why a systematic approach to vocal technique is the most successful route to artistic singing. System and art conjoin to produce the professional sounds of the singing voice” (2013, p. xvi). However, many in the field disagree on the best ways to achieve these sounds, which leads to disparity among teachers and students.

In voice pedagogy, the lack of clarity, as well as the variable types of training in singing, contributes to issues for teachers and voice users, but also for researchers who look to present research-based practices for the voice studio. Frey-Monell (2010), in presenting research on motivation for singers in vocal studios, found a void in the motivation research field because the one-to-one ratio in applied studio lessons has traditionally separated these musicians from academic classroom studies (p. 147). However, it is not just student-motivation techniques that are vague. There remains a lack of consensus about many voice pedagogy topics due to lack of research in certain types of voice training. For example, many teachers of singing have upheld classical technique

as healthiest for the voice, while others find there are healthy ways to approach commercial contemporary technique and apply it to genres outside of classical music (Baldwin, 2021).

Furthermore, the National Association of Schools of Music (NASM) does not require undergraduate vocal pedagogy courses in its handbook, according to Vetter (2016), and thus, “these courses are often deferred until graduate school and do not have specific competency requirements” (p. 1). Vetter also explains that vocal pedagogy courses vary from institution to institution, as topics are chosen by individual instructors, and can result in learning gaps and inconsistent training among singers, which is a disservice to students. She writes, “University degrees in vocal music should not only train singers as performers, but also prepare them for future careers, including studio voice teachers” (p. 36-37). Without a standardized method for voice education from highest levels to the lowest, training and research in voice pedagogy can be unclear and contradictory.

Even more concerning, “contemporary research can be biased, predicated upon personal opinion or methodology” (Dufault, 2013, p. 31). Practice-based research, “a conceptual framework that allows a researcher to incorporate their creative practice, creative methods and creative output into the research design and as a part of the research output,” has been used more frequently in the 21st century to address specialized topics that do not easily fit into traditional research models (Edith Cowan University, 2021). Nonetheless, with a lack of literature on certain subjects, many teachers of singing rely on their own singing experiences to influence their methodology (Angell, 2019).

This is a common theme found in research on pedagogical content knowledge, especially in the field of music education. It is common for teachers to teach in the way they were taught or to teach in the ways they best learn (Loewenberg Ball et al., 2008; Major & Palmer, 2006). It is also possible that expertise in a certain field shapes the way a teacher views instruction. For example, Gohlke (1994) investigated the pedagogical content knowledge of four pre-service music teachers. She found that students' emphasis, vocal or instrumental, was influential in that vocalists focused on the text, genre, and historical context while teaching a song. The instrumentalists approached the teaching as if for performance, looking at time signature, key signature, rhythms, etc. (Gohlke, 1994 as cited in Haston, 2018). The beliefs that teachers hold about their discipline, in addition to what they believe about students, schools, learning, and teaching, influence their course planning and lessons (Grossman et al., 1989 and Stark, 2000, as cited in Major & Palmer, 2006). Pedagogical content knowledge "helps to distinguish a teacher's own proficiency in a skill area...from the explicit knowledge of the skill that is needed in order to teach it to students" (Loewenberg Ball et al., 2008, p. 395).

In voice teaching, each voice expert must have a deep understanding of what to ask of voice users and why. They possess knowledge of why certain topics are important, of conceptions and misconceptions about the voice and how to correct them effectively, of understanding the reasoning behind mistakes or the cause of a vocal error or disorder, and of what makes topics easy or difficult to learn (Loewenberg Ball et al., 2008; Major & Palmer, 2006; McKinney, 1982; Shulman, 1986).

Regrettably, a problem that exists in the training of classroom educators also exists for one-on-one voice teachers: "Unfortunately, subject matter courses in teacher

preparation programs tend to be academic in both the best and worst sense of the word, scholarly and irrelevant, either way remote from classroom teaching” (Loewenberg Ball et al., 2008, p. 406). Likewise, many programs through which teachers of singing are educated are not focused on actual teaching practices. A significant takeaway from Haston (2018) was that in-service music educators rarely credited their undergraduate music education experience with providing them with pedagogical content knowledge. With this in mind, there must be better ways to support and develop pedagogical content knowledge in educators, including those who focus on the voice. However, with these developments, the learning experience must be student-focused and not about teachers and their display of knowledge (Major and Palmer, 2006).

Use of Interpersonal Skills

Awareness of Self and Others

The interpersonal skills employed by teachers of singing have a direct impact on voice users. In such a competitive and highly personal field, teachers of singing are often responsible for helping voice users navigate challenges, anxieties, and self-doubt. Rather than students finding help or information on their own, teachers can “remove barriers to students’ development and allow them to improve more rapidly and with less frustration” (Walker & Commander, 2017, p. 261). Thus, current research shows the benefit of certain practices, as well as cautions teachers of singing against others. Due to the intimate and personal nature of the voice, teachers of singing must anticipate the needs and concerns of voice users. There are risks involved in the voice studio, especially when the teacher prompts an emotional response (Rosen et al., 1993, p. 32).

Teachers of singing must tread lightly with voice users, especially when they first start lessons. Proficient interpersonal skills will help assuage doubts and fears quickly in the voice user, while getting to know voice users and their learning styles helps the teacher be more effective (Rosen, et al., 1993). This is accomplished in many ways over time, but may be started through the use of leading and open-ended questions, utilizing student intake forms that collect information on the person's voice history, and asking students to describe vocal phenomenon in their own words. In this way, we "may start to get some inclination regarding the patient's personality traits and their possible relationship to the perceived voice characteristics and patient symptoms" (Awan, 2001, p. 17). Awan (2001) found that this, in addition to completing perceptual and acoustic assessments of the singing voice, can give teachers an idea of both the emotional and physical status of the voice user (p. 19). Completing a psycho-social history may be another step towards better understanding the individual (Aronson, 1990 as cited in Awan, 2001, p. 19).

The process of taking on a new patient or client is comprehensive and allows the voice user to express their needs immediately. The first interaction usually includes conducting a thorough case history and a running battery of tests with a voice user. According to van Leer (2008): "During case history, the clinician must establish rapport with the patient so that there is an open and honest sharing of information, and so that the patient will ultimately feel empowered to change his or her behavior if called upon to do so" (as cited in Boone et al., 2020, p. 141). Many of the initial tests used with voice users are physiological in nature, measuring components of the voice such as airflow and range. Others are perceptual, such as the Consensus Auditory-Perceptual Evaluation of

Voice (CAPE-V) and measure components of the voice such as severity, roughness, breathiness, strain, pitch, and loudness. However, the intake process also includes psycho-social measures that help the clinician better understand the habits, self-efficacy, personality, goals, and voice history of the patient.

One such measure is the Voice-Related Quality of Life questionnaire that identifies problems such as feeling anxious, frustrated, or depressed and avoiding social situations. The Voice Handicap Index asks voice users to rate the effects of their voices on their lives. Statements from this include: “I use the phone less often than I would like to,” “I feel left out of conversations because of my voice,” “My voice problem causes me to lose income,” “I try to change my voice to sound different,” “My voice makes me feel handicapped,” “My voice makes me feel incompetent,” and “I am ashamed of my voice problem” (Jacobsen et al., 1997) These are just a few examples of the deeply personal perceptions that voice users bring into voice therapy or medicine. Adult patients that participated in a stuttering therapy group course at a UK national center expressed “a range of negative feelings, including shame, embarrassment, frustration, isolation, anger, desperation, fear and lack of confidence,” and over half of the participants saw therapy as a desperate last bid for help (Everard & Howell, 2018, p. 1278).

While understanding the voice user is of utmost importance, some researchers assert that voice experts begin with themselves. Psychologists believe our actions and attitudes are always a product of our self-image, so a teacher who is anxious to improve his attitude may need to assess his professional self-image to assure it is effective and appropriate (Dwyer, 1971, p. 14). Being self-reflective is an important tenet of interpersonal instruction, especially when dealing with a subject as sensitive as the voice.

Based on their observations and feedback from concerned individuals, teachers who question their effectiveness are willing to accept failures and make the necessary changes (Jellison, 2015, p. 140).

It is important that teachers recognize themselves as a “dynamic factor” in the interaction, according to Cady (1965) who said, “To know and understand oneself is to examine what one is, determine what one will except and reject, and, thereby, determine what one can learn from a given teacher or teach a specific student” (p. 17). Therefore, Cady recommends that teachers always start with themselves, as difficult as that may be, to analyze and control their role as a “variable element” in the lesson studio as much as possible (p. 18). Teachers of singing must be self-reflective and perceptive to the student because both play an essential role in the lesson, and each member in an interpersonal interaction brings a unique perspective to the situation.

Just as teachers of singing are asked to examine themselves and their communication style, speech-language pathologists try to do the same when interacting with patients. “The clinically astute clinician monitors his or her own verbal and nonverbal behaviors during the case history interview in order to elect clinically relevant information from the patient in a supportive and motivating manner” (Boone et al., 2020, p. 141). In the same way that teachers of singing must often walk a fine line between teacher and counselor, speech-language pathologists are aware of mental health perspectives, while still focusing on communication outcomes. “It is important to make clear distinctions between counseling approaches and a relational and reflective model of clinical practice,” about which Geller and Folley (2009) write: “There is ongoing and consistent attention to the overt and latent emotional dimensions of the clinical

relationship. Most importantly, the speech-language pathologist is working with the parent and child rather than doing something to the parent and child” (p. 6). These authors point to many interpersonal skills, since “relationship-based intervention prioritizes the connection (or bond) between the speech-language pathologist, the client, and the family” (p. 6).

Speech-language pathologists are emotionally aware of themselves and their patients. “Emotional resonance between a clinician and a client is important in developing a therapeutic relationship” (Beck & Verticchio, 2018, p. 192) and a self-reflective practitioner is more likely to show compassion to clients. According to Omrod (2014), humans have the following psychological needs: “arousal,” “relatedness,” “competence,” and “self-determination” (as cited in Cannon & Luckner, 2016, p. 96). Speech-language pathologists hold all of this in mind when working with individuals. However, this may also lead to burn-out, of which they are trained to be aware. Beck and Verticchio (2018) found that mindfulness is an important skill for a clinician to possess, as it helps facilitate relationships, accomplish professional outcomes, and leads one to “understand self so can help others better” (p. 202).

With this in mind, voice experts must consider themselves as well as the student, understanding humankind and psychology. While it is harmful to use certain stereotypes to describe students or clients, Punt (1979), as cited in Stemple (2020), used these descriptors for the personalities of professional actors and singers: “Intense, volatile, excitable, emotional, neurotic, anxious, temperamental, moody, intemperate, vain, and unstable” (p. 384). It is unfair to assume these traits in a student but understanding the effect of one’s state can be very illuminating and will allow the teacher to detect when

stress or personal problems transfer to the voice. “A teacher must be able to understand and work with each individual singer’s ego and have an understanding of his or her learning style” (Dufault, 2013, p. 31), and yet this is not always fostered or trained in teachers of singing (Cady, 1965; Angell, 2019). If a teacher of singing does not acknowledge that there is psychological interaction between themselves and the student, that very interaction will be threatened (Cady, 1965, p. 18). If teachers do not understand their own beliefs about voice teaching, their ambitions for students, the effect of their verbal and nonverbal communication, or their own prejudices, they have the potential to do more harm than good (Angell, 2019; Cady, 1965; Dwyer, 1971).

In voice lessons, the teacher and student are often alone, or work with an accompanist for part of the lesson. Many teachers of singing recognize the delicate nature of this relationship and do their best to create an atmosphere that welcomes the student as an individual. David (1995) makes recommendations such as, “Above all, the teacher must remember that the voice is attached to a body which is also a person with intellect and emotions” (p. 18) and “The teacher should speak directly with these students about their goals and tastes and how they relate to the technique the teacher is attempting to teach” (p. 91).

Speech-language pathologists also recognize that the voice, though only one part of a person, influences other areas of his or her life:

An individual is a whole made up of interdependent parts, which are physical, mental, emotional, and spiritual. When one part is not working at its best, it impacts all the other parts of that person. Furthermore, this whole person, including all the parts, is constantly interacting with everything in the surrounding environment. (Stemple, 2020, p. 132)

Therefore, it is necessary that each individual voice user is seen as a unique entity, with unique needs and experiences. Viewing voice users this way, speech-language pathologists are cognizant of individual differences and needs, “behavioral, emotional, physical, and structural,” and use “many voice therapy techniques” rather than one approach alone (Boone et al., 2020, p. 185). Boone et al. (2020) expanded on this idea, saying, “One cannot easily separate the person from his or her voice. Some voice problems may be among the visible symptoms of someone with serious personality problems, or sometimes the voice problem may be the cause of psychological maladaptive reactions.” Counseling, explanations of the problem, and “putting the voice problem in its proper perspective,” are all techniques utilized by speech-language pathologists (p. 198). Speech-language pathologists must be well versed in a number of different interpersonal techniques, in addition to therapy techniques, to accomplish this.

Client-Centered Communication

Client-centered care may be accomplished by motivational interviewing (MI), a type of “client-centered directiveness by way of a carefully cultivated and highly stylized way of speaking,” (Carr & Smith, 2014, p. 85), in which practitioners are aware of tone of voice, gestures, postures, and amount of speaking relative to the client (p. 86). MI practitioners also ask open questions, use extended pauses, control stress and intonation of the voice, and are overall concerned with how they say something in addition to what they say (p. 87). MI is an interpersonal technique that clinicians may use to minimize resistance, noncompliance, or therapy dropout (Behrman, 2006, p. 215). Behrman (2006) gives the four assumptions of MI, the last of which is “every patient has the potential for

behavioral change; it is the therapist's task to release that potential and facilitate the natural change process inherent in the patient" (p. 216).

Additionally, the four general guiding principles for engaging patients are "expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy" (Miller & Rollnick, 2002 as cited in Behrman, 2006, p. 216). Self-efficacy, the fourth principle, is also a prevalent theme in music education research, and a voice user benefits from "belief in his or her ability to change a specific behavior" (Bandura, 1977 as cited in Behrman, 2006, p. 217). Though not acting as a therapist, these communication techniques could be employed in clinical settings, especially as speech-language pathologists often undergo psycho-social training (Ullrich et al., 2011).

Specifically, Ullrich et al. (2011) studied the communication skills and empathy employed by speech therapists in oncology:

Patients with head and neck cancer suffer from high levels of mental distress, but relatively seldom use psychosocial support or psychotherapy. This results in speech therapists becoming some of the most important contact persons, with their speech therapy enormously tailored to psychosocial concerns. Therefore, speech therapists in oncology face challenges going beyond the scope of their normal education. (p. 294)

Through a psycho-social training program, speech therapists in oncology dealt with emotional issues, including "active listening," "communication of bad news," and "communication of complex information" (p. 295). After being trained to meet patients' needs, "the data show a clear increase in the frequency of conducive communication styles and decrease of non-conducive communication styles" (p. 298).

Teachers of singing must also be highly skilled at communicating and, as the primary listener in the lesson studio, they should be aware of how to best impact the voice user and assist in their growth. Cady (1965) cautions teachers of singing to

communicate clearly, admitting that there is “jargonese and fragmentation of singing teachers as a professional group,” which often exists due to the “nonverbal nature of music” (p. 17). Teachers of singing should use instructional language that is clear and concise, rather than jargon. They should not try to impress students with their knowledge or expertise or provide overly complex explanations of no benefit to the singer (Angell, 2019, p. 131). Moreover, it is important to develop a common terminology with voice users (Bartholomew, 1983 as cited in Dufault, 2013). The same is also true in speech-language pathology, as the clinician must often act as a translator and advocate for families, communicating “jargon, unspoken rules, and expectations” (Cooper-Duffy & Eaker, 2017, p. 182).

In working with students of varying abilities, the teacher must present challenges that encourage growth while keeping their current capabilities in mind (Angell, 2019; Cady, 1965; Dufault, 2013; Jellison, 2015). Such types of communication will be further discussed in the results of this research, but language is one prevalent type of communication in interpersonal relationships between teachers of singing and voice users. In receiving critique, voice users stress the importance of not being looked down upon or demeaned as a person. It is possible to provide critique in such a way that it does not attack the person, but helps the voice improve, as does using language that points the voice user in a positive direction (Clemmons, 2010). Furthermore, Clemmons writes:

The words a teacher chooses, the energy a teacher imparts, coupled with their nonverbal communication - in general, the way a teacher treats a student - affects the student in powerful ways. In this particular case, the teacher has empowered the student to do her best. Words have power. Teachers who use words that are enthusiastic and affirmative can empower students to be more confident and motivated. (p. 262)

In terms of nonverbal communication, some types may include eye contact, humor, gestures, and posture (Dufault, 2013, p. 38). Additionally, “the teacher's personal example applies in every aspect of the studio, from the cluttered desk to the books on his shelf. The total person of the teacher is the example, not just his voice or his technique. In fact, a teacher is his technique” (Cady, 1965, p. 18). In addition to the words they use, a teacher communicates through their appearance, personal interests, beliefs, and goals.

In regard to verbal communication in speech-language pathology, Colton et al. (2011) wrote, “very specific and firm instructions have to be given but must be adapted to the individual,” regarding vocal surgery and giving pre- and postoperative instructions. The clarity and effectiveness of the speech-language pathologist can make or break the voice user’s recovery. In addition to putting a problem in perspective, as previously discussed, speech-language pathologists can make subtle shifts in their communication to produce better outcomes. For example: “Instead of saying, ‘You are not using your voice as well as you could,’ a clinician might say, ‘Your vocal folds are coming together too tightly.’ The latter statement absolves the patient of the guilt he or she might experience if the clinician indicated that the patient was doing things ‘wrong’” (Boone et al., 2020, p. 198).

Patients are put at ease when speech-language pathologists use sensitivity, while also recognizing the personal needs that may or may not relate to the voice. Speech-language pathologists are encouraged to give instructions that are brief and clear, without putting the patient “psychologically on the defensive during the first visit.” (Boone et al., 2020, p. 199). Other verbal communication happens in dialogue. “In the spirit of patient-centered counseling, the patient does most of the talking within the clinical encounter”

(Behrman, 2006, p. 17). Therapists ask open-ended questions, affirm and acknowledge effort, and summarize patient statements.

Nonverbal communication includes reading people, such as being aware of “sweaty palms, avoidance of eye contact, excessive postural adjustments, facial tics, masked facial expression, head and neck muscle tension, head and/or hand tremors” (Awan, 2001, p. 19-20). Awan (2001) also reinforces some of the research found in voice pedagogy regarding the psych-social nature of voice users. While he agrees that it is not necessary or realistic for speech-language pathologists to conduct formal personality testing or be experts in psychological therapy, it is possible to screen patients for the influence of stressors, anxiety, and somatic complaints on their voice (p. 20). Other voice symptoms related to stress include “diplophonia, dry throat and mouth, harshness, elevated pitch, functional dysphonia, and shortness of breath” (Boone, 1997 as cited in Boone et al., 2020, p. 230). Thus, many voice therapy techniques work to relax patients. In this way, the speech-language pathologist is utilizing interpersonal knowledge unrelated to their knowledge of the anatomy and physiology of the voice. Additionally, Speech-language pathologists and voice doctors often send patients home with an audio-video recording of each session (Boone et al., 2020, p. 185). “Providing visual feedback for the patient can play a prominent role in voice therapy inside and outside of the clinic” (Boone et al., 2020, p. 237).

Feedback and Setting Goals

Feedback in the voice studio can function in a similar way, assuaging student fears and providing support in meaningful ways. In addressing performance anxiety and emotional concerns in performers, Walker and Commander (2017) write:

Compounding the problem, teachers often provide ineffective advice that exacerbates and perpetuates students' problems. For example, teachers may tell emotionally fragile students to just "buck up and tough it out," or "you're so talented, I don't know what you are afraid of," rather than provide appropriate and meaningful support. Instead, teachers can develop tools to help a student address anxiety and build confidence. (p. 262)

To achieve this, Walker and Commander (2017) recommend teachers work with students to develop individuality, implement positive self-talk and mindfulness, identify support systems, and name, then map out, micro-goals. Micro-goals are goals over which the student has control, such as practicing more often, whereas macro-goals are dependent on outside forces, such as whether the singer is cast in a role. Focusing on micro-goals gives students attainable success and helps them move forward (p. 66). While there are several ways to set goals with voice users (Dufault, 2013), one helpful system is the SMART acronym that encourages goals that are "Specific, Stretching, Significant; Measurable, Motivational, Meaningful; Attainable, Agreed-Upon, Action-Oriented; Relevant, Rewarding, Reasonable; and Time-Based, Tangible, Trackable" (Drucker, 1954, as cited in Walker & Commander, 2017, p. 267).

The goal setting process is important with patients of speech-language pathologists. According to Haley et al. (2019), "Collaborative goal setting is at the heart of person-centered rehabilitation" (p. 1). Collaborative goal setting is purposeful in how it involves the patient and trains them to think like clinicians. In some cases, "clients instinctively assume a passive attitude in the rehabilitation process, trusting and relying

on therapists to tell them what to do,” and thus, “rehabilitation clinicians report that they learn very little from their clients when they ask what they wish to address in therapy” (Haley et al., 2019, p. 2). In a four-step model called FOURC, the authors begin to address this by helping patients see possibilities instead of problems when identifying communication goals. Then, when working towards solutions, the client has “first say” in giving suggestions and ideas (p. 4).

This is in direct opposition to the modes of operation used by some teachers of singing, in which the voice expert gives all the feedback and suggestions. Giving singers an active role in the process could be a beneficial practice to consider incorporating into more voice teaching, as the client is more likely to accept what the clinician may have in mind if they are allowed to express their ideas first. In turn, the clinician may be able to approach the plan with more flexibility and sensitivity to the clients’ circumstances (Haley et al., 2019, p. 5). Finally, clinicians and patients can collaborate on a plan, then complete and continue the plan, modifying as necessary. This corroborates Cannon & Luckner (2016), who wrote, “Effective instruction occurs when there are clear learning objectives, systematic instruction, and opportunities for interaction” (p. 98). Furthermore, “skilled professionals know that individualism and collectivism exist on a continuum and that being aware of students’ preferences and cultural orientations can facilitate instructional conditions that promote learning” (p. 97).

In relation to goals, it is important for voice experts to know how to motivate voice users. One of the master teachers interviewed by Clemmons (2010) rejected fear and anxiety as motivators, but emphasized the importance of a positive environment (p. 260). However, Clemmons did find that teachers who have high expectations for voice

users are successful in motivating students by demonstrating the “teacher’s belief in a student’s potential” (p. 261). Tactics that threaten or scare students will have negative consequences, but a learning environment without challenges is also discouraged (Helding, 2010). Voice experts need to set realistic goals and expectations based on the inherent skills and needs of each student. Principles taken from Universal Design for Learning (UDL) may also help in motivating learners, such as “giving more (or less) feedback, modeling, giving students strategies for organizing information as it is presented, allowing breaks during a lesson or during the rehearsal of a difficult piece, changing the order of the activities” (Jellison, 2015, p. 124). Jellison (2015) also states that interests and personality may influence student success and participation, so it is important to recognize just how much the individuality of a voice user influences the outcomes of singing lessons.

Affirmation can be used to spur on students, while criticism should be directed toward the voice, not the person, and opportunities for self-correction should be provided (McCoy, 2018, as cited in Angell, 2019). Language is influential on a learner’s self-concept, which in turn affects their motivation and effort (Cimpian et al., 2006 as cited in Frey-Monell, 2010, p. 149). Unmotivating teacher actions listed in Stammer (1999) that Frey-Monell (2010) suggests may apply to applied teachers include “choosing repertoire that is too easy...making the semester grade contingent on the success of an upcoming performance....and communicating displeasure without providing guidelines for the students on how to improve” (p. 150). Being aware of how teacher choices affect students’ motivation is imperative to the overall success of voice users.

Using Instructional Tools

Voice experts work to determine which tools will best encourage engagement and progress in voice users. One set of questions from Hurst-Wajszczuk (2010) may help with determining learning styles, such as, “Describe someone who was your ideal teacher. How did s/he teach? What made you feel successful in that environment? Which learning preference did that teacher likely have and was it possibly the same as your own?” Hurst-Wajszczuk encourages teachers to “design lesson plans that equally involve each learning style” (p. 425) in order to address different styles of learning and to prevent them from teaching to their own preferences. This idea is reiterated by Swanson (2005) who wrote, “it is not incumbent upon the student to adapt to the teaching style of the teacher” (p. 203). While many teachers adapt their teaching to different learning styles instinctively, teachers can be better at this by establishing each student’s learning style, observing student behaviors, noticing patterns in students, discovering the ideas students have of themselves and providing multiple opportunities for both comprehending and demonstrating knowledge (Dwyer, 1971; Swanson, 2005). This is a concept central to Universal Design for Learning (UDL). It is also supported by music education, as explained by Jellison (2015): “Students may hear a teacher talking but may grasp what is said more quickly when the teacher refers to visuals, and students may read printed music but make fewer errors playing a difficult repeating rhythm when they circle the rhythm throughout the music, play it out of context several times, then play it in context” (p. 118).

Summary

Voice experts in the fields of voice pedagogy, speech-language pathology, and voice medicine are aware of interpersonal aspects of voice care. There are many skills that are valued, trained, and used in these fields, such as building rapport, tailoring instruction to suit the needs of voice users, guiding voice users through tasks, collaborating with other professionals, and using verbal and nonverbal types of communication. However, it is unclear how value, training, and use of certain skills all align, or how generalizable this is to voice experts as a whole. For example, methods for giving feedback and setting goals were present in the vocal pedagogy literature, but it is unclear which training activities are preparing teachers of singing to use this skill. It is also unclear how common this skill is across teachers of singing as a group, as well as how it is implemented and how often it is used by individual instructors. Therefore, using the interpersonal skills discovered in this literature review as a baseline, the methodology described in the next chapter was designed to answer the research questions regarding value, training, and use of such skills.

CHAPTER 3: METHODOLOGY

Methodological Overview

The existing research in voice pedagogy and speech-language pathology led to the development of research questions regarding value, training, and use of interpersonal skills, which were best answered by a mixed-method research methodology. Qualitative and quantitative measures were both necessary to determine the existence of interpersonal skills within one-on-one interactions between voice experts and voice users. In order to affirm the existence of skills reported in the research and potentially discover new ones, three phases of research were conducted.

In the first phase, initial and follow-up interviews were conducted with eight voice experts, four from the field of voice pedagogy and four from the fields of speech-language pathology, voice therapy, and voice medicine. The qualitative results of these interviews shaped the questions of a quantitative survey, which, in the second phase, was sent to members of NATS and ASHA to determine the generalizability of certain themes. Finally, in the third phase, a focus group was conducted with voice experts who were invited to participate as a result of their completion of the quantitative survey. The qualitative results of this conversation led to a better understanding of the reality of interpersonal teaching today. The following methodology lays out salient terms, delimitations, basic assumptions, theory, participants, personnel and facilities, researcher positioning, the procedure and materials, and the data analysis measures.

Definition of Terms

Interpersonal is the term used to describe one's interactions with others. In education, many refer to Howard Gardner's intelligences, in which interpersonal means

“the ability to notice and make distinctions among other individuals” (Gardner, as cited in Parker, 2007, p. 27). Interpersonal interactions in the fields of voice pedagogy and speech-language pathology aim to maintain a strong working relationship with students and clients, which can manifest itself in a number of different skills.

Interpersonal knowledge and skills required for a speech pathologist include effective communication; understanding and accommodating different learning styles; understanding of learner differences such as age, gender, culture, and self-concept, and being able to address these for successful interactions; effective listening skills; understanding and accommodating differences in communication styles; and understanding and implementing conflict resolution strategies. A “professional and supportive relationship that allows for growth” is needed and expected by the American Speech-Language-Hearing Association (ASHA, 2018). ASHA also has a thorough code of ethics, broken down into four different principles that mirror many aspects of interpersonal-related principles of professionalism and ethical behavior. For a full list of standards set by the field, see [Appendix A](#).

The National Association of Teachers of Singing (NATS) also has interpersonal skills interwoven into their code of ethics. These include standards in relation to self, students, and colleagues and are quoted verbatim in [Appendix A](#). A few defining skills include honesty, professionalism, continual growth, avoidance of discrimination, maintaining a relationship with students, respecting individual differences, and communication.

However, comparing and contrasting these lists is just the beginning to understanding how these interpersonal skills are developed, encouraged, and enforced in

these two fields. Interviewing and surveying experts in these fields will allow an inventory of standard practices to be developed, through which individuals, organizations, and schools can be more purposeful about positive interpersonal relationships. Both of the fields can develop better interpersonal skills by considering the standards set by one another.

Intrapersonal relates to how one knows oneself and is essential to the voice user. For example, “The singer who does not know her own temperament may commit to a teaching post for which she is poorly suited. The singer who does not know her own limitations may be led by visions of grandeur to attempt that which is beyond her abilities” (Helding, 2010, p. 328). Intrapersonal intelligence is the opposite of interpersonal, though the two often influence one another in the learning methods of voice users, and both are necessary. While much of these findings center around interpersonal relationships from the point of view of the voice expert (either teachers of singing or speech-language pathologists as defined below), there will be times in which intrapersonal is used to describe the internal perspectives of the participants.

Teachers of singing may be defined in a number of different ways because they play a variety of roles, including vocal pedagogue, singing coach, acting coach, and more. NATS says teachers of singing work in independent studios, community schools, elementary and secondary schools, or higher education. For the purpose of this study, they will be defined by their mastery of singing techniques, teaching techniques, and performance practice. They will be current teachers of singing employed as part-time or full-time teachers. Delimitations are given below.

Speech-language pathologists are individuals who “work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults,” according to ASHA (2018). For the purpose of this research, otolaryngologists were also included in this subsection.

Pedagogical content knowledge is “knowledge of how to *teach*” content, in comparison to content knowledge, which is “knowledge of the subject you are teaching,” (Conway & Hodgman, 2009, p. 4). Conway and Hodgman expand to say, “Most young professors and graduate instructors have solid content knowledge but little understanding of how to teach that content. Pedagogical content knowledge is learned through study and experience” (p. 5).

The idea of pedagogical content knowledge originated with Schulman’s 1986 publication, “Those who understand: Knowledge growth in teaching.” Schulman was one of the first to investigate sources of teacher knowledge and the ability to teach a subject matter with expertise. Master teachers are historically known for this ability, but Schulman wanted to illustrate ways in which it was learned. He proposed that there were three forms of knowledge: propositional knowledge, the wisdom of practice and experience, case knowledge, the practical and theoretical “how” of teaching, and strategic knowledge, the application of principles and understanding to practice. Before Shulman, content matter was simply the “context” in which teaching was done (Loewenberg Ball et al., 2008). Pedagogical content knowledge in the context of interpersonal teaching practices will be examined.

Voice user is the term used when discussing anyone who receives services from the voice professionals involved in this research. This includes patients, clients, and

students of teachers of singing and speech-language pathologists. Due to the wide variety of individuals receiving voice services, whether related to singing, therapy, or medical treatment, in several different settings, voice user will be used as a blanket term in the qualitative and quantitative data analysis. If more specificity is needed, a specific term will be used to describe the person in question. Voice users may or may not include professional voice users, who “rely directly on their voices for their livelihoods” (Stemple, 2020, p. 370).

Delimitations

The focus of this study is on one-on-one, individualized teaching. Therefore, while research on classroom or music ensemble teaching was used for context in the literature review and may provide context for much of the participant experiences, participants for this research will have individualized teaching experience. The research questions were designed to focus on this individualized setting and will not focus on classroom or ensemble teaching.

Voice is a broad field with many subsections. In the field of speech-language pathology, audiologists and neurologists were not recruited or included in the qualitative interviews. They were not invited to participate in the quantitative survey. While these specialists are often included in the treatment of voice patients and play a vital role in helping both functional and rehabilitating voices, this research is focused on those working primarily with the three major subsystems of the voice: the respiratory, phonatory, and resonating/articulatory systems (Awan, 2001; Johnson and Sandage, 2020; Stemple, 2020) and identify as speech-language pathologists in their ASHA membership.

Additionally, while many individuals seeking voice services also receive other educational accommodations, special education teachers were not recruited or included in the qualitative interviews. Teachers of singing or speech-language pathologists may work with voice users with atypical needs, but they are neither labeled nor function as special educators.

In the field of teachers of singing, choral directors were not included due to the ensemble nature of their instruction. While choral directors utilize many of the same skills as one-on-one teachers of singing, and may occasionally work with individuals, their training differs. Likewise, though they often work with individuals, professionals with the title “vocal coach” were not recruited or included in the qualitative interviews. In the field of voice pedagogy, “vocal coach” needs to be better defined, as does the difference between vocal coaches and teachers of singing. This research aims to identify those who work with voice users and develop better definitions and well-defined roles. Vocal coaches are defined as those who self-identify as a vocal coach and fit at least one of these three roles: (1) is not a singer’s primary teacher, (2) does not work with a singer on a weekly basis, and/or (3) only works with a singer for specific needs, such as auditions or performances. Vocal coaches utilize interpersonal skills, but those with more intermittent teacher-student relationships were not included. This includes collaborative pianists, who often provide coaching or recommendations to singers, but do not provide primary voice instruction. Choral directors, vocal coaches, and collaborative pianists all play an important role in vocal education, but are not the intended participants for this research.

Basic Assumptions

One of the main assumptions of this proposed study is that interpersonal teaching methods occur in all studio lessons with teachers of singing, as well as therapy and medical sessions with speech-language pathologists and otolaryngologists. Types of interpersonal communication vary based on the individuals interacting and can be generalized as good or bad, healthy or unhealthy, and productive or nonproductive. The assumption of this research is that a greater awareness of interpersonal practices in individualized voice teaching will lead voice experts to implement more skills that result in positive interpersonal relationships with voice users, while eliminating those that are harmful. It is assumed that voice experts would desire such adjustments. The theory illustrated below shows how student-centered teaching could essentially impact the training and practices within the fields of voice pedagogy and speech-language pathology. With this in mind, there is the assumption that teachers who are more comfortable with interpersonal practices and individualized instruction will better tailor their lessons to students, and thus, be more effective teachers.

Theory

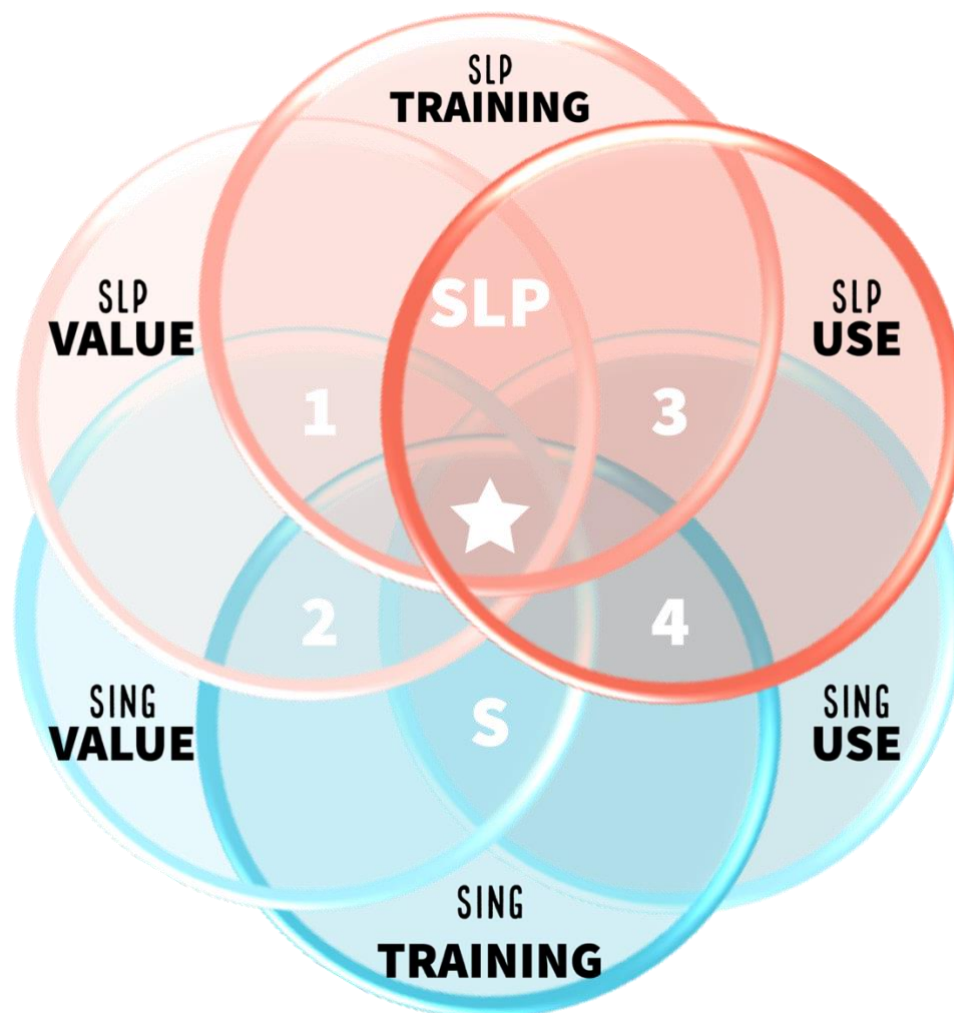


Figure 3.1. Six-Circle Venn Diagram of Theoretical Model: Representing the similarities and differences amongst value, training, and use of interpersonal skills for teachers of singing and speech-language pathologists.

Figure 3.1 was designed to identify the value, training, and use of interpersonal skills in and across the fields of voice pedagogy and speech-language pathology in order to compare and contrast the two. This was used to answer the research theses and describe how voice experts value interpersonal skills, how they are trained to uphold them in practice, and how often they use them.

On the bottom of this Venn Diagram, the blue intersections represent the overlaps in value, training, and usage of interpersonal skills by teachers of singing. “S” represents where value, training, and use all align in teachers of singing. On the top, the red intersections represent the overlaps in value, training, and usage of interpersonal skills by speech-language pathologists and “SLP” represents where value, training, and use all align in speech-language pathologists. For both fields, this represents the goal of effective interpersonal practices. However, on both sides there are also ways in which value and use align, but training is missing; training and use align, but value is missing (in which case, use of those skills is questionable); and training and value align, but the use is missing, for example, if teachers of singing do not make studio policies clear (a lack of usage), despite this being valued and trained by NATS (NATS Code of Ethics, 2018).

In the middle of the Venn diagram, the fields of voice pedagogy and speech-language pathology intersect with one another. The star represents where the fields are already in agreement. These are the skills that are valued, trained, and used in both fields. An example would be if both teachers of singing and speech-language pathologists value listening, are trained in listening, and use listening.

After identifying similarities, differences are considered outside of this middle intersection. Within these outer areas lies comparisons for voice experts. “1” shows skills

valued by teachers of singing and speech-language pathologists, but only trained in speech-language pathologists, while “2” shows valued skills only trained in teachers of singing. “3” shows skills being used by both fields, but only trained in speech-language pathologists, while “4” shows used skills only trained in teachers of singing. While there are other intersections, these four are the main focus of the recommendations in Chapter 10 as they relate to the training of voice experts.

Such recommendations are made to expand the middle of the circle and encourage growth in both fields. As multidisciplinary training and shared understanding increase between the fields, the value, training, and use of interpersonal skills will reflect greater overlaps. Specific suggestions for each of these recommendations are given based on similarities and differences between the fields.

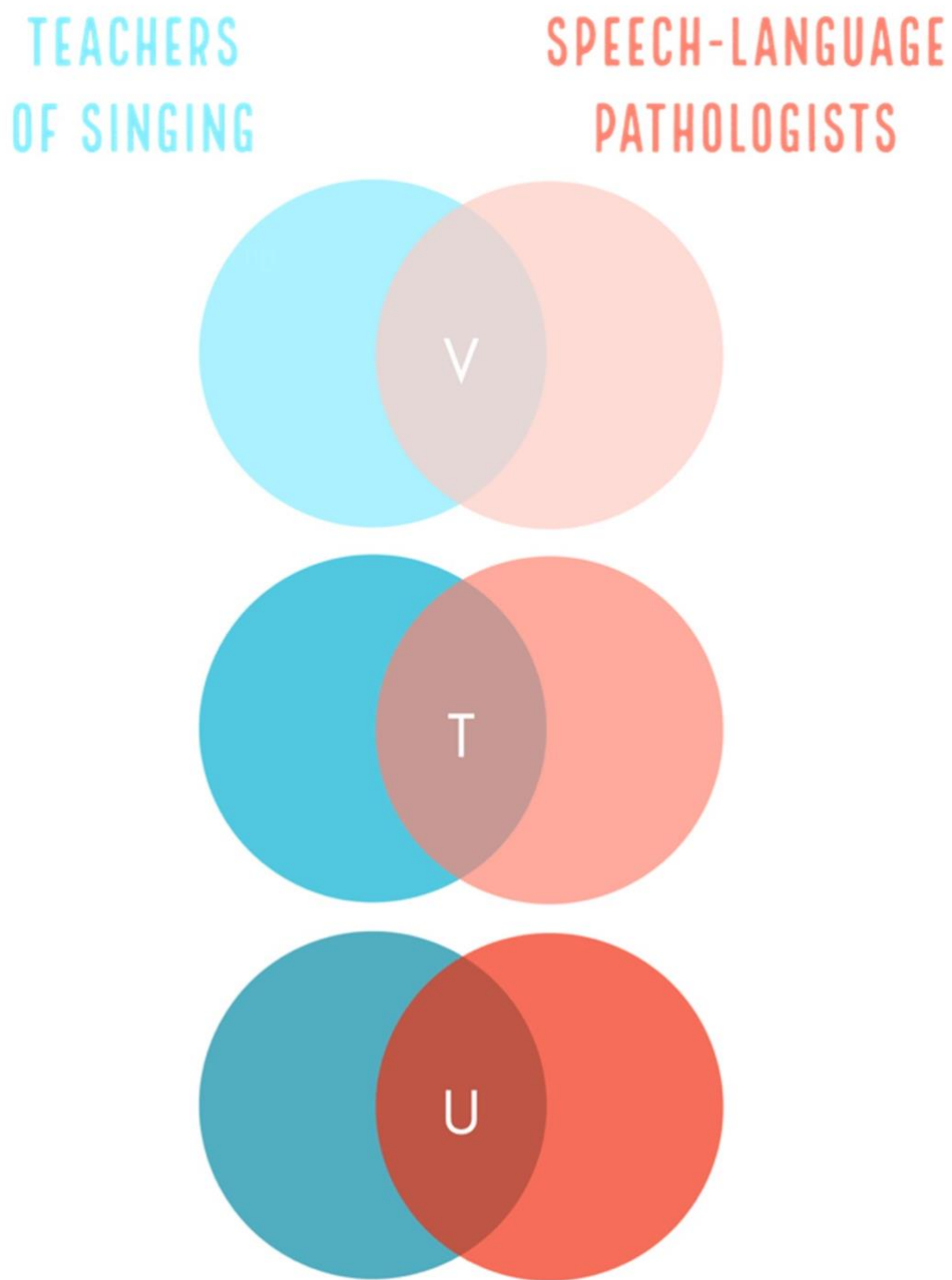


Figure 3.2. Three Venn Diagrams Comparing and Contrasting Value, Training, and Use: Comparisons in value, training, and use of interpersonal skills for teachers of singing and speech-language pathologists. Smith, B. (2021).

In Figure 3.2, individual intersections between the fields are shown. “V” represents shared values between teachers of singing and speech-language pathologists, “T” represents shared training between teachers of singing and speech-language pathologists, and “U” represents shared use of interpersonal skills between teachers of singing and speech-language pathologists. Differences fall on the outside of these intersections. Figure 3.2 was used as the initial comparison points for the qualitative and quantitative results.

Participants

Phase 1 Participants

In Phase 1, participants for the qualitative interview portion of this research were current teachers of singing, speech-language pathologists and otolaryngologists who work one-on-one with students or clients with at least three years of prior teaching experience. Teachers of singing included teachers at universities, adjunct voice professors, and private studio teachers. Speech-language pathologists and otolaryngologists worked at the elementary, secondary, or collegiate level, as well as in medical fields. Eight voice experts were interviewed for this qualitative data: four teachers of singing and four in the fields of speech-language pathology and otolaryngology. Of these eight participants, seven were female and one was male. This breakdown is especially reflective of the speech-pathology profession, in which there are fewer males in comparison to females (Finch et al., 2013, p. 5).

Phase 2 Participants

In Phase 2, participants in the teacher survey were voice experts in these fields at the national level. These participants were accessed via the NATS “Research surveys” page, email, and print mail. 50 teachers of singing, 63 speech-language pathologists, and 33 participants who operate evenly within both professions responded to the open call for participants on the NATS website, 500 emails sent to randomly selected teachers of singing who hold a NATS membership, and 1000 letters sent by mail to randomly selected speech-language pathologists who hold an ASHA membership. Screening questions at the beginning of the survey collected demographic information about the participants and ensured they were eligible for participation.

Phase 3 Participants

In Phase 3, participants for the focus groups were selected from survey participants who expressed interest. Thus, these participants were pre-screened and eligible to participate because they belong to the groups being studied. 63 participants indicated interest and were invited, and from this larger group, 5 teachers of singing participated in this focus group. No speech-language pathologists elected to participate.

Personnel and Facilities

I administered the interviews, survey, and focus groups for this mixed-method study. Interviews took place either in-person or over Zoom in a pre-determined location with each participant, most often their regular teaching location. This is common in qualitative research to best understand the actions and habits of the participants (Creswell

& Poth, 2018). The survey was designed in Qualtrics (Qualtrics, Provo, UT) and underwent procedures to determine validity. Face validity was established by the research team and a panel of voice experts who took the survey to determine the ease of use and the clarity of instructions, while providing feedback that was incorporated into the final survey. Also, double barreled statements were eliminated (Austin & Reinhardt, 1999).

Researcher Positioning

As a singer and teacher of singing, my own teaching and learning experiences drew me to this topic, but they also presented some challenges to my objectivity. To combat this, I bracketed my own experiences before beginning data collection (Creswell & Poth, 2018, p. 78). To do this, I set aside previously held prejudices, views, and assumptions (Merriam & Tisdell, 2016, p. 27). I recognize that all the participants use different teaching methods, the participants have a variety of teaching and singing experiences, and all the participants have unique self-awareness of their singing and teaching choices. This bracketing process ensures that I am viewing the experiences of the participants through their eyes instead of my own. When presenting the research, I acknowledge my own experiences and recognize ways in which I have been shaped by the findings.

Procedure and Materials

Phase 1 Measures

Approval from the institutional review board (IRB) was given for this research through an expedited, non-medical proposal. Approval letters are provided in [Appendix B](#). There were no known risks in participating, and none of the collected data included confidential information. Participants provided informed consent after being made aware

of their rights and the details of the study. In the first phase of this research study, semi-structured interviews were conducted with four teachers of singing, identified as “Singing Teacher *N*,” and four in the fields of speech-language pathology, voice therapy, and otolaryngology, identified as “Med Subject *N*”. The first interview with each participant was based on literature within both fields, the initial research questions in [Appendix C](#), and the preliminary interview questions in [Appendix D.1](#). A second interview with seven out of the eight participants served as a validation check to see if initial perceptions aligned with those of the participants, and to ask their insights on any developing themes (Creswell & Poth, 2018). These follow-up questions are also provided in [Appendix D.1](#). These interviews were conducted in-person in the teaching studios, classrooms, or offices of the participants, or over Zoom video conferences. The interviews were audio recorded, transcribed, and coded for themes to identify similarities and differences between the training, value, and usage of interpersonal skills in the fields of voice pedagogy and speech-language pathology, voice therapy, and voice medicine.

Phase 2 Measures

In the second phase of this study, a nationwide online survey designed in Qualtrics ([Appendix D.2](#)) was administered to a broader sample of teachers of singing and speech-language pathologists, in which the themes developed in the first phase were further explored. The content of this survey was based on the qualitative interviews, in order to determine the generalizability of the themes and practices discovered in the interviews, and discover more approaches to interpersonal teaching strategies. As the literature review did not reveal a surveying tool that would address interpersonal teaching

techniques across both fields, the layout of this survey was modified from research done in the field of music education by Payne for a Q-sort study (1990), that was then adapted for use with rating scales by Austin and Reinhardt (1994, as cited in Austin & Reinhardt, 1999). In Austin & Reinhardt's 1999 study, "Philosophy and Advocacy: An Examination of Preservice Music Teachers' Beliefs," pre-service music educators were asked to evaluate philosophical belief statements twice: once on a statement's validity for including music education in the PreK-12 curriculum and once on its effectiveness as advocacy statements. Thus, they were able to correlate the validity and effectiveness of advocacy for each statement, as well as if there were significant differences between pre-service educators based on grade (freshman, sophomore, junior, senior).

With this framework, this survey was based on 33 interpersonal skills identified in the qualitative interviews. First, participants answered demographic questions that provided an examination of the difference in skills between those in singing related fields, those in speech-language pathology fields, and those who consider themselves part of both fields. Participants also provided the ages of voice users with whom they work and the settings in which they see them. Gender identity was also a demographic question that could be used in future research to determine if any significant difference existed in the value, training, or use of certain skills based on gender.

Next, participants considered each of the 33 skills three times. First, participants used a sliding numerical scale to rate how much they value each skill in their line of work from 0-100, 0 indicating they did not value that skill, 100 indicating that they value it greatly. Second, participants selected ways, if any, in which they were trained in the same 33 skills. "Formal education in this skill" indicated training or encouragement from an

accredited or certification-granting program with feedback from a teacher, supervisor, or mentor. "Supplementary education in this skill" indicated training or encouragement from a workshop or clinic, with or without feedback from a teacher, supervisor, or mentor. "Self-taught" indicated the skill was self-developed, found via intuition, or the participant sought information on this skill independently. "Received no training in this skill" indicated they could not recall how they were trained in the skill or were unfamiliar with the skill. One or more of these options could be selected. Third, participants selected how often they used each skill: daily, weekly, every other week, monthly, every other month, 2-5 times a year, once a year, every few years, or never. Table 3.1 lists the 33 interpersonal skills in the order in which they appear on the survey, as determined by a list randomizer.

Table 3.1

List of Surveyed Skills	
1	listening
2	knowledge of the anatomy and physiology of the human voice
3	humility
4	starting with fundamentals and building from there
5	community outreach
6	making voice users feel safe
7	using technology
8	continuing my education
9	giving voice users a space to vent and/or be vulnerable
10	reading publications in my field
11	contributing research to my field
12	reflecting on my encounters with voice users after a lesson, session, or appointment
13	attending and/or presenting at workshops and/or clinics
14	developing pedagogical content knowledge, either through research or experience
15	being a life coach to the voice users with whom I work
16	pursuing personal growth in my field
17	humor
18	giving feedback in a concise manner
19	specializing in one or two specific discipline areas and/or techniques
20	flexibility in instructional techniques
21	using my intuition
22	setting realistic goals and/or expectations with voice users
23	collaborating with others in voice related fields
24	empathy
25	preparedness
26	interacting with diverse voice users
27	being a friend to the voice users with whom I work
28	trust
29	being versed in a number (3+) of different discipline areas and/or techniques
30	respectful relationships with voice users
31	allowing voice users to make decisions
32	using prompting questions
33	attending and/or presenting at conferences

Finally, participants were presented with a list of interpersonal practices that were common amongst the interview participants. This included questions about methods they take with new voice users, current voice users, professional development, and personal motivators for their work. The questions were designed to further address the research questions by looking for overlapping or differing techniques, approaches, philosophies, and desired outcomes in students/patients. Participants were also asked whether they would be willing and available to participate in a focus group.

Phase 3 Measures

In the third phase of this study, a focus group using Zoom technology was conducted with teachers of singing across the nation to confirm or deny developing ideas. This conversation led to the positive edification of voice teaching practices. Focus group questions are found in [Appendix D.3](#).

Data Analysis

Qualitative Data Analysis

As a mixed-method study, both qualitative and quantitative data analysis methods were used. In the qualitative data analysis, for both the interviews in Phase 1 and the focus group in Phase 3, methods of analyzing phenomenological research were used. The focus of a phenomenology is the essence of a lived experience (Creswell & Poth, 2018, p. 104), so phenomenological reduction was used to continually return to the essence of the phenomenon (Merriam & Tisdell, 2016, p. 27). One way to do this is through imaginative variation, in which the data is considered from different perspectives (Merriam & Tisdell,

2016, p. 27). The unit of analysis, several individuals who have experienced the phenomenon of teaching in an individualized setting, served as the focus and ensured that there was a comprehensive and balanced analysis of each participant's experiences (Creswell & Poth, 2018, p. 104). All interviews were transcribed, inserted into a table, and coded for themes. As previously mentioned, the bracketing of my experiences prevented me from identifying themes or ideas that align with my previous beliefs and helped me focus on the data as it presented itself. Using this table, significant statements were highlighted and sorted into various categories. Quotes were combined into a textural description and a structural description (Creswell & Poth, 2018, p. 78)

The data was analyzed via horizontalization, where “all pieces of data have equal value at the initial data analysis stage [and] are then organized into clusters or themes” (Merriam & Tisdell, 2016, p. 27). Data analysis moved “from the narrow units of analysis (e.g., significant statements), and on to broader units (e.g., meaning units), and on to detailed descriptions that summarize two elements: ‘what’ the individuals have experienced and ‘how’ they have experienced it” (Creswell & Poth, 2018, p. 77).

Quantitative Data Analysis

The quantitative data analysis was done with assistance from the UNL SC3L Statistical Cross-disciplinary Collaboration and Consulting Lab, based on the results of the nationwide survey. In overview, the gtsummary package in R statistical software was used to summarize the survey questions based on the profession grouping: singing profession, speech-language pathology profession, and those who indicated working equally within both professions. For quantitative variables, the median and interquartile

range was found, along with a Kruskal-Wallis non-parametric test across professions. Categorical responses were summarized by the number and proportion of participants who selected each response, along with a Chi-square test and Fisher's exact test when counts were small. "Check all that apply" questions were separated into binary questions where each individual box was indicated as a "yes" if checked and a "no" if left unchecked. Chi-square and Fisher's exact tests were conducted to compare across professions. No post-hoc testing was conducted. For each of these measures, p-values, which indicate the probability of being larger than the calculated test statistic value, were used to determine whether a variable was associated with affecting the difference in the response. If the p-value is less than 0.05, we claim that there is a significant effect of that variable. In other words, there is a significant difference in response due to the predictor variable, which is the three different profession groups.

There were 146 participants, 50 who indicated a singing profession, 63 who indicated a speech-language pathologist profession, and 33 who indicated working equally within both professions. In the singing profession, 44 out of the 50 participants (88%) completed the entire survey, while 6 out of 50 (12%) did not, but all completed answers were included in the statistical analysis and the specific number of answers (N) for each question was taken into consideration. In comparison, 95% of speech-language pathologists completed the survey, and 97% of those from who indicated working equally within both professions completed the survey. For each of the statistical measures, N was calculated based on how many participants answered that question. The demographic questions asked of the participants, including gender pronouns, age(s) of voice users with

whom they work, and work setting(s), were analyzed using Pearson's Chi-squared test and Fisher's exact test when the values were small.

The Kruskal-Wallis Ranked sum test was used to measure the difference in medians and interquartile range (IQR) among the three groups for the "Values" section of the survey. This test is a non-parametric equivalent to a one-way ANOVA. Non-parametric tests do not need any distributional assumptions, rather they use rankings to compare between treatments. This test allowed a comparison to be made from the numeric measures between groups. It was used to determine if profession affects how much participants value a skill, such as Interpersonal Skill 1: Listening. To compare the amount of "Value" for each item across professions, the median and interquartile range (IQR) were calculated. The median is the middle value and 50% of the responses fall below this value. The interquartile range (IQR) is the middle 50% of the data. Box-whisker plots were drawn to represent the value of each of the 33 skills within the 3 profession groups. In these box-whisker plots, 25% of the responses fall below the lower value and 75% of the responses fall below the upper value. The Kruskal-Wallis rank sum test was used to compare the level of "Value" between the professions.

A Pearson's Chi-square test was used for the "Training" and "Use" sections of the survey, as well as the "Check all that apply" questions at the end of the survey. A Chi-square test statistic is used to determine whether two categorical variables are independent. For the "Training" section, these variables were the 3 profession groups and four responses: Formal training, Supplementary training, Self-Taught, and/or No training. For each of the 33 skills, participants could check any of the four training responses that applied to them. Each response item was converted to a series of binary responses:

Formal training (yes/no), Supplementary training (yes/no), Self-taught (yes/no), or No training (yes/no). For each item and check box, the number of participants and proportion, along with a Chi-square/Fishers Exact p-value is given. In this check-all scenario, number of participants will not necessarily add up to the total number of participants. For example, 23 out of 46 singing instructors (50%) indicated they had formal training in listening, but these 23 could also have indicated supplementary training or self-taught training for this same skill.

For the “Use” section, Pearson’s Chi-square test was used to compare the frequency of use for each skill across profession. Respondents were initially asked to indicate their use of each scale from one of the following: Daily, Weekly, Every other week, Monthly, Every other month, 2-5 times a year, Once a year, Every few years, and Never. However, the responses for Every other month, 2-5 times a year, Once a year, Every few years, and Never were aggregated into “Less than once a month,” due to such a small amount in each of these categories. For each item, the number of participants and proportion, along with a Fisher’s Exact p-value is given. Note that each participant only selected one response.

A comparison of the “Value” and “Use” sections was conducting using a Kruskal-Wallis Test and boxplots to see if there was a relationship between high value and frequent use of certain skills. For each profession, separately, the median “Value” with the IQR was associated with the “Use” frequency. For example, 21 singing instructors indicated they used listening daily and with a median value of 100 (IQR of 90 – 100) while 12 indicated they used it weekly with a median value of 68. The p-value of 0.003

(less than 0.05) indicates a relationship between the frequency of “Use” and amount of “Value” for listening.

To compare the “Check all that apply” questions at the end of the survey, a similar approach to the “Training” section was taken, using Pearson’s Chi-square test. Each checkbox was converted into a binary yes/no response. For example, 32% of “ToS” participants checked the box “I ask voice users to fill out an information survey or intake form,” while 41% of “SLP” participants checked the same box, and 36% of participants who indicated working in both professions checked the same box. Note that these proportions (32%, 41%, and 36%) are not that different and there was no significant p-value ($0.6 > 0.05$).

CHAPTER 4: QUALITATIVE INTERVIEW RESULTS – VALUE OF INTERPERSONAL SKILLS

Data Analysis Overview

The results of a mixed-method data analysis will be discussed in the following chapters, using qualitative and quantitative data results in relation to shared and disparate value, training, and use of interpersonal skills by voice experts. Each chapter will illustrate these similarities and differences through a distinct lens. This chapter presents the qualitative interview results regarding the **value** of interpersonal skills across both fields. Chapter 5 presents the qualitative interview results regarding the **training** in interpersonal skills across both fields. Chapter 6 presents the qualitative interview results regarding the **use** of interpersonal skills across both fields. Within each of these three chapters, the qualitative results are sorted into themes, listed in Table 4.1, below. Venn diagrams throughout Chapters 4-6 will introduce the similarities and difference between the fields for each theme and will include observations from the Med Subjects and Singing Teachers in Phase 1, as well as the focus group members in Phase 3. Chapter 7 presents the quantitative results of the nationwide survey in Phase 2. Chapter 8 presents the results of the qualitative focus group in Phase 3. Complete transcripts for the qualitative interviews and focus group are found in [Appendix E](#).

Table 4.1 – Qualitative Themes

Chapter 4 – Value of interpersonal skills	<ul style="list-style-type: none"> • Relationship-building • Safe environments • Voice-user led practices
Chapter 5 – Training in interpersonal skills	<ul style="list-style-type: none"> • Types of training • Pedagogical motivation • Teamwork
Chapter 6 – Use of interpersonal skills	<ul style="list-style-type: none"> • Verbal communication and feedback • Non-verbal communication and listening skills • Goal setting and decision-making • Teaching techniques • Research-based practices • Professional demands

The qualitative measures analyzed in this phase were semi-structured interviews with eight voice experts. In this chapter, comments were categorized into three themes related to the value of interpersonal skills: (1) relationship-building, (2) safe environments, and (3) voice-user-led practices. These three themes represented similarities and differences, as displayed in “Value” Venn diagrams: Figure 4.1, Figure 4.2, and Figure 4.3. These Venn diagrams summarize the qualitative comments made within these three themes, but specific participants are indicated when appropriate. After this summary, the qualitative narrative for each theme further describes the findings.

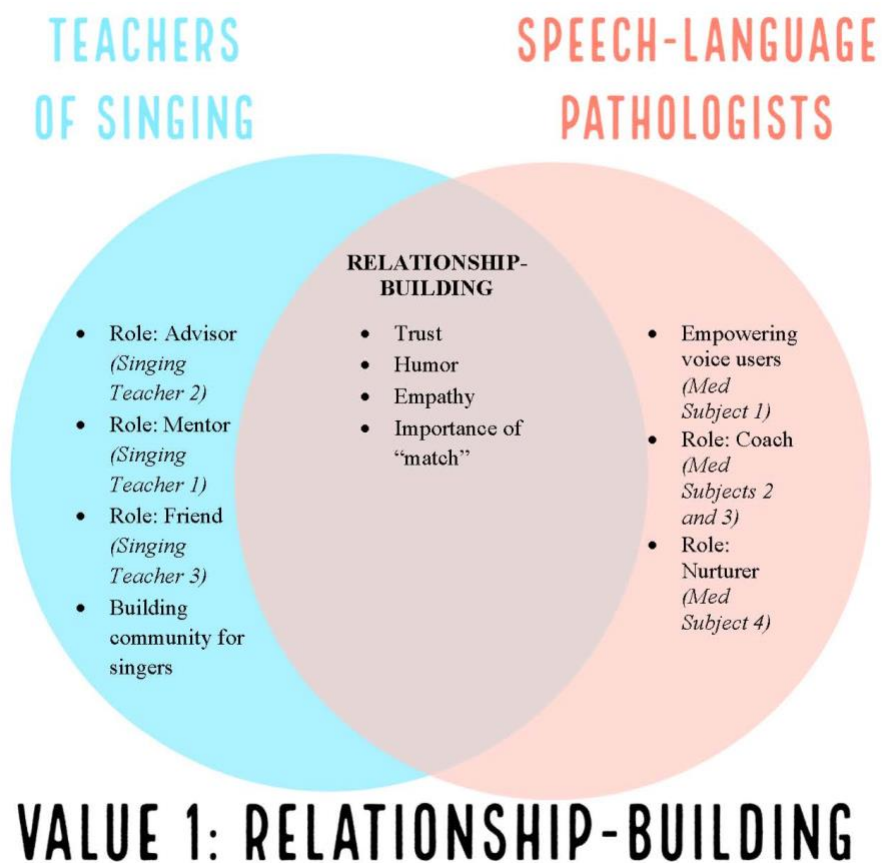


Figure 4.1. A Venn diagram representing “Values” theme 1: Relationship-building. Similarities and differences between teachers of singing and speech-language pathologists.

Relationship-Building

Similarities in Relationship Building Between the Fields

Trust

The eight participants interviewed in Phase 1 demonstrated many similar qualities that reflect the value of relationship-building with voice users. According to these voice experts, relationships lead to positive voice outcomes and trust is an important aspect of this. In the fields of speech-language pathology, voice therapy, and voice medicine, developing trust often looks like empowering voice users. Med Subject 1 said she always

asks how she can empower a patient, which includes rejecting the idea that voice users are “broken.” She discourages ideas such as “I’m damaged,” or “I’m not good enough,” or “I have this [diagnosis]” by helping them understand what a diagnosis means and giving them a “deep kinesthetic sense of knowing that they’re going to be fine.” She said, “In the healthcare sphere, there’s some pretty good data to show that if people feel empowered and encouraged, their health outcomes are better.” Examples of this include Finch et al. (2013), which showed that patient involvement in their own health care leads to better outcomes, and Falkenstein et al. (2016), which stated the negative ramifications of poor communication from health care professionals. Med Subject 1 balances encouragement and constructive critique, develops rapport with voice users, and encourages these positive health outcomes.

In providing feedback, Med Subject 1 also expressed how important it is to encourage voice users toward positive change in a trusting relationship. To do this, she says voice experts and voice users “need to have a relationship before [they] can really be productive.” Furthermore, she said that critique must be given “alongside the person, and not to them or down to them.” Med Subject 4 finds that relationships help voice users reach goals, saying, “If they trust me [and] they know that I’m invested in them as an individual, then I can get a whole heck of a lot more out of them than a working relationship that’s pretty sterile.”

Personality plays a role in building trust, according to Med Subject 2, who said she must be willing to listen, to be service-oriented, and to be a giving person as an instructor. The personality of the patient also plays a role, and just as Stemple (2020) stated that professional voice users often run the gamut in regard to personalities, Med

Subject 2 finds that “personality is very involved in voice disorders.” Whether working with perfectionists, high achievers, or people looking for a quick fix, she works as a cheerleader and motivator. She said, “I cannot fix it for them, I can guide them, I can coach them, I can tweak their technique, but it’s 100% on their shoulders. So again, you have to build that trust, you have to build that relationship.” Building a trusting relationship with voice users empowers them to continue in the therapy process and put in the work to reach their goals.

Trust was also mentioned by the teachers of singing in Phase 1. Singing Teacher 3 works with many adolescent singers and finds trust essential to their development. Singing Teacher 1 described sharing successes and having “come to Jesus” sessions with students in need of advice as things that happen when a trusting relationship exists. She also identified humility, from both teacher and student, as an important skill in building trust because it creates a working environment in which voice users can grow. Like Med Subject 2’s comments on personality, Singing Teacher 1 said, “It becomes apparent pretty quickly whether or not students are in the art for the art or in the art for themselves. And I find that students who are in the art for themselves become very difficult to teach,” while she is “drawn to those students who have a sense of who they are and what they want to say to the world,” as well as “generous and humble spirits.” Singing Teacher 2 called this being “charmed” or “intrigued” by a singer. When two different personalities, voice expert and voice user, interact in a voice lesson, Dufault (2013) says it is “very important to be able to establish trust with a student. Students and teachers need to respect the process of learning how to sing, one that is slow and that takes time” (p. 73). Singing Teachers 2 and 4 affirmed that building trust takes time.

Humor

Humor is a disposition that voice experts often use to reach voice users. Med Subject 2 said, “I smooth out the technique and I tweak it, but it’s constructive, it’s done with humor,” and even more so, “Humor, it is critical to helping someone heal.” Singing Teacher 4 uses humor to balance critique as well, using honesty and feedback that is appropriate to each person’s age and comfortability. Humor is often used to make a voice user feel more comfortable in challenging situations, as is empathy.

Empathy

Empathy, or “understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner” (Merriam-Webster), is important and can be learned through a voice expert’s own experiences. For example, Singing Teacher 3, who overcame a significant amount of stage fright and anxiety in her own college training, said, “I will never put somebody on a stage to sing a song that they’re not confident about. I don’t do that; I want them to have a good experience and not be traumatized.” At times, past trauma can present itself in the voice, requiring wisdom and empathy from the voice expert. Singing Teacher 1 said, “If there’s something unsettled or buried emotionally, for whatever reason, with a student, it is going to manifest in the voice.” For example, she said sexual abuse survivors who have found healing in the singing process developed their voices in “a new, richer way.”

Relationship-building is often a result of such empathy. “The voice and emotion are so intimately intertwined, there are days when emotions are so out of balance that phonating results in floods of tears, and you can’t discount that,” according to Singing Teacher 1. Singing Teacher 4 agrees that it is “totally fine” if “a lesson is hijacked because of an emotional day.” Singing Teacher 2 expressed something similar when she said, “They don’t care what you know until they know that you care.” The fact that “people take off their armor” is a major reason she enjoys working one-on-one with students. She acts like a “surrogate advisor” to students, talking with them about their other classes and music coursework. She sees it as part of her job to make sure they are maintaining their academics and to take interest in them outside of the voice. Singing Teacher 4 takes time to create relationships with voice users so that her comments are met with acceptance and appreciation, rather than fear or rejection.

Importance of “Match”

The student-teacher match influences the interpersonal interactions in singing lessons, similar to the clinician-patient match in voice medicine (Braden et al., 2018). Singing Teacher 1 said, “I really put the onus back on the student to discover who they are and what they need in a teacher to be successful.” This aligns with the opinion of one master teacher interviewed by Dufault (2013): “When looking for a teacher, students should audition them and take several lessons from them” (p. 37). As will be further discussed in the theme “Voice-User Led Practices,” voice lessons work best when the teacher and the student work well together and both play an active role in reaching singing outcomes. However, sometimes the fit between the practitioner and client is not

ideal and it is necessary to make changes. Med Subject 2 said, “If you’re not happy with your doctor, if you’re not happy with your singing teacher, you need to change, it has to be a good fit, and if you’re not happy with me, you need to tell your doctor it’s not a good fit.”

Relationship-Building in Med Subjects

As one-on-one interactions lend themselves to variability, the relationships between voice experts and voice users function in a variety of ways. Each member of an interpersonal interaction brings in their own personality, beliefs, goals, types of communication, and learning styles, and more. When these unique individuals collide, it is natural that more than just the voice is present. The whole person, including thoughts, feelings, and prior experiences, is present, and thus, the whole person must be addressed. With this in mind, voice experts take diverse approaches and often have different philosophies. One of these differing philosophies concerns what role the voice expert plays in the life of the voice user. The terminology regarding life coach, friend, nurturer, mentor, and therapist showed the disparity among the participants.

Empowering Voice Users

Empowering voice users is how Med Subject 1 chooses to interact with voice users, an explanation unique to this participant. Regarding being a life coach, Med Subject 1 said, “A lot of times people want that from us, and I think we have to be extremely careful being so relational,” but said, “we try to be very careful not to take that on, but to point out that that’s certainly needed.” She never refutes a voice user’s need for

guidance, counseling, or therapy, but outsources to others rather than try to address these needs on her own: “We try to help them identify who their coaches, therapists and support people are. And we say that the voice lives between the head and the heart, so it’s very important that if anything is in conflict that they do have help.” She recognizes these conflicts in voice users, but then tries to “empower the patient to seek that support wherever they feel most comfortable, whether that’s college health or [a] primary care physician, or their voice teacher for some guidance to whom might be helpful.”

Role: Coach

Similar to the ideas of Med Subject 1, Med Subject 3 is invested in both student trainees and patients, but conversely, does see value in the word “coach” in regard to medical training. Furthermore, he said taking a personal interest in others is what makes him feel like “a very good instructor.” Med Subject 2 works with a wider variety of voice users in terms of age and often has opportunities to interact with them outside of therapy. She has to make decisions about how this will or will not play a role in her practice. She described it this way:

I am invited to performances all the time - and I try to go to as many performances as I can, and I’m happy to do that. I’ve been invited to birthday parties, I’ve gone to funerals, so I like to be considered their professional coach, mentor, and friendship does enter into it, but you cannot be a friend to hundreds of patients and you also kind of sometimes need to draw that line.

It is often difficult to define the relationship between voice expert and voice user, especially when considering the human interactions that exist outside of voice instruction. This line is something that is individual to each voice expert. For example, Med Subject 1

and Singing Teacher 1, in contrast, do not usually attend performances to maintain equity amongst voice users.

Role: Nurturer

Med Subject 4, conversely, has a different experience as someone who works with young voice users. She is often looked upon to address social, emotional, and behavioral training, which influences the teacher-student dynamic. She addresses a lot of social-emotional development, as her preschool students are also working on that in the classroom. She said, “Sometimes deficits or difficulties in the social-emotional area might occur in a therapy session and so then I instruct, or coach, them as to how to handle something.” Furthermore, this participant helps parents by giving advice from her own parenting experiences and often recommends library books to them. She described the difference between how she approaches parents and children (the voice users) in this way: “So, I am more of a friend to the parent, but more [than a] caring individual to the child. Nurturer, that’s the word.” Singing Teacher 3 also said nurturing was something she offered students.

Relationship-Building in Singing Teachers

Role: Advisor

When working with students in need of services, Singing Teacher 2 said, “I know I’m not their therapist, I’m not taking that on, but I do feel in those instances a responsibility to, for example, call the counseling services and set up a session for a student.” Like the philosophy of Med Subject 1, this singing teacher recognizes the need

for emotional support for voice users: “Because our instrument is a part of our body and our whole being, we can’t teach that if there’s something in the way, in an emotional or personal concern.” She also supports her students and encourages their career pursuits. Though she is not technically the academic advisor to her collegiate voice students, she often acts as such and provides guidance regarding coursework.

Role: Mentor

Singing Teacher 1, who if forced to pick a label would consider herself a mentor, said, “I do consciously draw a line,” in regard to personal concerns. She welcomes students to share personal and musical successes with her, but does not share equally about her own personal life. She also recommends help services to students when necessary, including institutional counseling, psychological services, and other emotional support services. However, she does give students room to vent, and assures them that conversations stay in the room unless the person is in danger. Singing Teacher 4 expressed something similar, but said students often have varying levels of comfort with being open: “It has to be their comfort level with me. I am more of an open book and totally comfortable than a lot of students are, so it has to come from them. I don’t push myself into their lives.”

Role: Friend

Singing Teacher 3 said part of the work is “in the connection and the vulnerability that you guys create together.” While this is not musical, she said, “I think that that really speaks to how they progress, because then they trust you.” This participant also accepted

the term “friend,” a term excluded by the other participants. Thus, all voice experts interviewed in this qualitative portion acknowledged some type of relationship with voice users, but each voice expert has their own boundaries and expectations for these relationships.

Building Community for Singers

Another difference between these groups was found when counting the comments related to building community for singing students. Many teachers of singing addressed the role of community for voice students, especially at the undergraduate level. The voice studio is an influential part of the lesson experience and often plays a role in the teacher-student match (David, 1995). Thus, relationships between students, in addition to the teacher-student relationship, is an interpersonal expectation identified solely by the singing teacher participants. In light of the COVID-19 pandemic, Singing Teacher 1 said students “felt a degree of isolation too, which makes it difficult to grow as an artist because we need that sense of community in order to take risks and challenges and have the safety net in which we can fail in the pursuit of excellence, and this barrier has made that very difficult.” Likewise, Singing Teacher 2 said that students new to the school at which she works are slowly finding community online, but have struggled to connect.

With connection in mind, Singing Teacher 2 credits a weekly voice class at her institution with building community. This course for new students teaches both musical and soft skills in an academic, group setting, while also giving students time to build collegiate connections. All of the voice faculty are present and accessible, which creates collaboration between different studios. Subsequently, this weekly voice class has

resulted in better retention rates, which, in her opinion, shows that students feel like they are “part of the team.” This interpersonal approach to voice education was not an aspect of the qualitative results from speech-language pathologists.

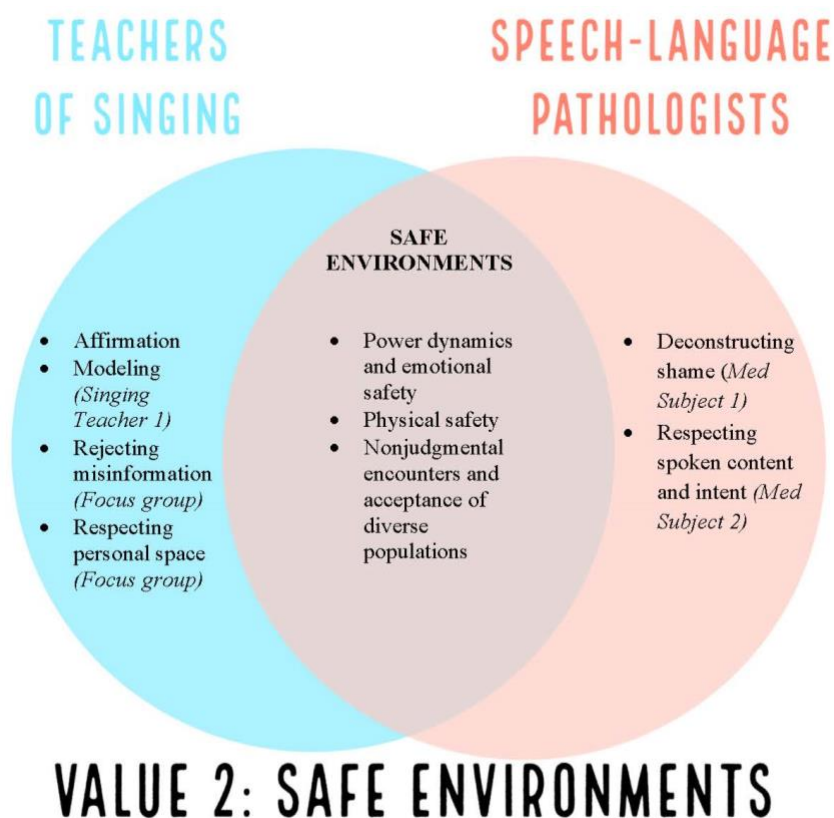


Figure 4.2. A Venn diagram representing “Values” theme 2: Safe Environments. Similarities and differences between teachers of singing and speech-language pathologists.

Safe Environments

Similarities in Safe Environments Between the Fields

Power Dynamics and Emotional Safety

Voice experts are responsible for creating safe environments in which voice users themselves determine the culture in the room. Bandura’s Self-Efficacy Theory, cited in Angell (2019), is based on changing “the balance of power by adjusting the role of the

teacher to be the role of facilitator, who equips the students with learning skills rather than covering content” (p. 128). Med Subject 1 calls this a shift in power that allows voice users to be their authentic selves, communicate openly, and make progress towards personal and vocal goals. In her practice, this is the first step in creating a safe environment. Singing Teacher 3 also thinks of creating a safe environment as an important first step and said, “I always make sure I let them know, as well, in the first lesson: this is a safe space for you, anything going on, please don’t be afraid to share that with me, because I just want the best for you, and I want to make sure that you’re okay.”

Physical Safety

While there are very real psychological concerns to consider when making voice users feel safe, such as insecurities, fear, autonomy, and authenticity, Med Subject 2 also ensures the physical safety of her patients. This includes installing guardrails at the office, making sure voice users are comfortable walking up steps, and cleaning the bathroom and office with germicidal wipes, something she did even before COVID-19 cleaning regulations. During the pandemic, she uses a HIPAA (Health Insurance Portability and Accountability Act) protected Zoom. HIPAA regulations are mandatory and influential on practitioners in medical fields. Med Subject 2 also works with patients to know how to use their voice in emergency situations, such as if they fall down the stairs at home or are assaulted. She empowers voice users to utilize their voices in a number of different ways and thinks it is critical they know they can be safe with their voice. Singing Teacher 3 described how she creates a safe environment for people of various physical needs. Regarding a student with epilepsy, she said it is okay to be fearful

of the unknown, but that she has a responsibility to treat students equally. She worked with the family of this student to ensure all members were prepared to handle an epileptic seizure, while viewing the student as more than just a condition.

Nonjudgmental Encounters and Acceptance of Diverse Populations

In a safe environment, voice users are given time to process changes in themselves. Med Subject 2 provides space for frustrations and never judges voice users, which is essential to creating a safe environment. Singing Teacher 4 agreed, saying, “When people are judging, they’re judging you and your voice and [it’s] coming deep within you, especially if you’re connecting to it emotionally, so that’s really hard.” She uses empathetic listening to combat this, as well as comforts them when they are frustrated.

Med Subject 4, who works with younger clientele, had slightly different comments on creating a safe environment. For example, she uses small talk to show interest in them as an individual because that “helps them to feel comfortable and able then to engage in activities that might be challenging.” Singing Teacher 3 creates a safe and comfortable environment for all students, acting as a support system of all different cultures and sexual orientations. This participant along with Singing Teacher 1 spoke about experiences with students who belong to the LGBTQ+ community. Singing Teacher 1 said of students who have discovered their sexual or gender identity throughout their education, “It’s amazing when they come to their own truth how the voice becomes more free. You know, it’s that vocal and emotional connection.”

Members of the LGBTQ+ community are present in voice therapy settings, too, and many transgender individuals seek services to align their voice with their gender identity (Stemple, 2020). Med Subject 1 believes in using gender-affirming care while keeping in mind “anatomical risk factors and biological risk factors even if they no longer identify with that gender.” She works with voice users towards whatever they define as success to help them find their “best manifestation.” Gender is complex and presents itself in many ways, but she addresses patient needs to the best of her ability. In working with transgender and cisgender men and women, Med Subject 2 says she treats everyone the same. This is also true of the socioeconomic status of the voice user, something expressed by Med Subject 4. Voice experts see a wide range of people, but the differences do not result in different quality of care. Overall, equitable environments are safe environments.

Safe Environments in Med Subjects

Deconstructing Shame

Practical steps taken by Med Subject 1 to put patients at ease and make them the “center of the culture,” includes “introducing every single person who comes into the room, reiterating that they have autonomy over their healthcare record...being very upfront about the philosophy of shared decision-making, and engaging them in the process,” as well as sometimes asking people, such as family members, to leave the room if they are not serving the needs of the patient. Due to the fact that voice health can be “very stigmatized and shameful here in the Midwest,” according to this participant, she does what she can to make the voice user feel safe. She said, “It’s really deconstructing

power dynamics, making sure that you understand a patient's preferences in terms of being addressed, in terms of communication, in terms of post visit follow up." She also uses the voice handicap index, a common tool in voice therapy, to give patients a reflective and objective way to discuss voice health issues.

Respecting Spoken Content and Intent

The fields of speech-language pathology, voice therapy, and voice medicine often involve removing barriers in communication and listening for content as well as intent. Med Subject 3 said that not only does he need to understand the problem, but he also has to understand how the problem is affecting them, especially since patients are often frustrated after having already spent a lot of time, energy, and money in the health sphere. He said, "That demands respect for their time. You can only respect that through interpersonal skills, understanding the burden of the disease, and then of course transmitting to them what you think is going on. And sometimes, even telling them that you don't know." This method allows the patients of this participant to feel valued and heard.

Safe Environments in Singing Teachers

Affirmation

Most often, teachers of singing must balance praise and critique, and this often directly relates to the student feeling safe and seen. Singing Teacher 3 affirms students when they talk badly about their own singing, "Let's try it again [and] see if you feel better about it, but let's not talk about ourselves that way." Additionally, she stops them

when they apologize to prevent them from having critical inner voices. Singing Teacher 1 uses a “sorry jar,” where students contribute money whenever they apologize for something they did while singing.

Modeling

Singing Teacher 1 also makes students feel comfortable by modeling, even when it requires bizarre activities and said, “Sometimes in order to make a change physically when you’re singing, you have to do things that are a little bit ridiculous. And I make it very clear to my students that I will not ask them to do something that I will not do in front of them first.” These participants help students feel safe and bolster their self-efficacy by letting them see their voices through kinder eyes.

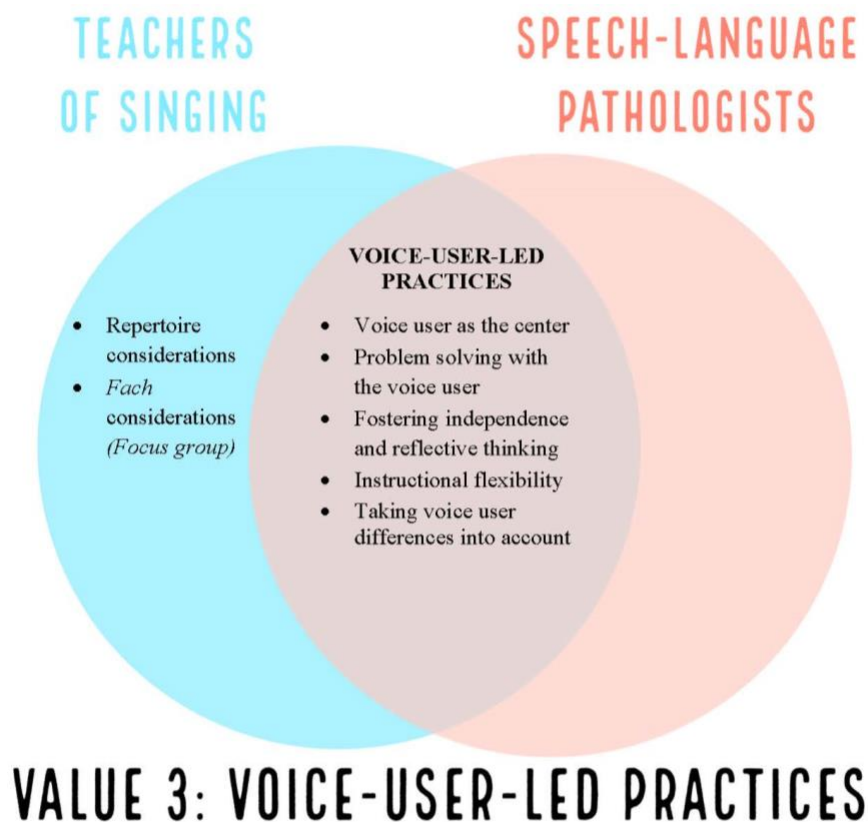


Figure 4.3. A Venn diagram representing “Values” theme 3: Voice-user-led practices. Similarities and differences between teachers of singing and speech-language pathologists.

Voice-User-Led Practices

Similarities in Voice-Use-Led Practices Between the Fields

Voice User as the Center

In working towards desired outcomes for voice users, a common value expressed by these voice experts was to be led by each individual voice user. Singing Teacher 2 said the personality of a voice user “might be part of the instruction that’s even more important than what’s happening with the vocal technique or the diction or the phrasing, because that influences how they are approaching it.” Likewise, Med Subject 1 said she “leaves space in the room so they feel comfortable” telling you about themselves and

their background, because “if you don’t create an environment where they can bring their whole self to the encounter, you’re going to miss all of it and that’s the whole story right there.” Thus, as much as possible, the voice user is given the ultimate say in their vocal health or vocal performance outcomes.

However, it can be difficult for voice users to express themselves honestly, especially if they feel vulnerable about their voices or are unsure of how to manage the power dynamic with their teacher, speech-language pathologist, therapist, or doctor. To combat this power dynamic, Med subject 1 asks open-ended questions to better understand the background and needs of patients, then gives them multiple opportunities to make decisions “every time you have a power differential,” even if it’s a “small choice.” This is related to research done by Ullrich et al. (2011), which said that communication styles are non-conducive when they include: “non-acceptance of each patient’s individual specificity, defense of emotional aspects of communication, or misuse of status or power, or impairment of personal rights and rights to full and understandable information” (p. 295). In contrast, Med Subject 1 said, “We do a lot of trying to put the patient in the driver’s seat during the visit,” while Med Subject 2 said, “I do ask for continual feedback from the patient and I give them permission to not like something.” Giving the voice user permission to be honest about their learning and recovery process is a practical way to build rapport while still achieving health goals. Med Subject 2 expanded, “I give them permission to be totally honest with me.”

Problem-Solving with the Voice User

Med Subject 2 works alongside patients as “detectives” to address voice concerns as a team, looking at each voice as a puzzle made up of multiple factors. She tells them, “We have to holistically look at anything and everything that could have affected your voice to result in this lesion,” and also, “No one thing is going to fix your voice. Warm-ups and cool downs are not going to fix your voice, water is not going to fix your voice, using correct technique alignment is not going to fix your voice, but if we find all of your puzzle pieces and put them together, that’s when you get the big picture.” She said that her patients energize her and problem-solving with them keeps her “creative wheels going.” Med Subject 3 enjoys the balance of surgery and “intellectually stimulating” problem solving, saying, “You’ve got basically a cold case. The doctors have tried to figure out and they can’t, and then I am able to go in and sometimes, in many cases, break the case open and help the patient. It’s rewarding.” Singing Teacher 3 feels the same, saying, “I just love someone who comes in and says, ‘My voice is doing this,’ and it’s like a puzzle I have to figure out.”

Med Subject 3 also noted the importance of treating each voice user as a unique individual with specific needs. He said, “I don’t one-size-fits-all things, whether they’re patients, or whether they’re trainees or students.” He finds it more rewarding to see individual needs, then use “one-on-one mentorship” in addition to the practices that work well for most people. Med Subject 1 also recognized this balance between individualization and working from a sound knowledge of how the voice works, saying, “I love that it’s very individualized, but also there’s some really solid principles and some really great logic that can be applied to certain situations.” Experts in voice medicine are

trained to know where to begin with each voice user, and then change or adapt as the individual needs. Joint problem solving also bolsters the findings of Frey-Monell (2013): “The one-to-one voice lesson setting creates an atmosphere that promotes joint problem solving between the teacher and the student during the lesson, and independent problem solving on the part of the student once the practice room is entered,” which “creates an interpersonal connection between the student and teacher that directly influences motivation” (p. 223).

Fostering Independence and Reflective Thinking

Individualized instruction can lead to independence for the voice user, an important outcome of voice therapy. According to Med Subject 1, “We don’t want them dependent on us. We want to be there waiting in the wings to let them do their thing.” This is therapeutic, according to her, and she said, “We try very, very hard to get the patient to the point that they’re not a patient, to really do that rehabilitation and understand where the anatomy and the demands align, because as long as the anatomy and demands are in mismatch then you don’t have a situation that is sustainable.” The importance of understanding the anatomy and physiology of each voice is a skill that emerged in all three phases of this research, but in this phase, it is clear how this knowledge helps practitioner and voice user work together to find sustainable habits. To truly be voice user-led, voice experts state that the voice user must take this responsibility for their voice and play an active role in their learning. Med Subject 1 does this in initial meetings with voice users, in which she asks them to comment on recordings of their voice and gives them the chance to guide the conversation. Med Subject 2 does this

through weekly assignments, beginning sessions with a technique-check and questions such as “Were you able to do this? Was this exercise difficult for you? Do you have any questions? Do you like this app? Is this helping you?” Through weekly assignments, voice users contribute to their learning, helping them to be reflective and proactive learners.

Voice-user reflection is also utilized in voice lessons. Singing Teacher 1 asks reflective questions of her singers to determine a direction for them and said, “You don’t want to start fresh every week, you don’t want to reinvent the wheel every week,” and works from what progress was made during the week. Singing Teacher 2 requires written reflections, after finding that “students would come back the next week and would not have practiced or would not have the same goals in mind for their practice time” as she did. She now requires a written reflection be turned in within 48 hours of each lesson, ensuring that students take responsibility for their own learning.

Med Subject 2 fosters independence by giving voice users multiple options for exercises and therapy regimes. She uses phone applications, CDs, YouTube videos, and other voice therapy programs to add to the “toolbox” of each voice user. She explains the purpose of each exercise, allows them to make choices based on what they do and do not like, and often asks them to design their own daily warm-up using the resources. She believes it revitalizes them to try something new and different to attain their goal. In her practice, it is vital that voice users not only get variety, but a say in what they do. Med Subject 4, who works with younger clientele, does not always provide choices, but provides a variety of modes through which students can approach learning. For example, she uses auditory prompting for aural learning; high fives or fist bumps for kinesthetic

cues, especially when blending sounds; and visuals, like a picture of a snake for the /s/ sound, for visual learning. Methods of individualized teaching will be discussed further as its own theme.

Instructional Flexibility

Instructional flexibility was a voice-user led disposition expressed by Med Subject 4, who said, “Sometimes I have to kind of switch gears, and sometimes I switch gears in the middle of a session.” When what she planned does not work, she looks at other goals for that voice user and quickly pulls out another activity. Singing Teacher 3 said, “As well as a teacher, I am also a student, because I’m always learning from my students. I have to learn how to be more flexible, I have to learn how to convey things in different ways than I would normally convey them.” Med Subject 2 said something similar, telling patients, “You will teach me more than I will teach you,” and, “I’m working with you to learn, and you are my teacher.” She also borrows ideas or new approaches from voice users, gives them the credit, and then implements them with other clients.

Taking Voice User Differences Into Account

Voice-user led techniques often take into account the age, personality, interests, and background of the individual. In making generalizations about the impact of age on singing, Singing Teacher 1 said, “Sometimes chronologically younger students come in with less awareness of their own body that more chronologically mature students may have,” and, “I think you also have to determine the emotional availability to change,

which can be less flexible in a more chronologically mature student.” Singing Teacher 3 said, “There’s just no way that a third grader and a man in his 50s are going to have the same style or preference of learning, so there has to be some kind of flexibility there.” Med Subject 4, who mainly works with younger students, involves the parents in choosing objectives more than the voice users themselves. This is in contrast to some of the other participants who work with older voice users. With this in mind, it is important to recognize that the voice changes with age, so it is natural that interpersonal practices with voice users will change as well. Med Subject 1 sees many older voice users who experience physiological changes that affect the voice, including swallowing dysfunction, loss of respiratory strength, muscle loss, changes to the nasal cavity and pharynx, hearing loss, and more. She helps her patients make decisions that best reflect their goals and does not judge them, even if they decide to forgo treatment.

Singing Teacher 1 has had experience teaching singers who have autism and has helped them adjust to singing in different ways. Often this involves feeding language more frequently, suggesting experiences, and providing insights into “emotional subtlety” for performing. Singing Teacher 3 helps students with anxiety and obsessive-compulsive tendencies take a step away from the music, leaving a song or technique to “marinate,” as she calls it, rather than have them repeat something over and over again. Singing Teacher 2 uses multiple genres of music to “help students find their own artistry and their own interests and passions in a format in which they can be successful, and we can help them.” In a similar way, Singing Teacher 4 wants students to be successful in their singing, and believes becoming familiar with their personality helps accomplish this.

Med Subject 4 described how she works to adapt techniques with voice users who are English Language Learners. She took a summer course on evaluating bilingual students which focused on honoring their first language and encouraging the continued use of that language. She said an interpreter is used to ensure the gathering of accurate information. In this way, she honors the culture and communication needs of voice users and their families.

Just as both culture and family background play an active role in the voice users seeking treatment from speech-language pathologists and voice doctors, it also plays a role in the education of singers. For example, Singing Teacher 1 said:

We have to be respectful of their cultural musical heritage and the styles of singing that they bring with them from their cultures. And some of those styles of singing are so deeply ingrained, because they've been singing that way for their whole lives or because they hear their parents sing that way, [and] are not as conducive to the classical singing technique that this institution teaches. So, I wrestle with that, and I haven't come to a conclusion yet.

Teachers of singing often struggle to reconcile the needs of voice users with the expectations of the professional, musical world in which they operate. This was especially important to Singing Teacher 2, who has had to question the ladder of white supremacy in her teaching. She questions the practice of assigning music written by people that profited from the transatlantic slave trade.

To combat the traditional structure of teaching classical music, Singing Teacher 2 asks students to play a role in selecting repertoire by identifying any “specific nationality, culture, lived experience, sexuality, composer identification...that they're interested in exploring in the repertoire just to give them a voice,” while being careful not to put the onus on them to advocate for their own diversity. Furthermore, she said, “I approach it [diversity, equity, and inclusion] by continually working on myself.” By growing as an

individual, she is continually considering how she can make the voice lesson studio a more welcoming environment to all.

Voice-User-Led Practices in Singing Teachers

Repertoire Considerations

Repertoire considerations represent a difference between the fields, as speech-language pathologists and otolaryngologists are not often selecting music for voice users. Singing Teacher 1, in regard to diverse repertoire, expressed how important it is to understand it. Regarding singing and teaching African American Spirituals, she said:

I think it's so important that if you're going to assign repertoire, you need to understand it at a very deep level yourself. And it's not something you can teach on the fly. So, until I had the opportunity to study singing spirituals with African American singers and figure out how to put that kind of authenticity into my own body, I didn't want to teach that repertoire.

This mindset is slightly different than that of Singing Teacher 2, who said, "I try to learn about all singing styles, all singing techniques, and to be open to teaching all of that as I can, even if that means I'm learning one step ahead of the student." However, in both instances, this kind of preparation takes a lot of work on the teacher's part and an investment of time and resources. When considering music that might be best for a student, it is often difficult to find diverse composers. Singing Teacher 2 has struggled with this and expressed frustration with the limits of music publishing that often results in the oppression of music by marginalized composers. But in order to give students a voice, as expressed earlier, she uses database resources, anthology resources, and even social media to find diverse repertoire for her students. This contributes to a level of autonomy for the student.

The repertoire-selecting process in voice lessons often involves voice-user-led decisions. Singing Teacher 3 looks for music that leads to student success and engagement, telling students, “If you’re not invested in it and you’re just going on autopilot, there’s no point.” This participant acknowledged that she followed a student’s lead to change the trajectory of his lessons when he was not progressing. She honors the “expertise” voice users have of their own voices and she chooses music that is challenging, but not too difficult that they will quit out of frustration. Likewise, Singing Teacher 4 gives students music they can do well, so they feel successful, but then also gives them challenging pieces to strengthen and develop new skills. Through “working all sides of their voice,” she trains singers to be more versatile. This participant also asks questions of herself and her students on a weekly basis, “What are their strengths? What are their weaknesses? What do we need to work on? What do they respond well to? What do they not respond well to?”

Singing Teacher 2 said, “each lesson is individualized and tailored to that student” which, according to Singing Teacher 3, may require “the ability to be a little bit like a chameleon...because we just have people from all different walks of life.” Sometimes this means adapting methods, trying new approaches to learn music, or choosing new music completely. This was expressed by Singing Teacher 2 who had to find appropriate repertoire for a student who struggled to count rhythms. Singing Teacher 4 offered some approaches to repertoire with students who struggle with pitch, such as songs in which the piano doubles the voice and “doing solfege exercises in the key of the piece” before singing. Both Singing Teacher 1 and Singing Teacher 4 mentioned choosing warm-up exercises, or vocalises, that are tailored to the needs of the individual student and the

demands of the repertoire. Singing Teacher 1 picks repertoire based on student interest, personality, and vocal ability, as well as her “gut instinct,” while ensuring a wide breadth of language, culture, style, and skills that are required in a semester.

Phase 1 Value Conclusions

The three important themes related to valued interpersonal skills that emerged in Phase 1 were relationship-building, safe environments, and voice-user-led practices. From these values, specific interpersonal skills were identified. The similar skills identified from the relationship-building theme were trust, humor, and empathy, as well as developing respectful relationships with voice users and building rapport through humility and understanding. Differences were found in relationship-building regarding the terms friend and life coach, as well as the need to build community. Regarding safe environments, participants in both groups saw the importance of making voice users feel safe, both physically and emotionally, while the Singing Teacher participants made more comments about giving singers an opportunity to vent or be vulnerable. Finally, the participants in both fields found value in voice-user-led practices, such as interacting with diverse voice users and knowing how to align vocal demands, and the demands of the repertoire on the part of singers, with anatomy.

These valued interpersonal skills will be considered further in Phase 2 and set the scene for the next chapter on trained interpersonal skills, as the interview participants’ value of relationship-building, safe environments, and voice-user-led practices influence their pursued types of training, their pedagogical motivation, and their views on teamwork between fields.

CHAPTER 5: QUALITATIVE RESULTS – TRAINED INTERPERSONAL SKILLS

As a continuation of the qualitative results, this chapter will present the training of interpersonal skills in voice experts. Themes related to training include (1) types of training, (2) pedagogical motivation, and (3) teamwork. These themes are discussed through the lens of the interview participants, concentrating on the qualitative data results in relation to shared and disparate training of teachers of singing and speech-language pathologists and otolaryngologists. These three themes represented similarities and differences, as displayed in “Training” Venn diagrams: Figure 5.1, Figure 5.2, and Figure 5.3, which summarize the qualitative comments and indicated specific participants when appropriate. After this summary, the qualitative narrative for each theme further describes the findings.

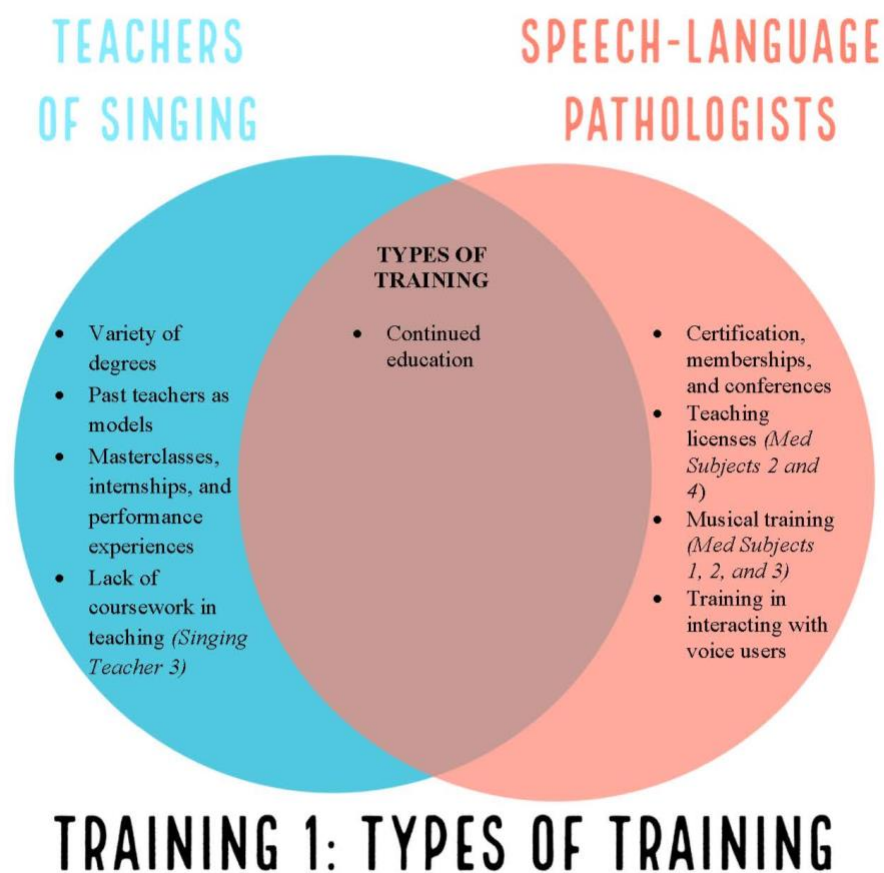


Figure 5.1. A Venn diagram representing “Training” theme 1: Types of training. Similarities and differences between teachers of singing and speech-language pathologists.

Types of Training

Similarities in Training Between the Fields

Continued Education

Although training was an area in which participants largely differed, there were some areas of overlap in training, mainly related to continued education. These participants all pursued opportunities after their formal education that aided in their training, including speech-language pathologists and voice doctors taking singing lessons; experts from both fields attending the Commercial Contemporary Music (CCM)

Vocal Pedagogy Institute at Shenandoah University, as well as other multidisciplinary workshops, such as the PAMA certification course taken by Singing Teacher 2; and taking acting or movement classes.

Training in Med Subjects

Certification, Memberships, and Conferences

There were types of training unique to the Med Subjects. For example, Med Subject 4 explained that to maintain licensing with ASHA and to maintain current skills and knowledge, 30 hours of continuing education related to her field is required every year. To climb the pay scale ladder in the public schools and to explore practices that positively benefit her students, this participant seeks continuing education that covers apraxia, phonological disorders, and stuttering. These are the concerns she addresses most often, as well as “how to address social emotional skills because behavior issues, or parent concerns with behavior, seems to be more prevalent as we move forward.” She then implements what she learns based on whether or not she believes it will work. She also described the breadth of her formal education and how it allowed her to determine the field in which she most wanted to work.

Med Subject 2 is a member of the Pan American Vocology Association (PAVA), continues to take college credits, and considers herself a lifelong learner. She said: “I’m happy anytime I’m involved in continuing education, if I learned one thing, I’m happy.” Anything she learns from continuing education she shares with her voice users or makes applications in her sessions with them. She spends much of her own money on her training and takes it upon herself to fund many of her experiences. The other participants

also indicated the expectation to stay professionally relevant by attending trainings, conferences, and workshops, often paying out of pocket. She goes to conferences for speech-language pathologists, vocalists, ENTs, and physicians, fully leaning into the idea of multidisciplinary learning. This participant also holds other certifications, such as in the Parkinson's voice. Med Subject 1 said her regular stipend doesn't cover the three main conferences she is expected to attend, but this year due to the COVID-19 pandemic and conferences being held virtually, she will be able to attend more without having to pay for travel.

In attending these conferences, Med Subject 1 has a slightly different outcome in mind than Med Subject 2. Med Subject 1 said, "I think for me, honestly, the discussion and panels at these conferences are most helpful in clinical practice and just the chance to interface with the people who you care about their opinions." Building professional relationships often occurs at conferences, which provides a different type of training and learning.

Teaching Licenses

Both Med Subject 2 and Med Subject 4 hold state teaching licenses, with Med Subject 2 holding one in two different states. The other participants, including the teachers of singing, do not hold current teaching licenses, as this is not required to teach in university and private settings.

In addition to teaching licenses, these voice experts have training in different disciplines, but have found which ones are necessary to use in their daily work. For example, Med Subject 2 said, "I think it's important to be well rounded but then

specialize in where your passion is,” and Med Subject 4 said, “I used to think that you needed to know more about more, but given the job that you’re doing, I think it’s good to know more about less. I mean more specific about the population that you work with.”

While voice experts are trained in multiple techniques and skills, the specific job environment often requires specific skills to be used more often. As Med Subject 1 said, “I believe in expertise, and I also believe in diversification. So, I believe that you have to know enough about a technique to understand what its strengths and weaknesses are and to know the correct people to apply it to.” In this way, most of the Med Subjects focus on one or two specific disciplines within the larger field of voice care.

Musical Training

Three out of four of the medical subject participants mentioned having musical or singing training of some kind, while teachers of singing did not mention training in speech-language pathology or voice medicine. Med Subject 1 has vocal experience, and though she no longer takes singing lessons, she wishes she had kept up with them. She also spoke of her training in music and how this helps her interact with singers seeking treatment. She said she has a “really good working knowledge of recording studio stuff and how that’s different from live performance and the transition over different genres,” which allows her to communicate more effectively when discussing vocal outcomes.

Med Subject 2 takes singing lessons and performs with different vocal groups. Med Subject 3 underwent past undergraduate music training that helps in interacting with singers: “I actually applied for a masters programs [in music], got accepted to some, but I found that it was too steep really for me to get into debt, and

actually exploring that and going after it helps me to understand the mentality and the mindset for performing singers, which are some of my favorite people to treat and to interact with.” This musical training is seen as an asset by these three Med Subjects.

Training in Interacting with Voice Users

Med Subject 1 expressed a desire to train and better prepare voice users for voice health outcomes. She wishes there was a handout or resource available to help students and working performers navigate vocal health through qualities such as “curiosity, preparedness, self-reflection, [and] self-assurance.” She also wants more people to be aware of voice health care options and for there to be more collaboration in her community. This would assuage some of the fear and distrust witnessed by Med Subject 3, who said, “distrust of physicians is rampant,” so one must have the patient’s best interest in mind. He expressed that being trained in interviewing techniques, as well as techniques to disarm and de-escalate situations, allows him to navigate vocal health alongside patients and bridge the gap between physician and patient.

Training in Singing Teachers

Variety of Degrees

In the singing teacher participants, each had different educational degrees: vocal performance, musical theatre, arts administration, music entrepreneurship, and both bachelor and graduate degrees, including terminal degrees in the field. This variety of training is reflective of the field of voice pedagogy and could have implications for the field. Also, in direct comparison to the medical subject participants, the singing teacher

participants may have less access to workshops and clinics. Other than some opportunities provided by NATS, the singing teacher's geographical location often dictates what is available. Singing Teacher 3 said, "If you're not in the right area, then they're just not here." She has yet to find an applicable workshop or clinic for her as a teacher, despite searching for over two years, and believes this hinders her professional development.

Past Teachers as Models

Due to the nature of voice training, many participants pointed towards the influence of their own teachers, while still developing philosophies and practices unique to them. Singing Teacher 1 said, "I see, periodically, the influences of my teachers manifesting in things that I say or approaches that I take, but with that I've also found myself, as I gained experience as a teacher, really solidifying what I believe about singing." With this in mind, she has progressed from imitating teachers to owning her own beliefs about teaching. She said she makes choices that reflect her values, "as opposed to values that are imposed." Likewise, Singing Teacher 4 worked with a variety of different teachers over her educational career, and draws from a number of their ideas. She said, "Mixing all of those together, I just call it my bag of vocal experience, and then you just pull out what you need for the students you have, and hopefully you can match something up."

Expanding on the "bag" of experience, voice experts often have to balance being specialized versus having a broad knowledge of the voice. Singing Teacher 3 had to learn to take her training in classical and jazz music out of those two fields to apply it to

everything else. Singing Teacher 2 does the same with her western classical training, as she said not all students need to do classical music in an academic setting to be successful. Singing Teacher 4 said, “Broader knowledge really helps the beginner intermediate students until you get those advanced students. Then when you get those advanced voices, it’s more those specialized [techniques] that helps.” This has vital implications for voice training, as voice experts are often required to understand multiple different discipline areas or musical techniques, but must also narrow down which information and skills are most necessary in working with voice users.

Masterclasses, Internships, and Performance Experiences

Singing participants also credited masterclasses, internships, and performing as educational experiences. Singing Teacher 4 performed constantly in “a lot of different styles all at the same time.” Singing Teacher 1 said, “I was also one of the NATS interns which was really significant, [and] significantly influenced my teaching practice, so I would definitely include that in my training.” Similar to Med Subject 2, who finds value in a number of different educational experiences and is happy to learn at least one thing from every experience, Singing Teacher 1 believes that every time you experience something, you take something from it. “I don’t think I could quantify if one was more important than the other or expand on something specific that has revolutionized my teaching per se.” Since teachers of singing prepare their students for performance experiences, they use their own experiences as part of their training.

Lack of Coursework in Teaching

While the above examples of training were important to the participants, some participants gave enlightening comments about training they did not receive. Singing

Teacher 3 said:

I feel like even if you're a vocal performance major, you should still have some kind of education training or educational class. I never had to take any kind of teaching class, so everything that I teach my students is either something that I read in a book...Or something that I saw in my own lessons or how I wish that my teachers would've approached something, or how they did approach something that was successful with me.

Taking this into consideration, voice pedagogy as a field and educational systems need to seriously consider what types of training is required of singers, especially in pedagogical content knowledge. Singing Teacher 3 also wished she had more training in different genres of singing, since she described her current teaching load as "99% contemporary, be that rock, jazz, pop, musical theater, especially musical theater, and like 1% classical." She said this was scary to her when she began teaching, especially since her college teacher was not supportive of her exploring jazz. She said it was hard for her to sing authentically in this style because no one taught her how and she had to work "twice as hard." This participant's experience is not unique and may reflect the educational landscape of voice pedagogy today. Likewise, many programs do not require acting, dance, or movement classes for singing teachers, something that Singing Teacher 4 found invaluable about her training.

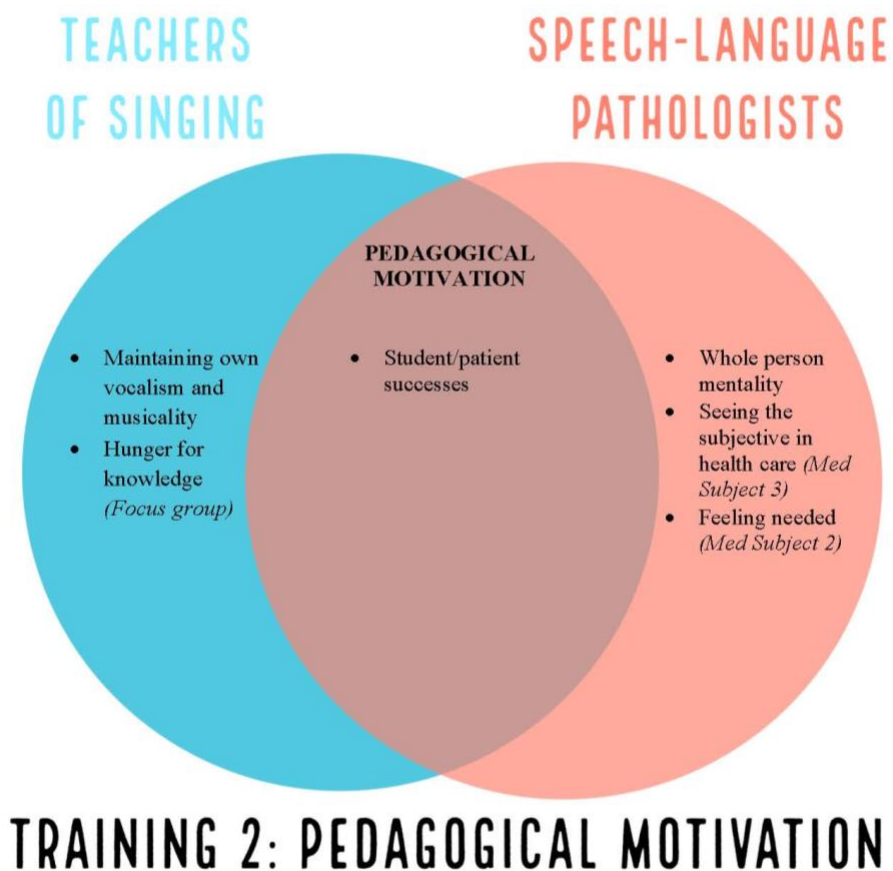


Figure 5.2. A Venn diagram representing “Training” theme 2: Pedagogical motivation. Similarities and differences between teachers of singing and speech-language pathologists.

Pedagogical Motivation

Similarities in Pedagogical Motivation Between the Fields

Student/Patient Successes

The participants in Phase 1 of the research were all highly motivated and passionate about working with the voice and with voice users as individuals, leading them to pursue training and expertise in voice-related fields. Primarily, each expressed a desire to help others and use their training to guide students and patients. Singing Teacher 2 described being part of a “cycle of gratitude towards one another,” that “makes it all

worth it.” Helping people is a main motivator for her, as it is for Singing Teacher 1, who said, “I love helping people grow. I love helping people, and this is going to sound really hokey, finding their voice. You know, helping them get to what they really are trying to say and helping them to discover the tools to be able to do that.” Each singer has a unique voice, according to Singing Teacher 4, which inspires her to keep coming back: “It’s never the same. No voice is ever, ever really truly like any other voice and every person is unique. And so, it’s always brand new. Even if you’re teaching the same song, it’s brand new every time.”

Dufault (2013) said something similar: “What makes teaching voice interesting is that each student walking into the studio is unique and has a different set of strengths and issues that need to be addressed” (p. 40). In Singing Teacher 4’s opinion, this also explains why many teachers of singing continue teaching past the expected retirement age. She said, “There [are] other students that are up-and-coming, that you’re really excited about, and their voices. And they’re working hard, and their voices are exciting and you’re getting a good rapport with them...It’s almost like a narcotic, you just, you think you’re going to be done and you get a new fix.” Singing Teacher 3 described this euphoric feeling as well, saying, “I think the main point of motivation that I get is, again, from having successful lessons. Whenever I have one that I felt like I really got through and they really had a breakthrough, I go home feeling like I’m on cloud nine.”

While the outcomes in voice medicine might be different, Med Subjects also expressed being motivated by the successes of voice users. For example, the biggest measure of success for Med Subject 2 is found in the physician’s follow-up visit when the vocal disorder has been reduced or eliminated. Med Subject 3 expressed something a

little more open-ended, saying “I put more stock in how the patient feels about the interaction, so that’s how I measure success, it’s patient-physician.” “Individualizing care” is important to this participant, who strives for “holistic success”:

Do I feel like I’ve really helped each individual patient that’s coming to my door? And whether that’s with surgery or not, and whether it’s I’ve given them a positive, “Okay, here’s what’s going on,” or whether the win is they have a better understanding, [or] they leave feeling like for the first time they’ve been listened to. That’s success.

Thus, the success of voice users is motivating to all eight of these participants, but the ways in which this plays out for each of them is unique, as will be discussed next.

Pedagogical Motivation in Med Subjects

Whole Person Mentality

About serving voice users as a “whole person,” Med Subject 3 said “I think you can’t help it but put yourself out there,” and he finds motivation in the “humanistic drive to make a difference” for voice users. This whole person mentality is what motivates Med Subject 4, as well as investing in the whole family of a voice user. She is motivated by the positive feedback she gets from families, successes they have during and after therapy with her, and the relationships she forms with them. This student-focused approach is, by definition, interpersonal as she views her success as it relates to the success of her students.

Seeing the Subjective in Health Care

Med Subject 3 expressed a unique motivation related to working in health care. According to him, addressing the subjective nature of the voice often goes against the

traditional model of maintaining objectivity in health care. Instead, he derives the most motivation from individual voice users and does not discount what is happening in their lives. He rejects practicing in a way that feels “hollow,” as many patients come with “life issues going on.”

Feeling Needed

In answering what motivated her to enter her line of work, Med Subject 2 said she chose speech-language pathology over her original desire to be a high school teacher because “People come to you because they need you, they want you, they need to know how to help themselves.” Again, this is an interpersonal motivation, as the dynamic between herself and the voice user was influential in pursuing this field.

Pedagogical Motivation in Teachers of Singing

Maintaining Own Vocalism and Musicality

Teachers of singing were highly motivated by maintaining or improving their own vocalism. Singing Teacher 4 began teaching as a side career to her performing, but noticed improvements to her own voice as a result of teaching others. Singing Teacher 3 strives to maintain her own vocalism, even when it is difficult to fit into her schedule, because she said, “When I do that and maintain my own vocal health, that motivates me to express that to others.” She also said that teaching itself is like a performance, for which she needs to be vocally and mentally prepared. Each of the teachers of singing are also regular performers in opera, art song, musical theatre, jazz, and other CCM styles in local, and some national and international, settings.

Teachers of singing are all singers themselves, unlike speech-language pathologists and voice doctors who most likely do not have the medical concerns or diagnoses through which they are helping patients work. For example, a speech-language pathologist may help someone with a stutter, having no personal experience with it themselves, but a teacher of singing has personal experience with singing. About this, Singing Teacher 3 said, “I always loved singing and I always loved music and for a long time, maybe without even realizing it, that was like the main way I could express my emotions without feeling like maybe I was being too much or too dramatic.” She went on to say, “To be cliché, I feel like music is always going to understand you and it’s always going to give you a space to have a platform to speak on really any subject. I mean, there are songs about everything under the sun.” She allowed this to guide her, even when she was encouraged to pick a career other than the arts, because it was something that spoke to her and continues to do so. Singing Teacher 1 said, “Singing lessons are life lessons and I think that’s really important.” The love of singing and music is a motivating value of teachers of singing specifically.

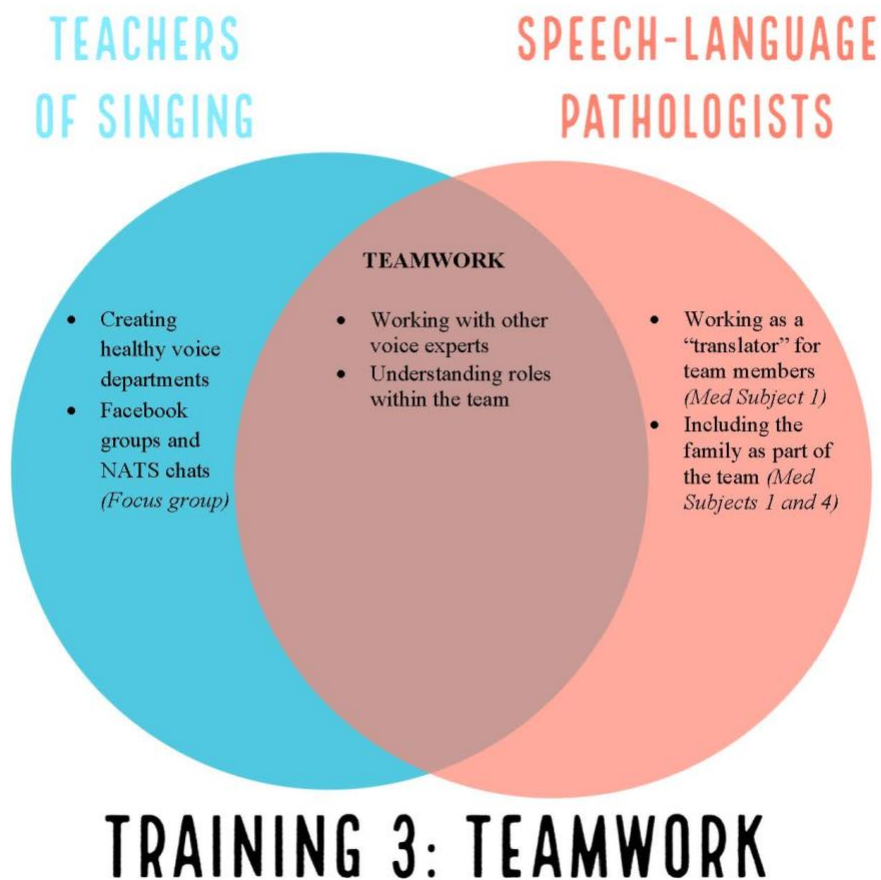


Figure 5.3. A Venn diagram representing “Training” theme 3: Teamwork. Similarities and differences between teachers of singing and speech-language pathologists.

Teamwork

Similarities in Teamwork Between the Fields

Working with Other Voice Experts

One recurring theme in the qualitative interviews was the importance of teamwork. Many participants stated that a voice team comprised of many individuals was invaluable, as was encouraging voice users to rely on a community of support. This aligns with much of the research, including what Scott McCoy wrote in his 2013 editorial in the *Journal of Singing*, “Teamwork.” He said, “In most cases, a whole cast of players

stands alongside every successful singer, each playing a different role” (p. 297).

According to McCoy, this cast includes classroom teachers, diction teachers, language instructors, vocal coaches, opera and musical directors, choral directors, drama coaches, and more. The voice team is expanded even further when collaboration with speech-language pathologists and voice doctors occurs.

One desired outcome of this research is to strengthen the bonds between voice professionals in order to best serve voice users. An interpersonal skill that was found in both voice pedagogy and speech-language pathology during the qualitative interviews was that of working with other experts in voice fields. Strong relationships between teachers of singing, speech-language pathologists, otolaryngologists, and others lead to better networks that help voice users. Thus, teamwork was a common theme among interview participants. Med Subject 2 said singing teachers and speech-language pathologists who work with the voice “complement each other,” “help each other,” and communicate back and forth about goals for voice users. Med Subject 2 approaches team members with respect, while also ensuring that voice users are being served. She said, “It’s important to communicate with the singing teacher and give positive feedback, because you don’t want the teacher to think this was their fault.” She expressed that many teachers of singing are concerned that their students need therapy because of their teaching techniques. She assuages this fear and is supportive of both the teacher and the student.

Med Subject 1 agreed, saying that many teachers feel like a horrible teacher or like they are to blame, but works to deconstruct that mindset:

Teachers of singing [are] going to have a voice problem, statistically speaking, we know that from the literature. So why don't we talk about that and deconstruct it? Because the vocal load you're going to have exceeds human capacity. If we're stuck on technique equals vocal problem, we can't get past shame in voices. And so I think we've got a lot of work to understand that complexity, but I think it kind of starts with deconstructing that it might be more complicated than just technique. Or maybe as a teacher you're not responsible for that voice issue.

By deconstructing some of the barriers between professionals in singing and medical fields, voice experts can cooperate without fear and voice users can receive more comprehensive care. Med Subject 1 also said, "I do think it's really important for teachers of singing to observe voice therapy, because I think the more you know about something, the more you can explain it in a way that helps us navigate each other's worlds." She is not sure what the right interval is, but encourages immersion across fields for voice experts on both sides.

As shown in the research, the voice users benefit from these collaborative efforts between voice professionals (Boone, 2020; Cooper-Duffy & Eaker, 2007; LaFrance et al., 2019; Stemple, 2020; Tsakitzidis, 2015). In addition to the interprofessional collaborative practices already listed, professionals may also help voice users through recommendations and outsourcing. Med Subject 1 said she will occasionally recommend a singing studio to a patient "once the rehabilitation part is worked out and we're on to habilitation, so habituation." Finding a "technical person," as she calls it, should be based on "genre, goals, and personality type."

Understanding Roles within the Team

In working in multidisciplinary teams, it is important that each member of the team knows their role and addresses only the vocal concerns for which they were trained to treat. Overstepping not only weakens trust within the voice team, but has the potential to be dangerous to the voice user. Med Subject 2 warns against vocal coaches who advertise the ability to treat nodules, lesions, and other vocal cord dysfunctions. According to her, it is “unethical” to attempt to treat medical conditions without an ENT or voice therapist. It is the responsibility of the singing teacher to recommend medical help to voice users in need, rather than treat them. Singing Teacher 1 agreed, saying, “I am not in the business of diagnosing vocal injuries, but I sure need to know when I hear one so I can help that student get the help, the assistance, and the support that he or she needs.” Collaboration and communication can start when members of the team are clear on their roles.

Singing Teacher 1 also said that voice doctors can understand the role singing can play in therapy, giving semi-occluded vocal tract (SOVT) exercises as an example of a sung technique used in therapy. Singing Teacher 4 referenced some of her own vocal medical treatment, as she was able to see both sides of voice care when undergoing treatment. She said, “I can definitely attest to the speech pathologist and doctors that have musical language or have that sense of the voice and how we use it as vocalists as hugely important. I was very lucky that my speech pathologist was a singer.” Med Subject 4 expressed a desire to know more about the voice, especially when she sees young students abusing their vocal folds, but cannot treat them because it does not impair them educationally, a parameter of her school practice. She admitted that sometimes she has to

do research on the internet because voice was a less-covered area in her formal training. Med Subject 1 said training programs are now working to lessen such learning gaps about the voice in speech-language pathologists and therapists.

Singing Teacher 3 and Med Subject 1 gave credit to a Performing Arts Medicine Association (PAMA) certification course, which aimed to better serve students and clients through teamwork practices. In the course, doctors were educated on the singing voice and teachers of singing were educated on how to work with the medical field. More frequent use of comprehensive and multidisciplinary voice training has the potential to influence all voice experts, and positively impact voice users as a result. To summarize, Med Subject 1 said, “A lot of laryngologists have not taken the time to go observe singing teachers, whether it’s in a group setting or an individual setting. And if they have, maybe it’s once during training, if they don’t identify as a singer. Which I would say is insufficient.” Experts in these fields need to work to alleviate this gap.

When experts in the fields of voice pedagogy, speech-language pathology, voice therapy, and voice medicine know one another and work well together, voice users can have their needs met in a variety of ways, whether it is therapy, recovery, rehabilitation, habilitation, or habituation. Med Subject 1 supports “flat-hierarchy collaborative” relationships in which each member of the team has a say in the process and goals for a voice user, especially the voice user themselves.

Teamwork in Med Subjects

Working as a “Translator” for Team Members

Interpersonal skills are needed to create open communication and teamwork in speech-language pathology, voice therapy, and voice medicine, as Med Subject 3, pointed out:

Because we don't take care of people in isolation and in a vacuum, we need whole groups of other experts to assist us with that. We also need to be able to have good interpersonal skills with other physicians, other healthcare professionals, be it nursing staff, care techs, you name it, and even down to the people who are getting the ORs [operating rooms] ready, people in environmental, so those skills are absolutely essential.

Med Subject 2 only sees patients who have already been seen by “an ENT or a laryngologist or a pulmonologist,” so communication between the medical field and the therapy field is imperative. This was corroborated by Med Subject 1, who gave two lists of people involved, including “patients, their family members, our nursing staff, our medical assistants, referring to speech pathologists, community voice teachers, and other health-care providers that are involved in voice care” as well as, “a director or singing teacher, the patient, the speech pathologist, the surgeon, primary care doctor, a pulmonologist to get the asthma under control, and someone else to get a different birth control pill [as an example]...or student health.”

These are examples of the wide range of people involved in working on the voice and, in many cases, the voice expert has professional relationships with all of them. The “collaborative nature” of the work is very motivating to Med Subject 1. She also enjoys functioning as a translator or “go-between” for voice users and other members of the voice team, something commonly expected of voice experts according to Rosen et al. (1993).

Including the Family as Part of the Team

Many voice experts go to colleagues with questions when working on a challenging case, such as Med Subject 4, who consults with speech-language pathologists who work in her building and the district, or even a doctor on occasion. But distinctively, this participant also involves the family as part of the team, something common in speech-language pathology (Braden et al., 2018; Cooper-Duffy & Eaker, 2017; Geller & Folley, 2009; Hidecker et al., 2009; Mandak et al., 2020). She has parents or guardians fill out an early childhood parent questionnaire to list “birth history, developmental milestones, medical history, sleep, behavior” and all types of information “up until the time that they bring them in.” She wants to include the family as much as possible and encourages families in the therapy room “because then they saw exactly how I prompted or coached or cued, and then they could do that at home.” She makes progress quickly because of the collaboration with families and has continued to consult with parents despite COVID-19 restrictions on in-person participation by connecting with them outdoors in the parking lot. Utilizing parents as part of the team has benefits to her as the voice expert, as well as the students in her care.

Teamwork in Singing Teachers

Creating Healthy Voice Departments

Collaboration is common in voice pedagogy, too. Singing Teacher 2 benefitted from “observing other colleagues and professionals giving praise in meaningful ways,” while Singing Teacher 4 enlisted all of her colleagues for help when working with a student who had trouble matching pitch. This is also how she developed her own teaching

style, saying she reflected on “different teachers and their styles,” kept in mind what she thought they did well and what she thought she’d do differently. She, like many other teachers of singing, learned a lot from observing other teachers, saying it is “eye-opening to see how other people teach.” In working with both colleagues and students, this participant thinks that healthy voice departments exist when there is clear communication. For example, if a student wants to change teachers, she makes students communicate those desires directly to the teachers involved. Voice departments at larger institutions function best when instructional policies are consistent from teacher to teacher, and all are held to a standard of professionalism (Ballard, 2001).

Phase 1 Training Conclusions

The three important themes related to trained interpersonal skills that emerged in Phase 1 were types of training, pedagogical motivation, and teamwork. There were similarities in the types of training of the interview participants, including their pursuit of continued education, and some differences related to career paths and certification, such as types of pedagogical content knowledge and the distinction between specializing in one or two discipline areas and being versed in several discipline areas. The participants gave different personal and professional motivators related to their fields, and these unique differences will be further explored in Phase 2. Finally, collaborating with others in voice related fields was important to all the Phase 1 participants. All these topics will be important to keep in mind when discussing the use of interpersonal skills in the next chapter, as training prepares voice experts to implement such skills. The next chapter will conclude the qualitative findings of Phase 1.

CHAPTER 6: QUALITATIVE RESULTS – USE OF INTERPERSONAL SKILLS

As a continuation of the qualitative results, this chapter will present the use of interpersonal skills by voice experts. As a continuation of Phase 1, the following themes were used to categorize the data: (1) verbal communication and feedback, (2) non-verbal communication and listening skills, (3) goal setting and decision-making, (4) teaching techniques, (5) research-based practices, and (6) professional demands. These themes are discussed through the lens of the interview participants, concentrating on the qualitative data results in relation to shared and disparate use of skills by teachers of singing and speech-language pathologists and otolaryngologists. These six themes represented similarities and differences, as displayed in “Use” Venn diagrams: Figure 6.1, Figure 6.2, Figure 6.3, Figure 6.4, Figure 6.5, and Figure 6.6. These Venn diagrams summarize the qualitative comments made within these three themes based on similarities and differences, citing specific participants when appropriate. After this summary, the qualitative narrative for each theme further describes the findings.

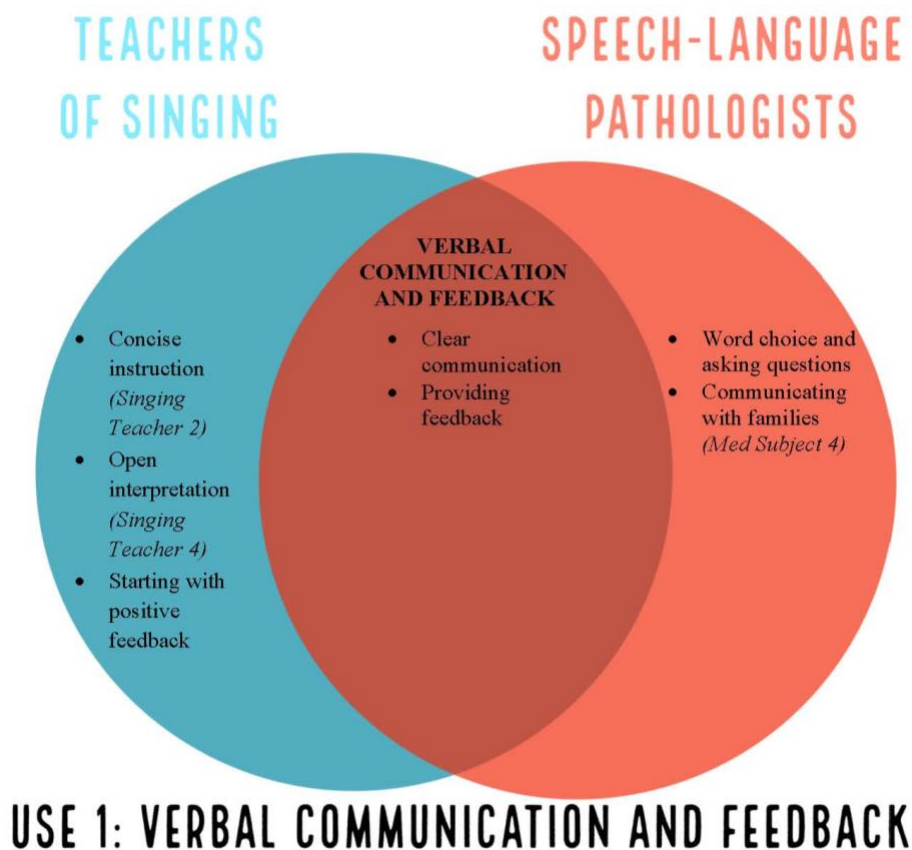


Figure 6.1. A Venn diagram representing “Use” theme 1: Verbal communication and feedback. Similarities and differences between teachers of singing and speech-language pathologists.

Verbal Communication and Feedback

Similarities in Verbal Communication and Feedback Between the Fields

Clear Communication

Both voice pedagogy and speech-language pathology are communication-related fields. Med Subject 1 said, “We work in the communication business, singing is a form of communication.” Thus, she aims to communicate “concepts appropriately, to the point of deconstructing shame,” to “make sure that people feel whole, and they’re empowered when they leave.” Likewise, when asked about necessary interpersonal skills in her line of work, Med Subject 4 listed communication, saying “I’m just constantly

communicating.” Thus, many participants commented on the importance of strong verbal communication and preferred avenues of providing feedback.

Med Subject 1 uses small talk to better understand both the physical and psychological “place” that the voice user is in on any given day. “Every moment they’re essentially being identified with their preferred pronouns and name, they’re asked specifically about their story without interruption, they’re able to articulate their goals, we have discussions of how realistic that is or not, there’s a lot of positive encouragement,” she said of her very dynamic exams. Additionally, she uses a model of shared decision-making when communicating with voice users. Med Subject 2 does this as well, describing herself as having good “customer service” when working with both voice users and doctors, a term used by Singing Teacher 3 as well. Singing Teacher 3 also found herself using more small talk during the COVID-19 pandemic to connect with her students, while Singing Teacher 2 gave her students more opportunities to communicate with her via call or text.

Providing Feedback

The balance between praise and critique while providing feedback was a common theme among participants in both groups. Due to her sensitivity and that of her students, Singing Teacher 3 expressed her avoidance of negative criticism, while still giving them honest feedback. Singing Teacher 1 reframes the critique paradigm by giving students responsibility over their own growth. She said:

I think critique can be used in a very strategic way to empower a student and that if you keep addressing the fact that this is their choice to make that they are the ones who are doing the work and that they are developing a skill set and a toolbox for their own future performances that it's received a lot more openly than if it were just a "you need to fix this."

This type of feedback is beneficial to creating independent and confident singers.

The voice medicine participants also provided many helpful insights into how they provide feedback and encouragement to voice users. Med Subject 1 said:

My examination is completely dependent on effort, and so I coach all the time during my examination. And I also prompt for feedback: How did that feel? Does that feel different than when you vocalized before the spray? Does that feel different with a scope in? And how did that feel? Was that easy? Try this. I noticed you didn't breathe first, breathe again.

These are just a few examples of the many ways in which feedback is an on-going conversation between her and the voice user.

Med Subject 4, similar to the singing teacher participants, also addressed the fine line between encouragement and critique. It can be difficult to balance when working with students that frustrate easily. She said, "If they struggle to perform a skill and I correct numerous times and I see frustration happening, then we might just stop with that skill or switch things up just a little bit," while "constantly giving praise so that they get that immediate feedback." Praise is used as encouragement with her younger voice students, to "ensure the continuing use of that correct skill," according to this participant. She also provided a practical type of correction when working with students with apraxia who "front sounds": "So, if the goal is for them to produce a /k/, a hard C, or a /g/ sound, it's in the back, but they front it, so they replace it with a /t/ or a /d/. So, "car" might be "tar" or "go" might be "dough." So, a correction would be, 'Okay, try again, keep your tongue down,' and so that's how I would use correction." Correction can be done in a

way that still builds self-confidence in the student, according to this participant, who does “lots of praise and encouragement.”

The balance between praise and constructive critique is a concern for many voice experts. However, it may also be important to consider *what* to praise in students, according to Frey-Monell (2010), who uses growth mindset and incremental belief to make learning a “life-long quest.” She wrote, according to this theory, that “teachers who offer praise for their students’ efforts in the practice room and in the studio will foster motivation that will have a greater lasting effect than simply praising students for their talent and ability” (p. 148). The balance between giving feedback and allowing the student to talk is delicate, but teachers and students with good rapport find communication styles that work best for them (Dufault, 2013, p. 39).

Verbal Communication and Feedback in Med Subjects

Word Choice and Asking Questions

In the voice medicine field, even the smallest of words can make a difference, as expressed by Med Subject 1 who uses inclusive language, such as “I look forward to working *with* you in whatever way you feel comfortable.” She involves the patient in the way she communicates, asking questions such as “Did we get it right? Am I understanding you correctly? How is that exam for you? What was it like seeing your instrument for the first time? Do you feel comfortable with the diagnosis? Do you understand what that means for you?” This was also expressed by Med Subject 2, who thoroughly goes over results with voice users in her care:

I also go over their medical diagnosis and say, “Did the doctor explain vocal cord dysfunction to you? Did the doctor explain muscle tension dysphonia? Do you have any questions?” Of course, the doctor explained it, but it’s my job to make sure their concerns [are heard], that they’re not worried about their diagnosis, that something can be done and that they can reach their goals.

It is imperative the lines of communication are kept open and voice users are given a chance to express themselves, ask questions, and ultimately have a say in their own vocal development. Med Subject 2 also indicated using “active coaching,” saying things like, “You know this can be done, I’m on your team, I know this is really hard, how can we tweak it to make it easier for you?” This participant, though she provides assignments in every session, avoids the word “homework” for adult clients to show them her respect. This word choice is another way in which her verbal communication and feedback encourages voice users. Language is also important to Med Subject 3, who specifically uses “patient” over the word “client” because it demands more respect for their vulnerability.

Communicating with Families

Med Subject 4 communicates with both voice users and their families, often using different skills with children than with their parents. For example, she mentioned coaching the parents more than the children, but no matter the interaction, she is always encouraging, listening, and building rapport. Many interpersonal skills intersect with one another, such as verbal communication and building rapport. Listening is often considered a non-verbal skill, which will be discussed in the next theme.

Verbal Communication and Feedback in Singing Teachers

Concise Instruction

Singing Teacher 1 said, “I am a big proponent of honesty and transparency and learning how to communicate honestly in a respectful way to others,” while Singing Teacher 2 highlighted the importance of having a number of “soft skills,” such as communication and time management. Specific skills that Singing Teacher 2 uses, crediting her choral conducting experience, include saying an instruction “in seven words or less,” being “aware of everything that I present [as] something that they’re going to give back to me,” and other choral rehearsal techniques that she applies to solo singers. This focused manner of communication is beneficial to her when working with voice users.

Open Interpretation

Singing Teacher 4 expressed being open and responsive to the language choices of her students. “No matter what they say, you have to really hear what they’re saying, and then kind of empathize with them and respond in such a way that can keep the communication flow open,” because, according to this participant, singing is so personal. She also tells students that “there’s never a wrong answer.” She allows them to describe their singing in their own words since everyone “interprets things differently.” In this way, she learns the student’s language, benefitting both the student and her as the teacher.

Starting with Positive Feedback

Singing Teacher 4 uses the student's perspective to engage with them, but also to help them be reflective. This plays a large role in how she provides feedback. As she said, "I always start with positive comments, always, and then after that, go into the criticism, because then at least they are receiving the criticism in a good place." She will also allow students to first express what they took away from a singing experience, since students are often more critical of themselves than she is of them. This manner of feedback is a helpful example of how verbal communication can strengthen interpersonal skills and correlates with something said by Singing Teacher 1:

I tell new students that they need to be with a teacher that is going to respect their abilities but challenge them to get better, and I don't find a lot of benefit in empty praise...And I think students know when it's empty or when it's meaningful. But on the flipside of that, I try to couch criticism for improvement in a positive light, you know, "80% of this was great, we need to work on this 20% though," which I don't call praise, but I do call affirmation of what they were able to accomplish. But then acknowledging that it wasn't flawless and then, here, we need to fix this.

Singing Teacher 3 uses a similar method, affirming what went well and then giving them solutions for what went wrong. Singing Teacher 2 shares a similar philosophy. She focuses on providing suggestions for improvement, rarely uses negative criticism, and is currently working to be better at providing praise, as she's not used it much in the past.

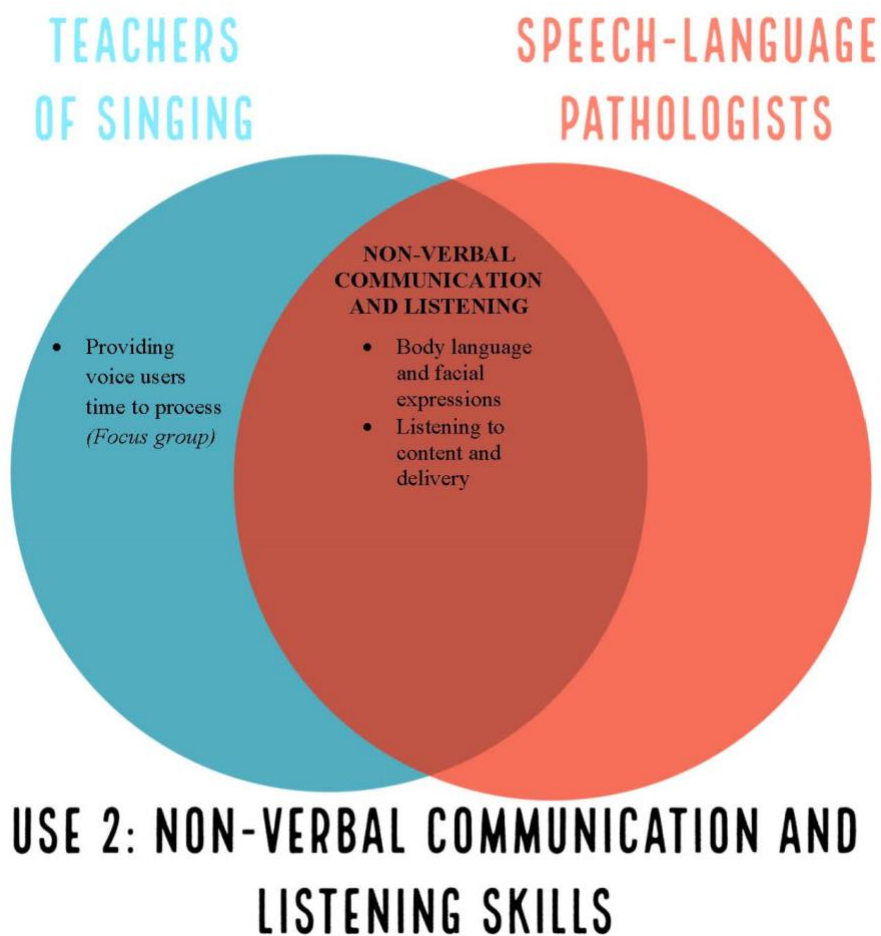


Figure 6.2. A Venn diagram representing “Use” theme 2: Non-verbal communication and listening skills. Similarities and differences between teachers of singing and speech-language pathologists.

Non-Verbal Communication and Listening Skills

Similarities in Non-Verbal Communication and Listening Skills Between the Fields

Body Language and Facial Expressions

Non-verbal communication, though found in the literature in the fields of voice pedagogy and speech-language pathology (Awan, 2001; Dufault, 2013), was less discussed than verbal communication by these participants. Med Subject 1 did say, “We’re very careful about body language, we don’t type or look at records during the exam, we are face forward at the patient, eye-level so we’re not standing up on them or

down to them, we raise their chair, so they're eye-level with us during the exam." She described the posture she takes when communicating with voice users to ensure they have her attention, including remaining seated while they ask questions, not having her hand on the door or acting like she is ready to leave, and providing a written confirmation of the visit with "any action items" to prevent voice users from being distracted or feeling like they need to take notes during the session. In her practice, there is a nurse who transcribes the visit. Additionally, she pays attention to what her clothing communicates to voice users, as she wants them to feel comfortable with her. Singing Teacher 4 talked about facial expressions and what they communicate to the singer. She said, "I try to look encouraging and positive," and, "I have to keep looking like I am inquisitive" when listening to students singing, keeping the face and body language free of judgement.

Listening to Content and Delivery

However, listening was mentioned frequently as a necessary interpersonal skill. Specifically, Med Subject 1 said, "Listening is really key, not only, again, to content, but for us, delivery." She listens to word choice and makes sure "they're receiving communication in a way that is relating to a goal of shared understanding in the situation." Sometimes, this involves allowing space for silence or room for the voice user's concerns as they arise, "paying attention to the voids as well as the content," and allowing them to express fears and understand expectations. Being an attentive and responsive listener is how this participant continues to encourage and support the voice user. This aligns with how speech-language pathologists are trained, as "it is important for speech-language pathologists to learn to separate out the multiple meanings of

parents' (or clients') messages. That is, factual material gets differentiated from emotional and affective material" (Geller & Foley, 2009, p. 10).

Med Subject 2 also uses listening skills, and she is methodical in the way she takes notes. She not only writes down assignments that they are to be working on, but also subjective factors, such as how they're feeling and what is going on in their lives. She knows that personal events can affect the voice, so she listens to patients, reviews notes taken in each session, and then asks patients questions the following week. This type of active listening allows her to build interpersonal bonds with her patients.

This theme also came up in the comments from singing teacher participants. While teachers of singing are required to listen to students' voices (intonation, tone, musicality, etc.) and to spend lesson time working on their singing, they also expressed the importance of listening to what is said and expressed. The comments of Singing Teacher 1 were quite similar to those of Med Subject 1. Singing Teacher 1 said, "You have to be able to listen and be able to reflect back to the other person in the communication loop what you're hearing." She strives to cross any boundaries in communication through listening, empathy, and discerning subtext, "especially with singers of the collegiate age," since "what's being said is not always what's being intended." This often requires diligence on the part of the teacher and intuition was a skill mentioned by Singing Teachers 1 and 2. The ability to intuit or interpret the subtext within a conversation allows for deeper conversations, and thus learning, to occur. Singing Teacher 4 gave four main interpersonal skills: listening, empathy, knowledge, and curiosity (also mentioned by Singing Teacher 2). It is likely that many teachers of singing use these four in tandem with one another.

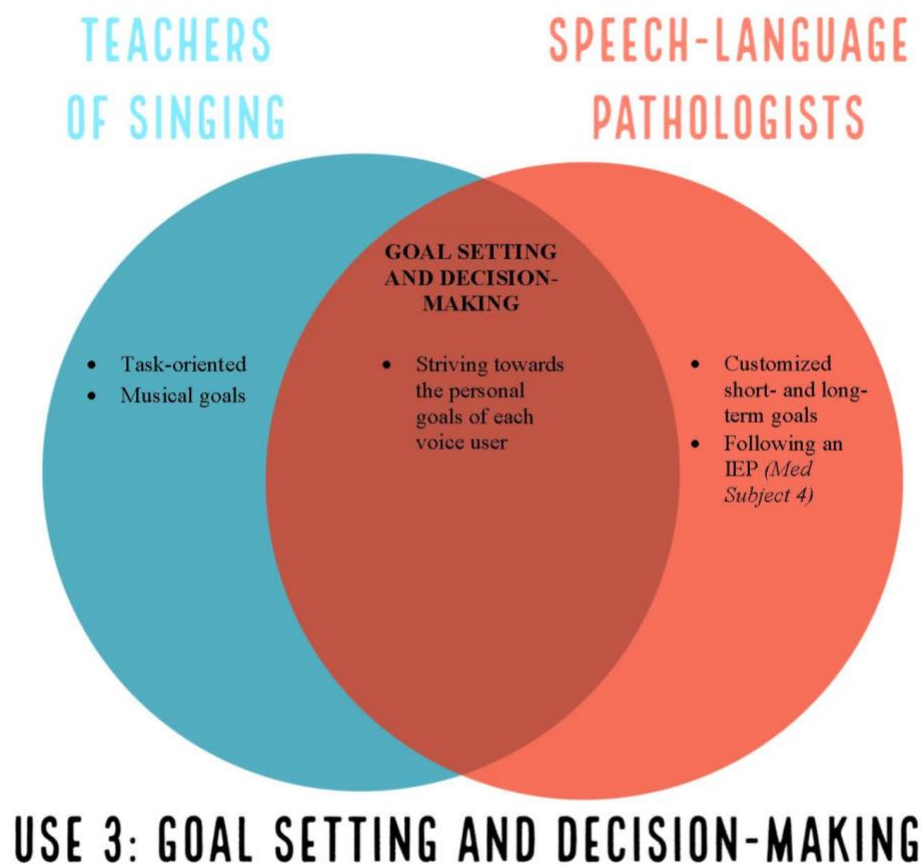


Figure 6.3. A Venn diagram representing “Use” theme 3: Goal setting and decision-making. Similarities and differences between teachers of singing and speech-language pathologists.

Goal Setting and Decision-Making

Similarities in Goal Setting and Decision-Making Between the Fields

Striving Towards the Personal Goals of Each Voice User

Both goal setting and decision-making are part of the everyday interactions between voice experts and voice users, as mentioned in part throughout some of the other themes. The ability to discuss goals and make decisions often happens as a result of other skills, including relationship-building, creating a safe environment, using verbal and non-verbal types of communication, and listening. Once rapport and trust are built, the process for setting and achieving goals can begin.

Many participants indicated that the goals set by students are more important than the goals set by the voice expert, and thus, success depends on reaching these personal goals. This is a good thing, according to Frey-Monell (2010), who wrote that if “students’ accomplishments are based on their own goals, retention and success should result” (p. 223). These goals are as unique and multifaceted as the voice users who make them and should be taken into account with each voice user. “Equal talent does not mean equal goals” (Cady, 1965, p. 19). Important to Med Subject 1 is this idea of shared decision-making. This often involves a team of experts, as previously discussed, but always revolves around the patient. She said, “The goals for treatment are totally dependent on the patient, tempered with realism about what we as surgeons and otolaryngologists can reasonably provide with partnership. And that’s patient partnership and then partnership with speech pathologists.”

Goal Setting with Med Subjects

Customized Short- and Long-Term Goals

In voice medicine, both short-term and long-term goals can be set after determining patient needs. Med Subject 1 said, “Typically, there’s a short-term goal for us because people are coming in because they are worried. The short-term goal is the lead goal typically, it’s the Band-Aid, the crutch, or the triage appointment.” From there, “the regular visits are unpackaging visits,” giving both the voice user and the expert an opportunity to analyze what led to this point. Next, each participant continues to make decisions that reflect career goals and preferred outcomes, reassessing when necessary. She will ask patients, “Do we still have the right goal? Did we pick the right journey to get there? It seems like this isn’t feasible, so do we need to switch goals? Or do we need

to switch gears to get to the goal?” Success and satisfaction are obtainable by keeping the patient at the center of all outcomes. To summarize, she said, “The success is really defined by the person we serve, and I think we have a healthy conversation about whether that’s a reasonable goal or not and what our role in that goal is.” This sentiment was echoed by Med Subject 3, who said “Goals have to have the filter of what is realistically possible in the amount of time we have and with the circumstances surrounding the patient.” He also said, “It’s not a one-size-fits-all plan.”

Med Subject 2 has a similar philosophy, putting the voice user at the middle of the goal-setting process and giving them the opportunity to first name their own goals, using prompting questions and then setting short- and long-term goals customized to the voice user. Much like Med Subject 3, Med Subject 2 said there are no “cookie-cutter” goals, but gave the following as examples: “A short-term goal would be the patient will use amplification with correct technique. [A] long-term goal would be this patient will exhibit a voice quality, effective communication skills, and singing skills, within normal limits, with no signs or symptoms of a vocal pathology.” These goals are specific, measurable, and personalized to each voice user in order that voice users buy into the process, according to Med Subject 2. She audio records voice users before, during, and after therapy for feedback and to confirm their progress. Thus, she uses the initial evaluation to determine both the voice user’s goals and the doctor’s goals and then begins each session with: “How are you today? How is your voice? What’s new? What’s different? Is your voice better, different, no change, or worse?” and she lets voice users know it is okay if their voice is worse. Med Subject 3 called the treatment plan “an

overall construct and general direction that we want to head in, and goals may be more of ways that we use to get there.”

Following an IEP

Goal setting and decision-making can look different in school settings, as expressed by Med Subject 4. She sees students who are verified as needing voice therapy through a formal process. She also does an informal sound inventory with the same 60 words throughout therapy. She keeps track of how sounds are “coming into place or emerging,” while always writing notes about their level of independence. The students she sees all have an Individualized Education Plan (IEP), so she uses long-term goals and objectives to help students progress in accordance with the plan. Then professionally, she meets the goals set by the district based on what is relevant to her position, giving something for her to work towards and track during the year. Furthermore, she sees her own success as related to that of her students. She said, “If they’re not getting it, then I’m thinking, ‘Well I must try something new or different, talk to someone else and see if they have any tricks that work.’” She measures their understanding based on “how much prompting is needed,” whether that is a verbal or a visual prompt, such as a flashcard.

Goal Setting with Singing Teachers

Task-Oriented

The singing teacher participants were equally as interested in setting goals and measuring success in themselves and students. Singing Teacher 1 has certain goals written into her syllabus, such as “having a greater understanding of the vocal instrument

and how to affect change in that instrument,” demonstrating professionalism, and having “a greater self-awareness” as singers. In fact, she describes developing self-efficacy and responsibility as a “group effort,” allowing them to “take ownership of their lessons” by asking them to schedule a plan for each lesson to meet midterm and final goals. This, “gives them ownership over the lesson,” and makes the year “a little less demanding because they’re able to tailor their lesson schedule around other obligations they have, like major papers and exams. So, it manages some anxiety a little bit.”

This approach is backed by research that supports allowing voice users control over their own outcomes and fostering independence (Dufault, 2013, p. 38). Frey-Monell (2013) said, “A fundamental goal of the college applied music instructor is to encourage students to become independent learners, and ultimately, independent musicians” (p. 222). Furthermore, “students do indeed learn better if they are a part of the process by which they will be assessed” (Frey-Monell, 2013, p. 226). Singing Teacher 1 believes this, allowing students to be responsible for their own motivation and practice habits.

Singing Teacher 3 takes steps to help students think reflectively about their singing without being unreasonably hard on themselves. As a reminder, she and Singing Teacher 1 both stop students when they apologize unnecessarily. Similarly, Singing Teacher 3 will often stop students when they make faces or comments that are not productive. In lessons, she addresses insecurities, self-deprecation, stage fright, and looking within. She expressed some changes to her students’ “determination and drive” as a result of COVID-19 and looks for performance opportunities as something towards which her students could work. Singing Teacher 4 addresses perfectionism and the dangers of pursuing unrealistic expectations. Despite being a “taskmaster,” as she calls

herself, she assures students that the goal is not to sing perfectly every time, but to measure success by more concrete goals, such as completing a performance, maintaining breath through a song, or simply making progress on a song. However, the idea of being a “taskmaster” is not necessarily bad, as “warm, demanding academic taskmasters” can be motivating to students (Gay, 2010, p. 75, as cited in Cannon & Luckner, 2016, p. 96).

Musical Goals

Musical goals are often the primary type of goals addressed in the lesson studio. Singing Teacher 1 spoke to the importance of personalized goals and including students in the goal-setting process. She said, “When I meet a student for the first time, I always ask them what the dream is, you know, ‘What do you want to do when you walk out the door?’ And that sort of defines the long-term goal for us and then we talk about what steps we need to take to get there.” This is similar to how Singing Teacher 3 begins with students, as she uses long-term goals such as singing karaoke or auditioning for musicals, to know where “to project the lessons to.” Likewise, Singing Teacher 4 takes her goals from what they tell her they want. Helping students prepare for auditions for musicals, operas, choirs, and other performing ensembles is part of this participant’s role as a teacher. After the audition, she also helps them reflect on the experience, asking them “What did you do well? What did you not do well? What can we work on?” Her process is slightly different for collegiate students being graded on voice lessons, using more of a timeline-based method.

Regarding short-term goals, Singing Teacher 1 said, “Short term goals can be as easy as...you need to observe this thing for the next month and focus on that and reflect

on that.” However, she also said there are some goals she keeps to herself until after the goal is achieved because she doesn’t “want them to get wrapped up in the minutia of trying to achieve that goal.” Singing Teacher 3 also withholds goals or desired outcomes at times, saying, “I won’t always share that with them because I don’t want to make them feel like they’re not good enough to try it now,” or think something is wrong with them. In this way, these teachers of singing are not lying, but rather preventing students from being overwhelmed by the breadth and variety of different vocal goals.

In regard to measuring success, teachers of singing had a variety of responses. Singing Teacher 2 said, “It’s interesting because I’ve been doing so much work on white supremacy and just now thinking about how that word is entangled in some ways. I mean I think success is totally individualized for me at this point in my life and hopefully will become more so.” In order to be individualized, she sets goals based on “the next step for that person and their path or their goals.” As an example, she spoke about a student who made it to the semi-final round of national NATS, to whom she said, “You could just walk in there and stand there and not sing for eight minutes, and I would be so proud of you still.” Singing Teacher 2 went on to say, “To me, it’s never about the competition stuff, it’s about what is that person’s goal and how can I help them get to it? And same for me, what really is my goal and why, and then how am I getting there?”

Singing Teacher 3 measures success by students’ progress, saying it is “reassuring and affirming” to see where a student used to be and where they are now. She strives for that feeling of accomplishment in her students, as well as herself, by tracking these changes. She gave the following as examples: “Have we expanded their range at all? Do they have better ear training than they used to? Are they able to read the music off of the

sheet music? Are they able to understand the language that I'm using – legato, staccato, you know, eighth note rest? Can they get a grasp on the language and use it to their advantage?" She expresses pride when a student "levels up" in an aspect of their singing. This pride is another interpersonal aspect of singing lessons that may be prevalent throughout the field.

Finally, just as Med Subject 2 explained the success of having a patient return to their doctor after resolving their medical concern, Singer Teacher 4 also finds other professionals' feedback beneficial, specifically choir directors. As she gives lessons to singers who belong to choirs, she said, "I really measure my success from the choir directors telling me how much better their choirs sound." As previously discussed, corroboration and collaboration are often a result of teamwork.

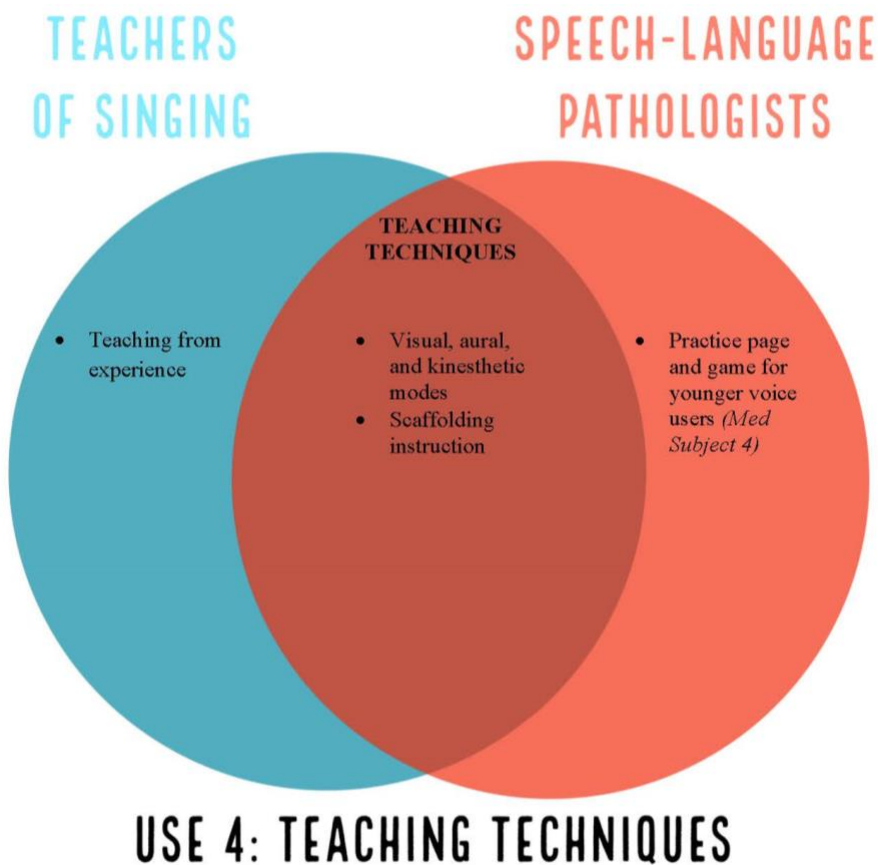


Figure 6.4. A Venn diagram representing “Use” theme 4: Teaching techniques. Similarities and differences between teachers of singing and speech-language pathologists.

Teaching Techniques

Similarities in Teaching Techniques Between the Fields

Visual, Aural, and Kinesthetic Modes

One prominent way in which both teachers of singing and those in the fields of speech-language pathology, voice therapy, and otolaryngology tailor their interactions with voice users is through a knowledge of teaching and learning techniques. A common technique is the use of three modes: visual, aural, and kinesthetic. There are some different approaches to determining which mode or modes works best for a voice user. For example, Med Subject 1 will simply ask patients how they prefer to learn and will

often help them switch into their preferred mode. For instance, if a kinesthetic learner is too fixated on a visual, she'll have them get up and do "body work type stuff," to show that the voice is not just "a picture of the voice box," but that it's "the whole body." She said, "It's the lungs, the voice box, and the sinuses, and if they can feel different movements that inform them that that's their truth, then they can stop looking at the picture."

Med Subject 2 said she uses auditory, visual, and kinesthetic techniques, and is careful not to let her own preferred learning style influence how she approaches diverse voice users. She said, "ideally you would combine all three [modes], but you also need to know how that patient learns." She asks them about ear training or keyboard skills and then uses techniques such as having them record on their phones, giving them handouts, and being "aware of what they're feeling and where they're feeling it." Through this, Med Subject 2 gives multiple approaches to learning, while Med Subject 4, as previously discussed, does not ask young voice users what approach they prefer, but gives them ample opportunity to try all three.

Similar to Med Subject 4, Singing Teacher 1 finds that sometimes voice users do not know which mode(s) they prefer. She said, "I pretty quickly identify if my students are auditory, visual, or kinesthetic, and most of the time they don't know that about themselves. And so, when we start approaching singing in that modality...all the lightbulbs go on, so it's really satisfying for the students." When the students cannot identify a preferred learning mode, she uses a problem-solving approach and has students try an exercise in different forms to see if one or two learning modes resonate with most of them. Examples include discussions of harmonic function for auditory learners,

playing the passage on the piano for kinesthetic learners, and “marking beats or marking scale passages” for visual learners. She labels these as tools for her students.

Scaffolding Instruction

Crossover between the fields exists in the use of scaffolding instruction, which entails starting with the basics and growing from there. Med Subject 4 uses multiple techniques when beginning therapy with a student, and takes “bits and pieces” from different models based on what she likes and what elicits a response from students. She described her scaffolding process for new sounds:

I start with just an activity to work on them producing the sound in isolation, and then I've got a little activity where we pair that sound with vowels. And once we can pair that sound with vowels, then [we'll] jump into words, and once we get it pretty consistent and accurate at the word level, then we move up to the phrase level and then to the sentence level. So, I've got steps that I kind of follow with all kids. That's the continuum that I follow with all kids, it just differs based on the sounds that those kiddos need.

This is a systematic and helpful approach to ensure that students advance in a logical way and can tackle one concept before moving on to another. Med Subject 1 also draws from a number of different technique “toolboxes” to decide what is best for voice users. She does not want to be limited by a “one size fits all” approach, but rather says, “There's really no right or wrong, as long as I get the answer to my question, which is ‘how can this person get better?’ And do we have the right diagnosis?” This flexibility is based on understanding what the voice user needs and what steps will lead them there.

Singing Teacher 2 uses Bloom's Taxonomy, an educational pyramid that takes learners from basic to complex ways of thinking, to scaffold learning. The original levels of Bloom's Taxonomy, though they have since been revised, are: (1) knowledge, (2)

comprehension, (3) application, (4) analysis, (5) synthesis, and (6) evaluation (Bloom et al., 1956). These original levels are the ones referenced by this participant when she said, “One way I get them higher on the Bloom’s Taxonomy pyramid is to say, ‘Can you tell me back in your own words...?’ That’s a synthesis exercise, right? Or evaluation, at the top, you know, ‘Can you write about it in your weekly reflection, [about] the specific thing you discovered?’” Utilization of Bloom’s Taxonomy is her way of sequencing instruction so that students can process information through different cognitive processes.

Teaching Techniques in Med Subjects

Practice Page and Game for Younger Voice Users

Med Subject 4 uses a practice page and a game to “motivate the kids to work through the practice,” which aligns with what Braden et al. (2018) found in their study: “Many participants stated that voice therapy was generally fun, that the SLP made activities fun for the child, and that therapy exercises were fun. Participants also discussed the role of games and play in therapy, stating that using games helped children to learn and to enjoy learning at the same time.” (p. 1388). Med Subject 4 engages students and makes therapy fun, while also accessing different learning modes, whether the students are aware of it or not. Additionally, Med Subject 4 helps students assign meaning to minimal pairs, or words that sound the same other than one differing sound, to make sense of what they’re saying. To use her previous example, if students mix up “dough” and “go,” showing them a picture of playdough helps cue them verbally and visually to their mistake.

Teaching Techniques in Singing Teachers

Teaching from Experience

Teachers of singing often use their own singing experiences to teach students. Singing Teacher 1 said, “If you subscribe to the theory that the more problems you have, the better teacher you are in addressing those problems and being aware of those issues in your students, I am right at the top of the list.” This helps her develop a “kinship” with students as she is honest about what they can and cannot control in their singing. Singing Teacher 4 said, “Singers who are amazing singers naturally usually are not good teachers, because they haven’t ever really had to try or struggle through stuff. Whether that was a technique thing, a health thing, both, they just kind of don’t know that much.” In this way, the struggles, trials, and triumphs in one’s personal singing can have a positive effect on their knowledge of teaching techniques.

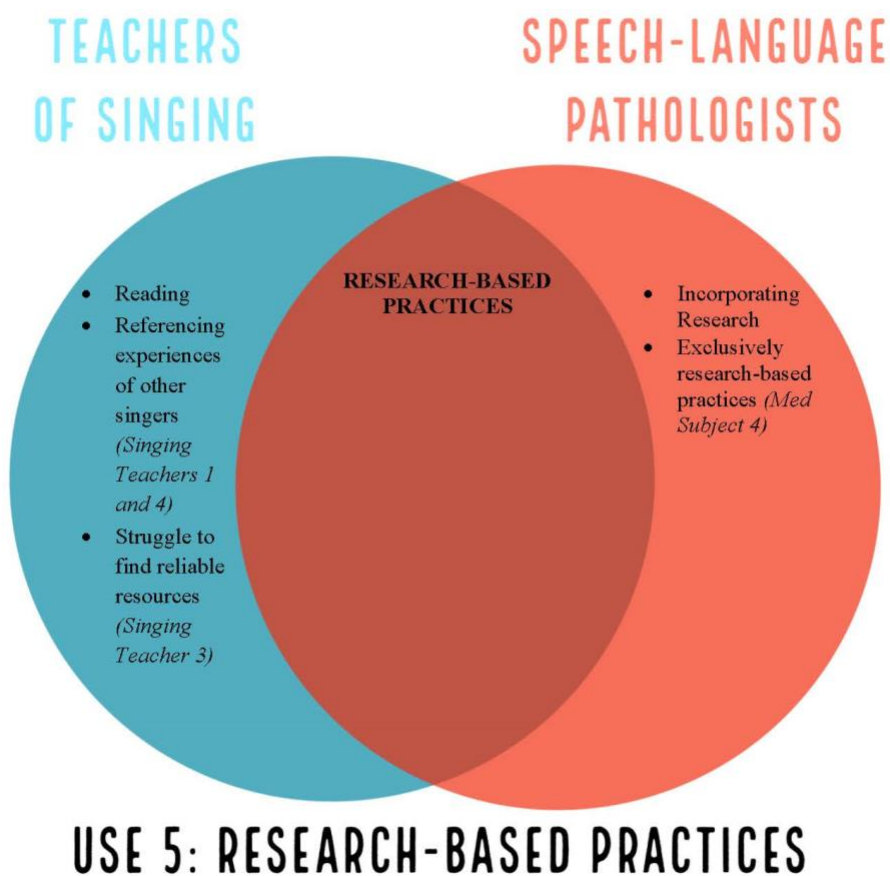


Figure 6.5. A Venn diagram representing “Use” theme 5: Research-based practices. Similarities and differences between teachers of singing and speech-language pathologists.

Research-Based Practices

Research-Based Practices by Med Subjects

Incorporating Research

The use of research-based practices was more prevalent among speech-language pathologists and voice doctors. Med Subject 1 oversees research for her department, talks with patients about their treatment options from articles she has read, and conducts her own research. Med Subject 2 expressed a similar passion for incorporating research from the ASHA journal and the Special Interest Group 3 daily blog of voice and voice

disorders on ASHA's website, where she is able to consult with speech-language pathologists of all levels to ask and answer questions.

Exclusively Research-Based Practices

Med Subject 4, as someone who works in the public schools, is encouraged to do exclusively research-based practice from journals, books, and other therapists. The desire to improve and provide voice users with reliable, evidence-based techniques is important, as is maintaining "a certain level of professionalism," staying "up-to-date on different things," and maintaining a "current level of knowledge and practice."

Research-Based Practices by Singing Teachers

Reading

Teachers of singing mentioned using textbooks to learn more about their craft and a few mentioned reading the *Journal of Singing*, but perhaps not as consistently as they would like. For example, Singing Teacher 2 pointed to many influential texts, including *The Diagnosis and Correction of Vocal Faults: A Manual for Teachers of Singing and for Choir Directors* by James C. McKinney (2005), saying, "That whole idea of diagnosing students or diagnosing voices, I think that's a really helpful concept that has certainly been influential to my practice." This is interesting, especially in light of this research, as it is similar to approaches taken by speech-language pathologists and voice doctors.

Referencing Experiences of Other Singers

To widen her knowledge base and incorporate different techniques into her skill set, Singing Teacher 4 likes to reference videos, especially performances and interviews with professional singers. Singing Teacher 1 also uses the experiences of singers in her teaching, as she said, “I love hearing singers talk about singing and hearing the things that they find were influential and formative experiences for them. It helps me to reflect, it also gives me things to pass along to my students as they’re reflecting on their own development.” This participant also does her own research and uses backward design when working with students. She starts with a goal in mind and then figures out how to get students there.

Struggle to Find Reliable Resources

The Singing Teacher participants gave fewer examples of research-based practices. This could be due to lack of availability, as Singing Teacher 3 mentioned struggling to find reliable resources. She expressed frustration with the way voice textbooks are marketed and has found that continued education opportunities or workshops in her area are lacking. Since she does not hold any professional memberships, she also does not have access to publications or journals. This is not uncommon for many private voice teachers, so these barriers must be addressed.

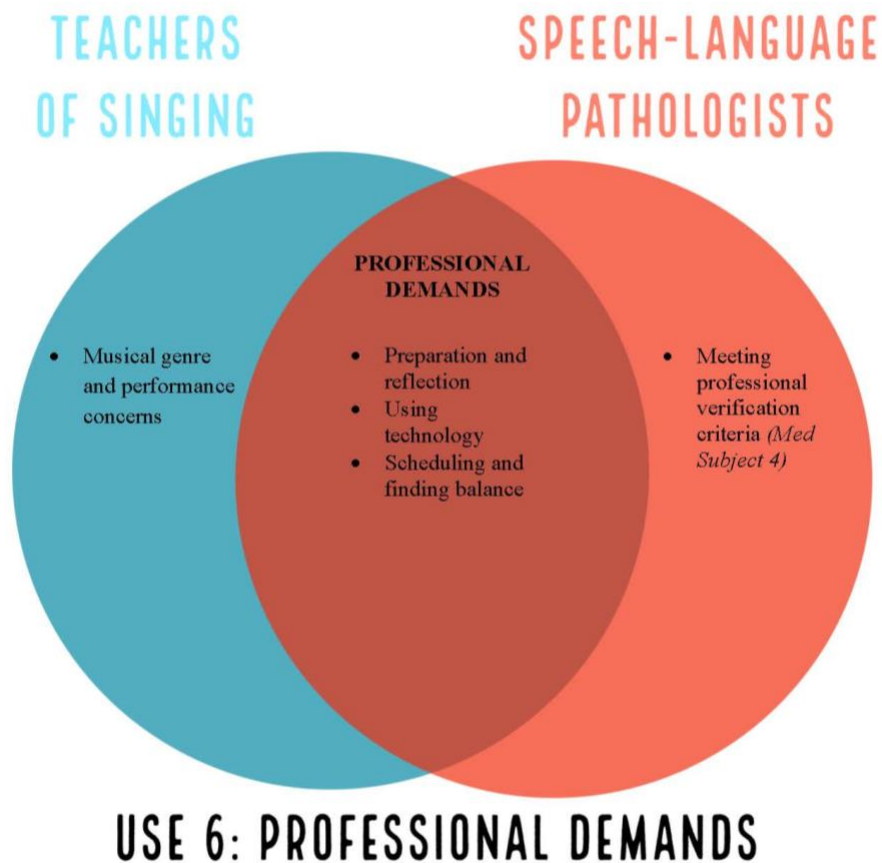


Figure 6.6. A Venn diagram representing “Use” theme 6: Professional demands. Similarities and differences between teachers of singing and speech-language pathologists.

Professional Demands

Similarities in Professional Demands Between the Fields

Preparation and Reflection

Despite these differences, a similar disposition displayed amongst the participants was preparation and reflection. Med Subject 3 reads as many pertinent notes as possible before meeting with a patient, as he said the most important thing is “the experience that the patient has had.” Med Subject 2, likewise, prepares for every session with a “lesson plan” that allows her to reflect on the current session and prepare for the next. This is similar to a method used by Singing Teacher 4, who uses a chart to track repertoire,

exercises done, memorization checks, and performance checks. Med Subject 4 prepares based on the previous session by looking at how they did and then gathering materials based on that.

Using Technology

Singing Teacher 3 uses an app called Trello¹ to encourage organization between herself and students. By working alongside students, she said, “I try to model a lot of that behavior of how students should communicate or how we should record-keep and organize.” Med Subject 2 also uses technology to reach voice users, including email and voice applications, as mentioned in Chapter 4. As a result of the COVID-19 pandemic, many of the voice experts had to learn new types of technology, such as telehealth procedures for Med Subject 1, HIPAA-protected Zoom for Med Subject 2, and audio and video equipment for all the Singing Teachers providing virtual lessons. This is a professional demand that is likely to remain part of the voice care landscape.

Scheduling and Finding Balance

A concern related to professional demands exists in scheduling and how this influences practices. Med Subject 3 said, “I don’t see patients at a very quick pace, so it allows me to deflate, I have enough space to deflate, if that makes sense. If I were going at a very rapid pace, I don’t think I’d be happy and that would come out on the patients as well, as well as my staff, and I don’t want that to happen.” This statement agrees with

¹ An organizational teamwork management application used to create boards, lists, and cards. Find more at www.trello.com

something said by Singing Teacher 3: “Reflecting on lessons is difficult when they’re one right after the other.” While back-to-back lessons are often the most convenient, she said “I wonder if there was just even like 10 minutes in between each one, how much more present I could be, instead of just switching person to person to person.” She asks, “What could I shift or what could be shifted in this practice to better assist the teacher in terms of preparing and reflecting?” Time to prepare or reflect, and the influence it has on interpersonal relations with voice users, must be considered by both fields, as it is apparent that though these two participants agree, differences in scheduling affect their practice.

Scheduling demands often oppose productivity, depending on the demands of the situation. Med Subject 2 said, “If I can’t get outcomes, I’m not a good therapist. I have to have time, I have to actually work with that patient to get outcomes,” and “I don’t look at the clock, that’ll get you in trouble in just about any productivity driven job.” Med Subject 4 sets aside days to complete her paperwork because she uses the 15 minutes in between students to clean up the area, reflect and take notes, and prepare. The space to think allows her to be more mentally present with students, something other voice experts expressed.

Singing Teacher 1 has a self-imposed limit for back-to-back lessons because, she says, “I don’t want to do a disservice to my student by being distracted or exhausted emotionally or intellectually, because being a voice teacher is being constantly problem-solving, not unlike a medical professional. So, you need to be on your game, and you need to be aware of so many different blocks of sensory information coming in.” Singing Teacher 3 says this “multi-tasking” for hours on end is a lot to be asking of the body and

mind and can negatively affect students. Not only that, but she is also constantly receiving communication from students and often needs to respond to emails, texts, and phone calls in between students.

It is necessary to mention that voice experts are not infallible, nor are they full of limitless energy. In both fields, participants mentioned the emotional and physical toll of their work. It is possible for interpersonal encounters, specifically, to be very draining. Singing Teacher 3 expressed the toll of multitasking sensory information, and she has had to work to find balance, since she is often “being everything” for students in the lesson. Med Subject 1 illustrated the multi-faceted demands of her work, especially with the addition of telehealth during the COVID-19 pandemic. Work within both fields is taxing and it would be helpful for both fields to prepare pre-service voice experts and support current voice experts when it comes to emotional, mental, and physical health.

Professional Demands in Med Subjects

Meeting Professional Verification Criteria

Speech-language pathologists and otolaryngologists are often striving to meet standards set by the field as a whole. Med Subject 4 said, “ASHA gives lots of standards, kind of global standards that kind of encompass medical voice therapy, as well as school-based voice therapy,” but she also follows a state mandated rule that decides standards “regarding the verification criteria.” The field of voice pedagogy has strived to create certain standards, as demonstrated by the NATS policies discussed in [Appendix A](#), but the difference exists in how regularly trained and enforced these standards are. Furthermore, since the intended outcome of therapy is different than preparing for a

sung performance, the Med Subjects have different professional demands. Med Subject 2 said, “What’s different for me versus a singing teacher is I’m not getting them ready for competition.” While she does get them ready for performances, her main goals are for them “to heal, stay healed, and go back to what they love to do, or send them back to their singing teacher.” She went on, saying she understands “the importance of being the best you can be,” but does not “have to be the disciplinarian the poor singing teacher has to be.” The skills required to prepare singers for performance outcomes, or to earn a certain grade in a collegiate applied voice class, results in differences between the fields, as further discussed next.

Professional Demands in Singing Teachers

Musical Genre and Performance Concerns

The demands on teachers of singing and their students is different than those placed on speech-language pathologists and voice doctors, due to the nature of the encounter. Experts in the field of voice pedagogy may be influenced by art and aesthetics, which could have interpersonal consequences. Singing Teacher 2 said, “There’s so much revealed about a person in the way that they present themselves for an audition, you know, it’s really astounding. I find myself oftentimes being charmed by someone, you know, or just intrigued by someone.” The ways in which singers perform, not just use their voice, creates a different dynamic than that found in the therapy setting. Singing teachers also make students aware of a musical knowledge base that is not necessary in speech-language pathology, voice therapy, and voice medicine. For example, Singing Teacher 1 said, “My role is to help them understand the classical style as a genre and

what are the expectations of this style. Whether or not you choose to do that professionally, you need to understand what the expectations are. Just like there are expectations for jazz and expectations for spirituals...Singing spirituals is different than singing lieder and you have to respect that and honor that and recognize that as you're teaching that repertoire." The repertoire, music history, music theory, and overall music knowledge is unique to singing teaching.

Phase 1 Use Conclusions

The six important themes related to used interpersonal skills that emerged in Phase 1 were verbal communication and feedback, non-verbal communication and listening skills, goal setting and decision-making, teaching techniques, research-based practices, and professional demands. These themes address the "nuts and bolts" of what it means to be a voice practitioner and many of the interview questions (see [Appendix D.1](#)) were designed to ascertain such practices. Important similarities between the fields were found regarding giving feedback in a concise manner, listening, allowing voice users to make decisions, setting realistic goals, flexibility in instructional techniques, and scaffolding instruction. Similarities were also found regarding professional demands, such as preparedness, reflecting on encounters with voice users, pursuing personal growth, and using technology. There were also skills that emerged in this phase that represented differences between the fields, such as using intuition, which was only mentioned by Singing Teachers, and types of research-based practices, such as attending conferences, workshops, and/or clinics, contributing research to one's field, and reading publications. Also, the Med Subjects talked more about using prompting questions.

In conclusion, the qualitative results of Phase 1 provided important findings regarding the value, training, and use of interpersonal skills in teachers of singing, speech-language pathologists, and otolaryngologists. Similarities and differences emerged and provided topics to include in Phases 2 and 3. The quantitative survey distributed in Phase 2, which will be presented in the next chapter, was designed around these results to determine the generalizability of the major themes.

CHAPTER 7: QUANTITATIVE SURVEY RESULTS

As a continuation of the mixed-method results, this chapter will present the findings of the quantitative survey sent to members of ASHA and NATS in Phase 2. It will focus on the quantitative data results in relation to shared and disparate value, training, and use of 33 skills previously identified by teachers of singing and speech-language pathologists in Phase 1. These skills were included in this phase if they were frequently discussed by multiple participants or represented differences between the fields, as shown in Table 7.1 below. Table 7.1 organizes these 33 surveyed skills in relation to the qualitative themes and provides an explanation for each skill as either a shared skill (S) or a difference between the speech-language pathologists (SLP) and teachers of singing (ToS) in Phase 1. When a difference exists, the group that values, received training, or uses this skill is identified (SLP or ToS). The data analysis measures used in this phase will help corroborate or contradict these similarities and differences between the fields on a larger scale.

TABLE 7.1 – SURVEYED SKILLS CATEGORIZED BY THEME

Theme	Skill	Group (Shared, SLP, or ToS)
RELATIONSHIP-BUILDING	<i>being a friend to the voice users with whom I work</i>	ToS
	<i>being a life coach to the voice users with whom I work</i>	SLP
	<i>community outreach</i>	ToS
	<i>empathy</i>	Shared
	<i>humility</i>	Shared
	<i>humor</i>	Shared
	<i>respectful relationships with voice users</i>	Shared
	<i>trust</i>	Shared
SAFE ENVIRONMENTS	<i>giving voice users a space to vent and/or be vulnerable</i>	ToS
	<i>making voice users feel safe</i>	Shared
VOICE-USER-LED PRACTICES	<i>interacting with diverse voice users</i>	Shared
TYPES OF TRAINING	<i>knowledge of the anatomy and physiology of the human voice</i>	Shared
	<i>specializing in one or two specific discipline areas and/or techniques</i>	SLP
	<i>being versed in a number (3+) of different discipline areas and/or techniques</i>	ToS
	<i>continuing my education</i>	Shared
	<i>developing pedagogical content knowledge, either through research or experience</i>	ToS

Theme	Skill	Group
TEAMWORK	<i>collaborating with others in voice related fields</i>	Shared
VERBAL COMMUNICATION AND FEEDBACK	<i>giving feedback in a concise manner</i> <i>using prompting questions</i>	Shared SLP
NON-VERBAL COMMUNICATION AND LISTENING SKILLS	<i>listening</i> <i>using my intuition</i>	Shared ToS
GOAL SETTING AND DECISION-MAKING	<i>allowing voice users to make decisions</i> <i>setting realistic goals and/or expectations with voice users</i>	Shared Shared
TEACHING TECHNIQUES	<i>flexibility in instructional techniques</i> <i>starting with fundamentals and building from there</i>	Shared Shared
RESEARCH-BASED PRACTICES	<i>attending and/or presenting at conferences</i> <i>attending and/or presenting at workshops and/or clinics</i> <i>contributing research to my field</i> <i>reading publications in my field</i>	SLP SLP SLP ToS
PROFESSIONAL DEMANDS	<i>preparedness</i> <i>reflecting on my encounters with voice users after a lesson, session, or appointment</i> <i>pursuing personal growth in my field</i> <i>using technology</i>	Shared Shared Shared Shared

The quantitative data findings will now be presented in four sections, beginning with the demographic results below. The results of the 33 skills will follow, in the theme-sorted order given in Table 7.1. For each skill, results regarding value, training, and use will be given. Third, the results of implemented interpersonal techniques will be presented, then the quantitative data analysis will conclude with the results of common types of pedagogical motivation. [Appendix D.2](#) provides the survey in its entirety.

Demographics

There were 146 participants who interacted with this survey, with a completion rate of 93%. No significant difference was found in the number of participants within the three groups: teachers of singing, speech-language pathologists, and professionals who work evenly in both fields, labeled as “ToS,” “SLP,” and “Both” in the upcoming tables. There was also no significant difference in the number of participants in each gender category. Two significant differences were found in response to the question, “The majority of my time is spent with voice users who are of the following ages (check all that apply),” in the categories “Voice Users:18-65 years” and “Voice Users: 65+ years,” with a higher percentage of teachers of singing working with voice users 18 and above. Additionally, there were significant differences in two of the work settings of the participants, with fewer teachers of singing working in high schools, but more teachers of singing working in private studios. These four demographic findings are shown in Table 7.2, with the number of respondents given in each group and the percentage within each group shown in parenthesis. For example, 29 teachers of singing, or 58%, indicated they work with voice users 18-65 years old. For the full results of the demographic questions, see [Appendix F.1](#).

Table 7.2 – Quantitative Survey Demographics

Variable*	N	ToS N = 50¹	SLP N = 63¹	BOTH N = 33¹	p- value²
Voice Users: 18 - 65 years	146	29 (58%)	18 (29%)	13 (39%)	0.007
Voice Users: 65+ years	146	29 (58%)	18 (29%)	13 (39%)	0.007
High School	146	9 (18%)	19 (30%)	19 (58%)	<0.001
Private Studio	146	20 (40%)	0 (0%)	1 (3.0%)	<0.001
*Answers not mutually exclusive ¹ n (%) ² Fisher's exact test; Pearson's Chi-squared test					

Results of the 33 Skills in Relation to Value, Training, and Use

After answering demographic questions, participants rated 33 skills on a sliding scale of 0-100 in regard to their **value** of that skill. Some of the participants did not answer every question, which is why N is sometimes different in the results. In the following tables, median value of the skill for each group is given, as well as the interquartile range in parenthesis and a descriptive qualifier as an interpretation of the data. The lowest median score was 62, the highest was 100. To codify the results, scores 0-20 were labeled “Not Valued,” scores 20-40 were labeled “Less Valued,” scores 40-60 were labeled “Somewhat Valued,” scores 60-80 were labeled “Valued,” and scores 80-100 were labeled “Highly Valued.” These labels were not included on the survey, but were used to categorize responses after data collection. They carry no statistical meaning, but are purely interpretive on the part of the researcher.

For example, responses for certain skills carry statistical significance, despite the median of all three groups being labeled “Highly Valued,” while other skills will show no significance, despite having different labels. This is a result of using both the median (the center) and the interquartile range (the spread) for each of the three groups to determine

statistical significance for each skill by testing the null hypothesis of all medians being equal. For the full results of the “Value” section of the survey, as well as box plots for all 33 of the skills, see [Appendix F.2](#).

Participants then selected all options that applied to their own **training** from four types: Formal Education, Supplementary Education, Self-taught, and No Training. As described in the methodology, these four options were treated as if they were their own questions using a Yes/No answer. Pearson’s Chi-squared test indicated significant differences in the types of training for each skill. In short, there were four tests run for each skill and four opportunities for differences among the fields. The options are not mutually exclusive, so for each response, the number of participants who selected that answer and the percentage of the group (Sing, Speech, or Both) are given as N (%). For the full results of the “Training” section of the survey, see [Appendix F.3](#).

The “Use” section of the survey was analyzed in a similar way to the “Training” section, but used Fisher’s exact test, which determines meaningful differences between smaller numbers, rather than Pearson’s Chi-Square. Participants chose one frequency option for each of the 33 skills. The five categories used in data analysis were “Daily,” “Weekly,” “Every other week,” “Monthly,” and “Less than once a month,” for any of the options less than “Monthly.” These options are mutually exclusive. For each response, the number of participants that selected that answer and the percentage of the group (Sing, Speech, or Both) are given as N (%). For the full results of the “Use” section of the survey, see [Appendix F.4](#). In data analysis, these skills were categorized based on the themes given in Table 7.1 and will be presented in that order, to allow for a clearer interpretation of the data. However, each table provides the original item number for that

skill, labeled “Interpersonal Skill *N*,” to align with [Table 3.1](#) and the box plots presented in [Appendix F.2](#).

Relationship-Building

Being a Friend to the Voice Users with Whom I Work

In the qualitative interviews in Phase 1, only Singing Teacher 3 used the term “friend” in describing her relationship with voice users, while others used mentor, nurturer, and coach, the term discussed next. To determine the overall opinion of this skill, the quantitative survey participants were asked to provide their value, training, and use of “being a friend to the voice users with whom I work,” as shown in Table 7.3. This skill was highly valued or valued by all groups with no statistical differences, and high percentages of participants in each group indicating using this skill on a daily or weekly basis. Based on this alone, more conversations in the fields should revolve around if and how a friendship can exist between voice experts and voice users, and if there is a difference between being friends and being friendly. Voice experts need to decide where personal boundaries lie for them and their practice. Furthermore, this skill had significant differences regarding no training, as well as a smaller percentage of teachers of singing having supplementary training in this skill. This could indicate that more conference or workshop presentations in voice pedagogy could focus on the friendship aspect in voice lessons.

Table 7.3 – Interpersonal Skill 27: Being a Friend to the Voice Users with Whom I Work

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range [†])			0.3
	<i>Descriptive Qualifier</i>			
Being a Friend to the Voice Users with Whom I Work	84 (66, 92) <i>Highly Valued</i>	75 (63, 86) <i>Valued</i>	80 (69, 88) <i>Highly Valued</i>	
Training^{2*} (N = 119)	Number of Participants (Percentage of Group)*			0.2 0.046 0.082 0.034
Formal	13 (32%)	18 (34%)	14 (54%)	
Supplementary	3 (7.5%)	12 (23%)	8 (31%)	
Self-taught	15 (38%)	21 (40%)	4 (15%)	
No Training	10 (25%)	5 (9.4%)	1 (3.8%)	
Use³ (N = 116)	Number of Participants (Percentage of Group)			0.082
Daily	22 (61%)	20 (39%)	13 (45%)	
Weekly	3 (8.3%)	19 (37%)	9 (31%)	
Every other week	6 (17%)	7 (14%)	5 (17%)	
Monthly	5 (14%)	5 (9.8%)	2 (6.9%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test [‡]				

[†] The interquartile range (IQR) is the middle 50% of the data. For example, if the median is 84 and the interquartile range is (66, 92), 25% of the data falls between 0 and 66, 25% falls between 66 and 84, 25% falls between 84 and 92, and 25% falls between 92 and 100. This is used to describe the spread of the data and, in addition to the center (median), is used in determining significance.

[‡] Chi-square tests differ from correlations in that they are looking for independence between the two variables being tested, and there is no directionality. Fisher's exact test indicates when there is a meaningful difference between the two values. In this example, there is no relationship between profession and the use of "being a friend to the voice users with whom I work."

Being a Life Coach to the Voice Users with Whom I Work

Due to the variety of roles that voice experts take, and the importance of relationship-building that emerged in Phase 1, the quantitative participants were asked to indicate value, training, and use of the skill “being a life coach to the voice users with whom I work,” as shown in Table 7.4. This resulted in significant differences in value, formal training, self-taught training, and no training. Teachers of singing indicated a higher value of this skill and higher self-taught training. A higher percentage of participants in the “Both” group indicated having formal training, while a lower percentage (only one participant) in this group indicated having no training. Thus, if a large percentage is receiving formal training, a smaller percentage will have no training. Since teachers of singing value this skill at a higher median value and a large percentage relies on self-taught training, perhaps voice pedagogy courses could account for the relationship dynamics present in voice lessons by preparing pre-service teachers of singing to act in life-coaching situations with voice users. This high value could also be reflective of the investment many teachers of singing make in the lives of singers outside their voice, something that was expressed by the Singing Teacher participants in the qualitative interviews.

Table 7.4 – Interpersonal Skill 15: Being a Life Coach to the Voice Users with Whom I Work

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 142)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			0.005
Being a Life Coach to the Voice Users with Whom I Work	80 (66, 88) <i>Highly Valued</i>	67 (44, 77) <i>Valued</i>	66 (55, 84) <i>Valued</i>	
Training^{2*} (N = 121)	Number of Participants (Percentage of Group)			0.003 0.062 <0.001 0.027
Formal	11 (27%)	17 (31%)	17 (65%)	
Supplementary	12 (29%)	20 (37%)	3 (12%)	
Self-taught	18 (44%)	4 (7.4%)	5 (19%)	
No Training	7 (17%)	15 (28%)	1 (3.8%)	
Use³ (N = 110)	Number of Participants (Percentage of Group)			0.07
Daily	17 (46%)	18 (40%)	16 (57%)	
Weekly	13 (35%)	10 (22%)	9 (32%)	
Every other week	5 (14%)	10 (22%)	0 (0%)	
Monthly	2 (5.4%)	7 (16%)	3 (11%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive ¹ Kruskal-Wallis rank sum test ² Pearson's Chi-squared test; Fisher's exact test ³ Fisher's exact test				

Community Outreach

In Phase 1, building community was a difference between participants, as indicated by the frequent comments about community made by the Singing Teachers. However, some of the Med Subjects did give examples of contributing community service, such as making voice care more accessible and plausible to members of the community (Med Subject 1), audio describing for the blind (Med Subject 2), and aiding families of past voice students, even once they have left the program (Med Subject 4).

Thus, this skill, “community outreach,” was intended to encapsulate all these different viewpoints on the role of a voice expert within different communities.

The median value of “community outreach” from participants across all three groups was similar and categorized as “Valued” by all three groups. There was also no significant difference in frequency of use, as shown in Table 7.5, nor were there differences in supplementary, self-taught, or no types of training. A significant difference did arise regarding formal training, with a lower percentage of teachers of singing selecting this choice. Higher percentages of teachers of singing selected supplementary education and self-taught training. “Community outreach” is more prevalently trained in workshops and personal development from individuals in this group, rather than formal training from institutions. A high percentage of participants in the “Both” group received formal training in this skill, which may be reflective of multidisciplinary training for those who function evenly in both fields. “Service to community” was also presented later in the survey as a motivating factor, rather than a skill. There was no significant difference among the 23 teachers of singing (46%), 27 speech-language pathologists (43%), and 18 professionals who function evenly in both fields (55%) who indicated being motivated by service to community.

Table 7.5 – Interpersonal Skill 5: Community Outreach

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 140)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Community Outreach	72 (54, 87) <i>Valued</i>	65 (52, 84) <i>Valued</i>	72 (63, 89) <i>Valued</i>	0.2
Training^{2*} (N = 119)	Number of Participants (Percentage of Group)*			
Formal	9 (23%)	22 (41%)	16 (62%)	0.008
Supplementary	12 (31%)	15 (28%)	6 (23%)	0.8
Self-taught	13 (33%)	18 (33%)	4 (15%)	0.2
No Training	9 (23%)	7 (13%)	1 (3.8%)	0.081
Use³ (N = 103)	Number of Participants (Percentage of Group)			
Daily	10 (28%)	12 (32%)	17 (57%)	0.2
Weekly	8 (22%)	10 (27%)	5 (17%)	
Every other week	5 (14%)	5 (14%)	4 (13%)	
Monthly	13 (36%)	10 (27%)	4 (13%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Empathy

“Empathy,” an aspect of relationship-building in the literature (Dufault, 2013; Foster et al., 2017; Frey-Monell, 2010), as well as the qualitative interviews, was a surveyed skill with significantly different medians of value. The median value for the “SLP” group was the highest of the three groups and at 91, was the second-highest rated median of all 33 skills by speech-language pathologists, second only to “Trust” at 92 (see [Table 7.10](#)). Trust and empathy may take precedence over other interpersonal skills used by speech-language pathologists because the voice user is in a vulnerable position. There was also a significant difference in self-taught training for this skill, with 56% of teachers

of singing, 38% of speech-language pathologists, and only 8% of the “Both” group having self-taught training in this skill.

Table 7.6 – Interpersonal Skill 24: Empathy

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			0.011
Empathy	83 (77, 99) <i>Highly Valued</i>	91 (79, 100) <i>Highly Valued</i>	80 (72, 88) <i>Highly Valued</i>	
Training^{2*} (N = 119)	Number of Participants (Percentage of Group)*			0.068 0.4 <0.001 0.6
Formal	15 (37%)	21 (40%)	16 (64%)	
Supplementary	6 (15%)	10 (19%)	7 (28%)	
Self-taught	23 (56%)	20 (38%)	2 (8.0%)	
No Training	5 (12%)	6 (11%)	1 (4.0%)	
Use³ (N = 125)	Number of Participants (Percentage of Group)			0.6
Daily	26 (65%)	37 (64%)	16 (59%)	
Weekly	8 (20%)	8 (14%)	8 (30%)	
Every other week	4 (10%)	8 (14%)	3 (11%)	
Monthly	2 (5.0%)	5 (8.6%)	0 (0%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive ¹ Kruskal-Wallis rank sum test ² Pearson's Chi-squared test; Fisher's exact test ³ Fisher's exact test				

Humility

“Humility” was equally valued and similarly used across all three groups. As a “highly valued” skill, it is used quite frequently on a daily basis. A significantly lower percentage of the “Both” group indicated having self-taught training in this skill, while for teachers of singing, self-taught training had the highest percentage of all training types. See Table 7.7 for the full results of this skill.

Table 7.7 – Interpersonal Skill 3: Humility

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 142)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Humility	80 (70, 92) <i>Highly Valued</i>	80 (67, 93) <i>Highly Valued</i>	80 (66, 87) <i>Highly Valued</i>	0.6
Training^{2*} (N = 125)	Number of Participants (Percentage of Group)*			
Formal	11 (26%)	21 (38%)	14 (50%)	0.12
Supplementary	12 (29%)	14 (25%)	9 (32%)	0.8
Self-taught	18 (43%)	20 (36%)	4 (14%)	0.039
No Training	4 (9.5%)	5 (9.1%)	1 (3.6%)	0.8
Use³ (N = 124)	Number of Participants (Percentage of Group)			
Daily	21 (50%)	28 (55%)	10 (32%)	0.2
Weekly	7 (17%)	14 (27%)	11 (35%)	
Every other week	7 (17%)	4 (7.8%)	7 (23%)	
Monthly	7 (17%)	5 (9.8%)	3 (9.7%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Humor

“Humor” was an interpersonal skill used by participants in both fields in the qualitative interviews in Phase 1. Participants mentioned using it to build rapport and couch criticism when relationship-building with voice users. While both teachers of singing and speech-language pathologists who participated in the quantitative survey indicating valuing this skill, participants in the “Both” group had a lower median value of this skill, with statistical significance for this section of the survey. Table 7.8 also shows

significant differences in training, with fewer teachers of singing having formal training in this skill and fewer “Both” participants having self-taught training. “Humor” could be incorporated into more formal and supplementary training as an interpersonal skill for teachers of singing. Not to say that teachers of singing need to be comedians, by any means, but providing pre-service teachers of singing with approaches to using humor and levity in voice lessons could help them relate to voice users, while also giving them tools to better align their value of this skill with higher usage of it. Use of this skill was similar across groups, with many participants in all three groups indicating daily use of this skill.

Table 7.8 – Interpersonal Skill 17: Humor

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 142)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Humor	90 (74, 100) <i>Highly Valued</i>	84 (69, 96) <i>Highly Valued</i>	73 (62, 82) <i>Valued</i>	0.004
Training^{2*} (N = 120)	Number of Participants (Percentage of Group)*			
Formal	7 (18%)	24 (44%)	16 (62%)	0.001
Supplementary	7 (18%)	6 (11%)	8 (31%)	0.091
Self-taught	23 (59%)	22 (40%)	1 (3.8%)	<0.001
No Training	6 (15%)	5 (9.1%)	1 (3.8%)	0.4
Use³ (N = 125)	Number of Participants (Percentage of Group)			
Daily	25 (58%)	35 (64%)	18 (67%)	>0.9
Weekly	11 (26%)	9 (16%)	5 (19%)	
Every other week	5 (12%)	8 (15%)	3 (11%)	
Monthly	2 (4.7%)	3 (5.5%)	1 (3.7%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Respectful Relationships with Voice Users

The “ToS” group had a significantly higher value of the skill “respectful relationships with voice users,” shown in Table 7.9, despite having the smallest percentage of formal training in this skill and the highest percentage of supplementary training, at statistically significant amounts. The “Both” group, again, had the lowest percentage of self-taught training, but it had the highest percentage of formal training. Due to the fact that this skill was highly valued and used daily by a large percentage of teachers of singing, more formal training could address how to develop respectful relationships with voice users.

Table 7.9 – Interpersonal Skill 30: Respectful Relationships with Voice Users

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Respectful Relationships with Voice Users	92 (68, 100) <i>Highly Valued</i>	74 (65, 95) <i>Valued</i>	75 (65, 84) <i>Valued</i>	0.048
Training^{2*} (N = 114)	Number of Participants (Percentage of Group)*			
Formal	13 (33%)	23 (45%)	16 (67%)	0.036
Supplementary	18 (46%)	13 (25%)	5 (21%)	0.05
Self-taught	19 (49%)	21 (41%)	3 (12%)	0.012
No Training	1 (2.6%)	3 (5.9%)	1 (4.2%)	0.8
Use³ (N = 119)	Number of Participants (Percentage of Group)			
Daily	26 (67%)	27 (52%)	14 (50%)	0.15
Weekly	6 (15%)	11 (21%)	8 (29%)	
Every other week	3 (7.7%)	13 (25%)	5 (18%)	
Monthly	4 (10%)	1 (1.9%)	1 (3.6%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Trust

As previously stated, “trust” was the highest valued skill on the survey by speech-language pathologists at 92, but was also valued by teachers of singing at a median of 91. Value of this skill represented a statistically significant difference with members in the “Both” group valuing it at 84, as shown in Table 7.29. Use of this skill was similar across the three groups and over 50% of participants in each indicated daily use of this skill. A smaller percentage of members from the “Both” group had self-taught training in this skill, at a statistically significant difference. This is one of many skills for which this is true. It could be that fewer participants from this group use self-taught training in general, as compared to the other two groups.

Table 7.10 – Interpersonal Skill 28: Trust

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 138)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			0.037
Trust	91 (80, 100) <i>Highly Valued</i>	92 (82, 100) <i>Highly Valued</i>	84 (71, 93) <i>Highly Valued</i>	
Training^{2*} (N = 117)	Number of Participants (Percentage of Group)*			0.004
Formal	12 (31%)	19 (37%)	12 (46%)	
Supplementary	7 (18%)	13 (25%)	10 (38%)	
Self-taught	22 (56%)	23 (44%)	4 (15%)	
No Training	4 (10%)	3 (5.8%)	1 (3.8%)	
Use³ (N = 130)	Number of Participants (Percentage of Group)			0.4
Daily	25 (58%)	37 (64%)	15 (52%)	
Weekly	7 (16%)	13 (22%)	4 (14%)	
Every other week	7 (16%)	6 (10%)	6 (21%)	
Monthly	4 (9.3%)	2 (3.4%)	4 (14%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Safe Environments

Giving Voice Users a Space to Vent and/or be Vulnerable

In the qualitative interviews, many of the Singing Teacher participants indicated the importance of “giving voice users a space to vent and/or be vulnerable,” thus, it is not surprising that teachers of singing in this phase indicated a significantly higher median value of this skill, as shown in Table 7.11. Use of this skill was not significantly different among the groups, but one significant difference in training emerged, with zero members of the “Both” group indicating self-taught training in this skill. This skill is highly valued

by teachers of singing, so more formal or supplementary education could be implemented in that field to better align with the participant's value.

Table 7.11 – Interpersonal Skill 9: Giving Voice Users a Space to Vent and/or be Vulnerable

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Giving Voice Users a Space to Vent and/or be Vulnerable	92 (74, 100) <i>Highly Valued</i>	76 (57, 93) <i>Valued</i>	62 (57, 76) <i>Valued</i>	<0.001
Training^{2*} (N = 123)	Number of Participants (Percentage of Group)*			
Formal	13 (32%)	24 (44%)	13 (46%)	0.4
Supplementary	13 (32%)	16 (29%)	13 (46%)	0.3
Self-taught	13 (32%)	19 (35%)	0 (0%)	0.002
No Training	8 (20%)	3 (5.5%)	2 (7.1%)	0.076
Use³ (N = 122)	Number of Participants (Percentage of Group)			
Daily	21 (50%)	18 (35%)	18 (62%)	0.3
Weekly	12 (29%)	16 (31%)	5 (17%)	
Every other week	6 (14%)	9 (18%)	2 (6.9%)	
Monthly	3 (7.1%)	8 (16%)	4 (14%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Making Voice Users Feel Safe

Creating a safe environment was a significant finding of the qualitative interviews in Phase 1, with members of both fields commenting on its importance. In Phase 2, “making voice users feel safe,” was valued by teachers of singing at a significantly higher level than the other two groups and a significantly larger percentage of teachers of singing had self-taught training in this skill. Perhaps these participants pursued more self-

training in this skill because of the high value in which it is regarded. A large percentage of teachers of singing also use this skill on a daily basis, though no statistically significant differences among groups occurred in relation to frequency of use, as shown in Table 7.12

Table 7.12 – Interpersonal Skill 6: Making Voice Users Feel Safe

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 143)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Making Voice Users Feel Safe	90 (76, 100) <i>Highly Valued</i>	79 (70, 96) <i>Valued</i>	78 (59, 88) <i>Valued</i>	0.019
Training^{2*} (N = 121)	Number of Participants (Percentage of Group)*			
Formal	13 (32%)	27 (50%)	14 (52%)	0.2
Supplementary	8 (20%)	18 (33%)	6 (22%)	0.3
Self-taught	19 (48%)	14 (26%)	6 (22%)	0.039
No Training	6 (15%)	5 (9.3%)	1 (3.7%)	0.4
Use³ (N = 122)	Number of Participants (Percentage of Group)			
Daily	26 (63%)	23 (43%)	8 (30%)	0.071
Weekly	7 (17%)	14 (26%)	12 (44%)	
Every other week	4 (9.8%)	10 (19%)	2 (7.4%)	
Monthly	4 (9.8%)	7 (13%)	5 (19%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive ¹ Kruskal-Wallis rank sum test ² Pearson's Chi-squared test; Fisher's exact test ³ Fisher's exact test				

Voice-User-Led Practices

Interacting with Diverse Voice Users

Table 7.13 shows the results for the skill “interacting with diverse voice users,” which was part of the qualitative interview findings regarding voice-user-led practices. There were no significant differences in value or use of this skill, which is encouraging

for the fields. The only significant difference emerged in self-taught training with a smaller percentage of members in the “Both” group having self-taught training.

Table 7.13 – Interpersonal Skill 26: Interacting with Diverse Voice Users

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range)			0.091
	<i>Descriptive Qualifier</i>			
Interacting with Diverse Voice Users	84 (73, 94) <i>Highly Valued</i>	82 (64, 94) <i>Highly Valued</i>	68 (60, 90) <i>Valued</i>	
Training^{2*} (N = 117)	Number of Participants (Percentage of Group)*			
Formal	21 (52%)	20 (38%)	10 (40%)	0.4
Supplementary	17 (42%)	18 (35%)	11 (44%)	0.6
Self-taught	19 (48%)	17 (33%)	4 (16%)	0.032
No Training	2 (5.0%)	7 (13%)	0 (0%)	0.1
Use³ (N = 112)	Number of Participants (Percentage of Group)			
Daily	18 (49%)	21 (45%)	15 (54%)	0.9
Weekly	10 (27%)	18 (38%)	7 (25%)	
Every other week	5 (14%)	4 (8.5%)	4 (14%)	
Monthly	4 (11%)	4 (8.5%)	2 (7.1%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Knowledge of the Anatomy and Physiology of the Human Voice

Table 7.14 shows the results of the skill “knowledge of the anatomy and physiology of the human voice.” While there were no significant differences in types of training and frequency of use for this skill, teachers of singing indicated a significantly higher value. This could be indicative of the amount of value placed on this topic in vocal pedagogy coursework. In the next chapter, this skill will be further discussed in light of the focus group results.

Table 7.14 – Interpersonal Skill 2: Knowledge of the Anatomy and Physiology of the Human Voice

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 143)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Knowledge of the Anatomy and Physiology of the Human Voice	83 (64, 97) <i>Highly Valued</i>	71 (58, 92) <i>Valued</i>	66 (52, 83) <i>Valued</i>	0.044
Training^{2*} (N = 132)	Number of Participants (Percentage of Group)*			
Formal	24 (55%)	31 (55%)	12 (38%)	0.2
Supplementary	21 (48%)	25 (45%)	14 (44%)	>0.9
Self-taught	13 (30%)	8 (14%)	5 (16%)	0.13
No Training	0 (0%)	0 (0%)	1 (3.1%)	0.2
Use³ (N = 124)	Number of Participants (Percentage of Group)			
Daily	22 (54%)	20 (38%)	15 (48%)	0.7
Weekly	9 (22%)	19 (37%)	7 (23%)	
Every other week	5 (12%)	7 (13%)	6 (19%)	
Monthly	5 (12%)	6 (12%)	3 (9.7%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive ¹ Kruskal-Wallis rank sum test ² Pearson's Chi-squared test; Fisher's exact test ³ Fisher's exact test				

Types of Training

Specializing in One or Two Specific Discipline Areas and/or Techniques

The Med Subjects in Phase 1, though they recognized the diversity of their training, spoke more about focusing on the one or two specific techniques needed to treat voice users in their care. This interpersonal skill, “specializing in one or two specific discipline areas and/or techniques” (Table 7.15), was written in contrast with “being versed in a number (3+) of different discipline areas and/or techniques” (discussed next), to see if there were any differences between groups regarding types of knowledge and

specialization. While there were no significant differences in value, training, or use of this skill, the medians for this skill were slightly lower than “being versed in a number (3+) of different discipline areas and/or techniques” in all three groups, as were percentages of daily use in all three groups. This could mean that voice experts, no matter the field, have a higher value and a higher usage of more than one or two disciplines or techniques.

Table 7.15 – Interpersonal Skill 19: Specializing in One or Two Specific Discipline Areas and/or Techniques

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 143)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Specializing in One or Two Specific Discipline Areas and/or Techniques	75 (50, 88) <i>Valued</i>	75 (54, 85) <i>Valued</i>	68 (64, 80) <i>Valued</i>	0.9
Training^{2*} (N = 120)	Number of Participants (Percentage of Group)*			
Formal	25 (61%)	26 (48%)	14 (56%)	0.5
Supplementary	12 (29%)	27 (50%)	9 (36%)	0.11
Self-taught	12 (29%)	9 (17%)	2 (8.0%)	0.1
No Training	4 (9.8%)	3 (5.6%)	0 (0%)	0.3
Use³ (N = 114)	Number of Participants (Percentage of Group)			
Daily	13 (36%)	18 (37%)	11 (38%)	0.8
Weekly	16 (44%)	16 (33%)	11 (38%)	
Every other week	4 (11%)	7 (14%)	5 (17%)	
Monthly	3 (8.3%)	8 (16%)	2 (6.9%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Being Versed in a Number (3+) of Different Discipline Areas and/or Techniques

The Singing Teachers in Phase 1 gave examples of how many different types of techniques and vocal disciplines are needed to teach singers. Table 7.16 shows the results for the skill “being versed in a number (3+) of different discipline areas and/or techniques.” The one statistically significant difference for this skill was that a higher percentage of teachers of singing indicated self-taught training in this skill, though moderately large percentages of teachers of singing indicated formal and supplementary training as well. With a number of teaching philosophies and styles available, especially in terms of different genres of music, teachers of singing may pursue self-taught training to familiarize themselves with these discipline areas.

Table 7.16 – Interpersonal Skill 29: Being Versed in a Number (3+) of Different Discipline Areas and/or Techniques

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Being Versed in a Number (3+) of Different Discipline Areas and/or Techniques	78 (70, 90) <i>Valued</i>	76 (63, 86) <i>Valued</i>	82 (71, 91) <i>Highly Valued</i>	0.2
Training^{2*} (N = 115)	Number of Participants (Percentage of Group)*			
Formal	17 (44%)	31 (61%)	14 (56%)	0.3
Supplementary	15 (38%)	24 (47%)	8 (32%)	0.4
Self-taught	18 (46%)	9 (18%)	5 (20%)	0.007
No Training	3 (7.7%)	1 (2.0%)	0 (0%)	0.3
Use³ (N = 121)	Number of Participants (Percentage of Group)			
Daily	24 (60%)	23 (44%)	14 (48%)	0.2
Weekly	6 (15%)	15 (29%)	5 (17%)	
Every other week	3 (7.5%)	7 (13%)	8 (28%)	
Monthly	7 (18%)	7 (13%)	2 (6.9%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Continuing My Education

In the qualitative interviews, participants indicated pursuing continuing education through formal degree programs, supplementary workshops and clinics, and personal methods, such as reading and researching. Therefore, it is not surprising that there were no significant differences in the formal, supplementary, or self-taught categories of training in regard to “continuing my education,” as it is expected that voice experts will approach this skill in a number of different ways. However, three teachers of singing

(7.7%) received no training in this skill (a significant finding), and frequency of use of this skill was significantly different among the groups. Since this skill was “Valued” or “Somewhat Valued” by all groups, more attention could be given to how to train and implement this skill. See Table 7.17 below.

Table 7.17 – Interpersonal Skill 8: Continuing My Education

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 142)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Continuing My Education	84 (72, 97) <i>Highly Valued</i>	79 (69, 86) <i>Valued</i>	81 (68, 86) <i>Highly Valued</i>	0.12
Training^{2*} (N = 121)	Number of Participants (Percentage of Group)*			
Formal	17 (44%)	35 (64%)	19 (70%)	0.057
Supplementary	19 (49%)	17 (31%)	6 (22%)	0.061
Self-taught	12 (31%)	14 (25%)	2 (7.4%)	0.074
No Training	3 (7.7%)	0 (0%)	0 (0%)	0.042
Use³ (N = 108)	Number of Participants (Percentage of Group)			
Daily	13 (34%)	14 (34%)	15 (52%)	0.015
Weekly	14 (37%)	6 (15%)	7 (24%)	
Every other week	7 (18%)	10 (24%)	7 (24%)	
Monthly	4 (11%)	11 (27%)	0 (0%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive ¹ Kruskal-Wallis rank sum test ² Pearson's Chi-squared test; Fisher's exact test ³ Fisher's exact test				

Developing Pedagogical Content Knowledge, Either Through Research or Experience

Statistically significant differences arose in regard to value of and self-taught training in “developing pedagogical content knowledge, either through research or experience,” with teachers of singing indicating a higher value and a higher percentage of

self-taught participants. In fact, teachers of singing indicated higher percentages of training in formal, supplementary, and self-taught training, suggesting that, overall, they have more training in this skill. Seven speech-language pathologists (13%) indicated having no training in this skill. These results could be reflective of how the fields as a whole view pedagogical content knowledge. Teachers of singing may be more concerned with pedagogical content knowledge because of the need to know not only how to sing, but how to teach others to sing. The groups use this skill in similar ways, as shown in Table 7.18.

Table 7.18 – Interpersonal Skill 14: Developing Pedagogical Content Knowledge, Either Through Research or Experience

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			0.017
Developing Pedagogical Content Knowledge, Either Through Research or Experience	86 (75, 95) <i>Highly Valued</i>	75 (60, 89) <i>Valued</i>	80 (66, 92) <i>Highly Valued</i>	
Training^{2*} (N = 121)	Number of Participants (Percentage of Group)*			0.008
Formal	24 (59%)	27 (50%)	14 (54%)	
Supplementary	17 (41%)	16 (30%)	9 (35%)	
Self-taught	15 (37%)	7 (13%)	3 (12%)	
No Training	3 (7.3%)	7 (13%)	0 (0%)	
Use³ (N = 101)	Number of Participants (Percentage of Group)			>0.9
Daily	10 (29%)	12 (30%)	11 (42%)	
Weekly	15 (43%)	14 (35%)	8 (31%)	
Every other week	7 (20%)	10 (25%)	5 (19%)	
Monthly	3 (8.6%)	4 (10%)	2 (7.7%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Teamwork

Collaborating with Others in Voice Related Fields

The importance of multidisciplinary teamwork was an important outcome of the qualitative interviews. In order to determine the generalizability of this, the survey participants were asked about their value, training, and use of “collaborating with others in voice related fields.” There was a significant difference in value, as shown in Table 7.19, with teachers of singing valuing this skill at a higher median. A statistically significant difference was also seen in the use of this skill among the three groups, with 68% of participants in the “Both” group indicating daily use of this skill. This makes sense for voice experts who function evenly in both fields. High percentages of participants in all of the groups indicated daily or weekly use of this skill.

Table 7.19 – Interpersonal Skill 23: Collaborating with Others in Voice Related Fields

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Collaborating with Others in Voice Related Fields	88 (68, 96) <i>Highly Valued</i>	71 (59, 86) <i>Valued</i>	74 (60, 89) <i>Valued</i>	0.028
Training^{2*} (N = 120)	Number of Participants (Percentage of Group)*			
Formal	15 (37%)	27 (50%)	12 (48%)	0.4
Supplementary	13 (32%)	21 (39%)	7 (28%)	0.6
Self-taught	14 (34%)	8 (15%)	6 (24%)	0.087
No Training	7 (17%)	4 (7.4%)	0 (0%)	0.054
Use³ (N = 112)	Number of Participants (Percentage of Group)			
Daily	7 (19%)	14 (30%)	19 (68%)	0.002
Weekly	11 (30%)	15 (32%)	5 (18%)	
Every other week	7 (19%)	11 (23%)	3 (11%)	
Monthly	12 (32%)	7 (15%)	1 (3.6%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive ¹ Kruskal-Wallis rank sum test ² Pearson's Chi-squared test; Fisher's exact test ³ Fisher's exact test				

Verbal Communication and Feedback

Giving Feedback in a Concise Manner

Feedback was a theme that emerged in Phase 1, as was the need to be clear and concise when communicating with voice users in both fields. The quantitative results corroborated this finding, as shown in Table 7.20, with no significant differences in value, training, or use of “giving feedback in a concise manner,” with all groups valuing this skill, large percentages of participants having training in this skill, and large

percentages using this skill on a daily and weekly basis. This is a skill in which the fields align.

Table 7.20 – Interpersonal Skill 18: Giving Feedback in a Concise Manner

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 143)	Median (Interquartile Range)			0.1
	<i>Descriptive Qualifier</i>			
Giving Feedback in a Concise Manner	91 (78, 99) <i>Valued</i>	84 (68, 96) <i>Valued</i>	88 (78, 92) <i>Valued</i>	
Training^{2*} (N = 118)	Number of Participants (Percentage of Group)*			0.4
Formal	20 (50%)	27 (51%)	9 (36%)	
Supplementary	12 (30%)	21 (40%)	11 (44%)	
Self-taught	14 (35%)	13 (25%)	4 (16%)	
No Training	3 (7.5%)	1 (1.9%)	1 (4.0%)	
Use³ (N = 124)	Number of Participants (Percentage of Group)			0.4
Daily	24 (60%)	27 (47%)	11 (41%)	
Weekly	7 (18%)	19 (33%)	9 (33%)	
Every other week	6 (15%)	8 (14%)	3 (11%)	
Monthly	3 (7.5%)	3 (5.3%)	4 (15%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Using Prompting Questions

The “ToS” group valued the skill of “using prompting questions” at a significantly higher amount than the other two groups, which is interesting as more Med Subjects in Phase 1 talked about their types of questioning with voice users. Table 7.21 shows this as well as two other differences in training. A higher percentage of the “SLP” group indicated supplementary training in this skill, so perhaps it is a common topic or technique taught at workshops or clinics. A higher percentage of members in the “ToS”

group indicated self-taught training in this. Perhaps the field of voice pedagogy could implement more supplementary training in this skill, especially since a high percentage of teachers of singing use this skill on a daily basis. Use of this skill was significantly different among the three groups.

Table 7.21 – Interpersonal Skill 32: Using Prompting Questions

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Using Prompting Questions	87 (72, 98) <i>Highly Valued</i>	77 (62, 88) <i>Valued</i>	76 (62, 87) <i>Valued</i>	0.021
Training^{2*} (N = 114)	Number of Participants (Percentage of Group)*			
Formal	17 (44%)	30 (59%)	15 (62%)	0.2
Supplementary	10 (26%)	26 (51%)	6 (25%)	0.019
Self-taught	21 (54%)	8 (16%)	3 (12%)	<0.001
No Training	4 (10%)	1 (2.0%)	0 (0%)	0.14
Use³ (N = 127)	Number of Participants (Percentage of Group)			
Daily	29 (69%)	34 (60%)	13 (46%)	0.035
Weekly	3 (7.1%)	13 (23%)	11 (39%)	
Every other week	8 (19%)	5 (8.8%)	2 (7.1%)	
Monthly	2 (4.8%)	5 (8.8%)	2 (7.1%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Non-Verbal Communication and Listening Skills

Listening

“Listening,” a theme that emerged from the qualitative interviews in Phase 1, was a skill valued by teachers of singing at a significantly higher amount, as shown in Table

7.22. Also, a significantly higher percentage of teachers of singing indicated using more self-taught training in this skill, while formal and supplementary education was similar across groups. Use of this skill was, likewise, consistent across all three groups, with large percentages of participants using it either daily or weekly.

Table 7.22 – Interpersonal Skill 1: Listening

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 143)	Median (Interquartile Range)			0.005
Listening	<i>Descriptive Qualifier</i>			
	90 (66, 100) <i>Highly Valued</i>	75 (65, 100) <i>Valued</i>	68 (60, 72) <i>Valued</i>	
Training^{2*} (N = 138)	Number of Participants (Percentage of Group)*			
Formal	23 (50%)	35 (57%)	17 (55%)	0.7
Supplementary	17 (37%)	21 (34%)	13 (42%)	0.8
Self-taught	17 (37%)	14 (23%)	4 (13%)	0.05
No Training	1 (2.2%)	1 (1.6%)	0 (0%)	>0.9
Use³ (N = 131)	Number of Participants (Percentage of Group)			0.4
Daily	21 (48%)	34 (58%)	9 (32%)	
Weekly	12 (27%)	13 (22%)	10 (36%)	
Every other week	8 (18%)	8 (14%)	5 (18%)	
Monthly	3 (6.8%)	4 (6.8%)	4 (14%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Using My Intuition

In the qualitative interviews, Singing Teachers 1 and 2 indicated using their intuition when working with voice users, which was the inspiration for including this skill on the quantitative survey in order to determine if more voice experts valued, were trained in, and/or used this skill. Teachers of singing indicated valuing this skill at a

higher median amount, as shown in Table 7.23. There was also a statistically significant difference in value among the groups, as well as a significant difference in self-taught training, with a smaller percentage of participants in the “Both” group selecting this answer. Intuition was similarly used among the groups, and while it can vary among individuals, it may be a skill that should be further discussed by voice experts.

Table 7.23 – Interpersonal Skill 21: Using My Intuition

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 142)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Using My Intuition	88 (81, 96) <i>Highly Valued</i>	80 (69, 91) <i>Highly Valued</i>	75 (66, 86) <i>Valued</i>	<0.001
Training^{2*} (N = 120)	Number of Participants (Percentage of Group)*			
Formal	15 (37%)	13 (25%)	11 (42%)	0.2
Supplementary	11 (27%)	18 (34%)	11 (42%)	0.4
Self-taught	19 (46%)	23 (43%)	3 (12%)	0.008
No Training	4 (9.8%)	2 (3.8%)	1 (3.8%)	0.5
Use³ (N = 125)	Number of Participants (Percentage of Group)			
Daily	23 (56%)	36 (63%)	12 (44%)	0.7
Weekly	11 (27%)	15 (26%)	10 (37%)	
Every other week	5 (12%)	4 (7.0%)	4 (15%)	
Monthly	2 (4.9%)	2 (3.5%)	1 (3.7%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Goal Setting and Decision-Making

Allowing Voice Users to Make Decisions

All three groups valued “allowing voice users to make decisions,” shown in Table 7.24, and many participants use this skill on a daily basis. The only statistically

significant difference emerged in regard to self-taught training, with 56% of teachers of singing selecting this answer, as compared to 35% of speech-language pathologists and 21% of voice experts who operate evenly in both fields.

Table 7.24 – Interpersonal Skill 31: Allowing Voice Users to Make Decisions

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 140)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Allowing Voice Users to Make Decisions	87 (79, 95) <i>Valued</i>	86 (77, 97) <i>Valued</i>	84 (74, 91) <i>Valued</i>	0.3
Training^{2*} (N = 114)	Number of Participants (Percentage of Group)*			
Formal	16 (41%)	23 (45%)	14 (58%)	0.4
Supplementary	8 (21%)	17 (33%)	5 (21%)	0.3
Self-taught	22 (56%)	18 (35%)	5 (21%)	0.014
No Training	4 (10%)	3 (5.9%)	0 (0%)	0.3
Use³ (N = 125)	Number of Participants (Percentage of Group)			
Daily	20 (48%)	29 (53%)	12 (43%)	0.8
Weekly	10 (24%)	10 (18%)	9 (32%)	
Every other week	7 (17%)	8 (15%)	5 (18%)	
Monthly	5 (12%)	8 (15%)	2 (7.1%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Setting Realistic Goals and/or Expectations with Voice Users

“Setting realistic goals and/or expectations with voice users” was similarly valued and used among the groups, while higher percentages of teachers of singing indicated having self-taught training or no training in this skill, with statistical significance shown in Table 7.25. The “ToS” group valued this skill with 62% indicating use of it on a daily basis, possibly why many of them have self-taught themselves this skill. For teachers of

singing, including the four who indicated having no training in this skill, perhaps more supplementary training could bolster their goal-setting abilities.

Table 7.25 – Interpersonal Skill 22: Setting Realistic Goals and/or Expectations with Voice Users

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Setting Realistic Goals and/or Expectations with Voice Users	84 (70, 97) <i>Highly Valued</i>	78 (66, 90) <i>Valued</i>	74 (63, 86) <i>Valued</i>	0.052
Training^{2*} (N = 120)	Number of Participants (Percentage of Group)*			
Formal	23 (56%)	39 (72%)	12 (48%)	0.08
Supplementary	12 (29%)	20 (37%)	10 (40%)	0.6
Self-taught	18 (44%)	8 (15%)	3 (12%)	0.001
No Training	4 (9.8%)	0 (0%)	0 (0%)	0.025
Use³ (N = 116)	Number of Participants (Percentage of Group)			
Daily	23 (62%)	19 (37%)	12 (43%)	0.2
Weekly	7 (19%)	20 (39%)	11 (39%)	
Every other week	3 (8.1%)	6 (12%)	4 (14%)	
Monthly	4 (11%)	6 (12%)	1 (3.6%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive ¹ Kruskal-Wallis rank sum test ² Pearson's Chi-squared test; Fisher's exact test ³ Fisher's exact test				

Teaching Techniques

Flexibility in Instructional Techniques

“Flexibility in instructional techniques,” the skill shown in Table 7.26, resulted in only one statistically significant difference, in the percentages of self-taught training.

There were 18 teachers of singing (44%), 15 speech-language pathologists (29%), and

only 4 participants who work evenly in both fields (15%) that indicated self-taught training. Similar to other skills, perhaps more teachers of singing are pursuing self-taught training because of their high value of this skill. The interview participants in Phase 1 expressed the need for flexibility and adaptation when working with voice users, which was affirmed by the reported use of this skill on the survey, with 50% or more of participants in all groups using this skill on a daily basis.

Table 7.26 – Interpersonal Skill 20: Flexibility in Instructional Techniques

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 143)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Flexibility in Instructional Techniques	92 (70, 100) <i>Highly Valued</i>	82 (72, 91) <i>Highly Valued</i>	84 (68, 93) <i>Highly Valued</i>	0.14
Training^{2*} (N = 119)	Number of Participants (Percentage of Group)*			
Formal	23 (56%)	26 (50%)	15 (58%)	0.8
Supplementary	18 (44%)	25 (48%)	7 (27%)	0.2
Self-taught	18 (44%)	15 (29%)	4 (15%)	0.044
No Training	1 (2.4%)	1 (1.9%)	0 (0%)	>0.9
Use³ (N = 128)	Number of Participants (Percentage of Group)			
Daily	26 (62%)	33 (57%)	14 (50%)	>0.9
Weekly	10 (24%)	15 (26%)	10 (36%)	
Every other week	4 (9.5%)	7 (12%)	3 (11%)	
Monthly	2 (4.8%)	3 (5.2%)	1 (3.6%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Starting with Fundamentals and Building from There

There were no significant differences in value, training, or use of the skill “starting with fundamentals and building from there.” This suggests that this is a skill in which the fields are aligned. Furthermore, this was the only skill for which zero percent of the participants answered, “No training”, meaning every participant had some type of training in this skill. This emphasizes the importance of training in this skill to work with voice users across fields.

Table 7.27 – Interpersonal Skill 4: Starting with Fundamentals and Building from There

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 143)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Starting with Fundamentals and Building from There	89 (71, 100) <i>Highly Valued</i>	85 (70, 94) <i>Highly Valued</i>	78 (66, 88) <i>Valued</i>	0.056
Training^{2*} (N = 119)	Number of Participants (Percentage of Group)*			
Formal	25 (61%)	33 (62%)	13 (52%)	0.7
Supplementary	20 (49%)	18 (34%)	11 (44%)	0.3
Self-taught	11 (27%)	11 (21%)	1 (4.0%)	0.056
No Training	0 (0%)	0 (0%)	0 (0%)	
Use³ (N = 119)	Number of Participants (Percentage of Group)			
Daily	19 (49%)	29 (55%)	14 (52%)	0.6
Weekly	12 (31%)	10 (19%)	8 (30%)	
Every other week	2 (5.1%)	8 (15%)	2 (7.4%)	
Monthly	6 (15%)	6 (11%)	3 (11%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Research-Based Practices

Attending and/or Presenting at Conferences

The results for “attending and/or presenting at conferences” are shown in Table 7.28. A conference is different than a workshop or clinic (discussed next) in terms of attendance size and scope of information. The results of this item were surprising with large percentages indicating daily or weekly use of this skill, which is unexplainable. Value of this skill was similar across the groups, as was formal, supplementary, and self-taught training. A difference occurred in relation to no training, since zero participants in the “Both” group indicated no training. In other words, all respondents in the “Both” group had some type of training, while 21% of the “ToS” respondents and 12% of the “SLP” respondents had no training in this skill.

Table 7.28 – Interpersonal Skill 33: Attending and/or Presenting at Conferences

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 140)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Attending and/or Presenting at Conferences	83 (67, 93) <i>Highly Valued</i>	80 (58, 89) <i>Highly Valued</i>	85 (76, 90) <i>Highly Valued</i>	0.11
Training^{2*} (N = 113)	Number of Participants (Percentage of Group)*			
Formal	16 (41%)	23 (46%)	13 (54%)	0.6
Supplementary	9 (23%)	17 (34%)	9 (38%)	0.4
Self-taught	13 (33%)	10 (20%)	2 (8.3%)	0.06
No Training	8 (21%)	6 (12%)	0 (0%)	0.048
Use³ (N = 85)	Number of Participants (Percentage of Group)			
Daily	9 (41%)	17 (47%)	18 (67%)	0.064
Weekly	7 (32%)	11 (31%)	3 (11%)	
Every other week	1 (4.5%)	6 (17%)	5 (19%)	
Monthly	5 (23%)	2 (5.6%)	1 (3.7%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Attending and/or Presenting at Workshops and/or Clinics

Table 7.29 shows the results for the skill “attending and/or presenting at workshops and/or clinics.” There were no significant differences found in value, formal training, supplementary training, or self-taught training. A larger percentage of teachers of singing indicated having no training in this skill (a significant difference). For this reason and more, it is surprising that so many participants indicated either daily or weekly use of this skill. Looking at the table below, there is a statistically significant difference among the groups in regard to use of this skill, but it seems infeasible that

voice experts are attending workshops and/or clinics daily. Possibly participants misunderstood the question, or perhaps, similar to the skill “contributing research to my field” (discussed next) considered preparing for presentations part of their daily and weekly work. This question was also answered by the smallest number of participants in the “Use” section (N=81). Nonetheless, the findings for this skill raise questions about the role of workshops and clinics in the careers of voice experts. If it is valued as much and used as frequently as the participants indicated, then training in this skill may need more standardization.

Table 7.29 – Interpersonal Skill 13: Attending and/or Presenting at Workshops and/or Clinics

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 142)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Attending and/or Presenting at Workshops and/or Clinics	84 (62, 92) <i>Highly Valued</i>	76 (52, 87) <i>Valued</i>	80 (65, 86) <i>Highly Valued</i>	0.13
Training^{2*} (N = 122)	Number of Participants (Percentage of Group)*			
Formal	14 (34%)	23 (42%)	14 (54%)	0.3
Supplementary	15 (37%)	21 (38%)	9 (35%)	>0.9
Self-taught	12 (29%)	12 (22%)	2 (7.7%)	0.11
No Training	8 (20%)	3 (5.5%)	1 (3.8%)	0.047
Use³ (N = 81)	Number of Participants (Percentage of Group)			
Daily	7 (35%)	9 (26%)	12 (46%)	0.03
Weekly	6 (30%)	10 (29%)	9 (35%)	
Every other week	1 (5.0%)	10 (29%)	5 (19%)	
Monthly	6 (30%)	6 (17%)	0 (0%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Contributing Research to My Field

“Contributing research to my field” was “Valued” by all three groups and use of this skill was not statistically different among the groups. However, it was surprising that so many participants indicated daily use of this skill, as it was predicted that this would likely be a monthly, or even a yearly occurrence for most participants. Two questions arise from this. The first: Why isn’t this valued at a higher level if it is frequently used? The second: How does one contribute research daily, in practice, with all of the ins and outs of research procedure in mind? Perhaps these participants have research projects on which they work daily, or perhaps they have different definitions of what “contributing research” means, possibly participating in surveys such as this one. Also, there was a statistically significant difference in responses to the no training option, as shown in Table 7.30. If this skill is really used on a frequent basis, then more training, especially from formal institutions, should be provided to teachers of singing and speech-language pathologists.

Table 7.30 – Interpersonal Skill 11: Contributing Research to My Field

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 138)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Contributing Research to My Field	76 (60, 90) <i>Valued</i>	74 (57, 89) <i>Valued</i>	73 (66, 87) <i>Valued</i>	0.8
Training^{2*} (N = 122)	Number of Participants (Percentage of Group)*			
Formal	22 (54%)	25 (45%)	13 (50%)	0.7
Supplementary	10 (24%)	14 (25%)	10 (38%)	0.4
Self-taught	8 (20%)	9 (16%)	3 (12%)	0.7
No Training	6 (15%)	11 (20%)	0 (0%)	0.033
Use³ (N = 87)	Number of Participants (Percentage of Group)			
Daily	9 (41%)	15 (43%)	13 (43%)	0.8
Weekly	6 (27%)	8 (23%)	6 (20%)	
Every other week	1 (4.5%)	6 (17%)	6 (20%)	
Monthly	6 (27%)	6 (17%)	5 (17%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Reading Publications in My Field

The only significant difference that emerged in regard to the skill “reading publications in my field” was that only one participant in the “Both” category indicated having self-taught training in this skill, as compared to higher percentages in the “ToS” and “SLP” categories. High percentages of participants in the “Both” category indicated formal and supplementary training, as shown in Table 7.31, so perhaps they felt that self-taught training was not necessary.

Table 7.31 – Interpersonal Skill 10: Reading Publications in My Field

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 142)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Reading Publications in My Field	86 (74, 95) <i>Highly Valued</i>	76 (61, 90) <i>Valued</i>	84 (74, 90) <i>Highly Valued</i>	0.061
Training^{2*} (N = 122)	Number of Participants (Percentage of Group)*			
Formal	19 (48%)	30 (55%)	15 (56%)	0.7
Supplementary	9 (22%)	15 (27%)	10 (37%)	0.4
Self-taught	15 (38%)	17 (31%)	1 (3.7%)	0.006
No Training	5 (12%)	4 (7.3%)	2 (7.4%)	0.7
Use³ (N = 109)	Number of Participants (Percentage of Group)			
Daily	12 (31%)	15 (35%)	13 (48%)	0.8
Weekly	14 (36%)	14 (33%)	9 (33%)	
Every other week	6 (15%)	8 (19%)	3 (11%)	
Monthly	7 (18%)	6 (14%)	2 (7.4%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Professional Demands

Preparedness

“Preparedness,” as shown in Table 7.32 was largely similar among the groups, with the only statistically significant difference occurring in relation to self-taught training. A smaller percentage of members who operate evenly in both fields indicated self-taught training in “preparedness” at 17%, as compared to 49% of teachers of singing and 34% of speech-language pathologists.

Table 7.32 – Interpersonal Skill 25: Preparedness

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Preparedness	88 (71, 99) <i>Highly Valued</i>	80 (70, 90) <i>Highly Valued</i>	78 (66, 91) <i>Valued</i>	0.2
Training^{2*} (N = 117)	Number of Participants (Percentage of Group)*			
Formal	26 (63%)	28 (53%)	9 (39%)	0.2
Supplementary	14 (34%)	15 (28%)	10 (43%)	0.4
Self-taught	20 (49%)	18 (34%)	4 (17%)	0.039
No Training	1 (2.4%)	2 (3.8%)	0 (0%)	>0.9
Use³ (N = 129)	Number of Participants (Percentage of Group)			
Daily	25 (61%)	29 (49%)	15 (52%)	0.2
Weekly	6 (15%)	20 (34%)	5 (17%)	
Every other week	6 (15%)	6 (10%)	7 (24%)	
Monthly	4 (9.8%)	4 (6.8%)	2 (6.9%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Reflecting on My Encounters with Voice Users After a Lesson, Session, or Appointment

Teachers of singing indicated a higher value of “reflecting on my encounters with voice users after a lesson, session, or appointment,” with a statistically significant difference, as well as had a significantly lower percentage of formal training and a significantly higher percentage of self-taught training. Perhaps teachers of singing rely more on self-taught training because they value this skill. It could be beneficial to provide teachers of singing with more formal education on how to reflect on their encounters.

Table 7.33 shows the results for this skill.

Table 7.33 – Interpersonal Skill 12: Reflecting on My Encounters with Voice Users After a Lesson, Session, or Appointment

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 141)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			0.014
Reflecting on My Encounters with Voice Users After a Lesson, Session, or Appointment	83 (71, 94) <i>Highly Valued</i>	69 (59, 83) <i>Valued</i>	78 (68, 92) <i>Valued</i>	
Training^{2*} (N = 121)	Number of Participants (Percentage of Group)*			0.008 0.5 <0.001 0.2
Formal	12 (29%)	30 (57%)	17 (63%)	
Supplementary	9 (22%)	17 (32%)	8 (30%)	
Self-taught	21 (51%)	11 (21%)	3 (11%)	
No Training	5 (12%)	4 (7.5%)	0 (0%)	
Use³ (N = 119)	Number of Participants (Percentage of Group)			0.4
Daily	25 (64%)	22 (44%)	12 (40%)	
Weekly	11 (28%)	18 (36%)	12 (40%)	
Every other week	2 (5.1%)	5 (10%)	4 (13%)	
Monthly	1 (2.6%)	5 (10%)	2 (6.7%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive ¹ Kruskal-Wallis rank sum test ² Pearson's Chi-squared test; Fisher's exact test ³ Fisher's exact test				

Pursuing Personal Growth in My Field

Table 7.34 shows the results for the skill “pursuing personal growth in my field,” for which there were no significant differences among the groups. This is a skill in which the fields are in alignment, and value, training, and use of this skill are consistent.

Table 7.34 – Interpersonal Skill 16: Pursuing Personal Growth in My Field

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 143)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Pursuing Personal Growth in My Field	84 (72, 99) <i>Highly Valued</i>	79 (58, 92) <i>Valued</i>	79 (72, 88) <i>Valued</i>	0.064
Training^{2*} (N = 122)	Number of Participants (Percentage of Group)*			
Formal	11 (27%)	23 (42%)	12 (46%)	0.2
Supplementary	17 (41%)	19 (35%)	8 (31%)	0.6
Self-taught	18 (44%)	18 (33%)	6 (23%)	0.2
No Training	4 (9.8%)	1 (1.8%)	0 (0%)	0.11
Use³ (N = 114)	Number of Participants (Percentage of Group)			
Daily	13 (34%)	16 (33%)	11 (41%)	0.8
Weekly	12 (32%)	18 (37%)	5 (19%)	
Every other week	7 (18%)	8 (16%)	7 (26%)	
Monthly	6 (16%)	7 (14%)	4 (15%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Using Technology

A few suggestions for incorporating technology were provided by participants in the qualitative interviews, including applications for organization and management, as well as for teaching content. In the qualitative survey, there were no significant differences in value or usage of this skill, but five teachers of singing (12%) did indicate having no training in this skill, reflecting a significant difference among the groups. Technology is increasingly becoming a part of the voice studio and can be another tool in teachers' toolboxes, according to Moss Erickson (2021, p. 435). Training, especially through formal education, should continue to be used to alleviate gaps in knowledge

regarding technology and how to incorporate it with singers, especially as it is valued at a median of 84 by teachers of singing participants. Table 7.35 displays these findings.

Table 7.35 – Interpersonal Skill 7: Using Technology

	ToS N = 50	SLP N = 63	BOTH N = 33	<i>p-value</i>
Value¹ (N = 142)	Median (Interquartile Range) <i>Descriptive Qualifier</i>			
Using Technology	84 (55, 92) <i>Valued</i>	77 (66, 90) <i>Somewhat Valued</i>	77 (68, 90) <i>Somewhat Valued</i>	>0.9
Training^{2*} (N = 119)	Number of Participants (Percentage of Group)*			
Formal	17 (42%)	25 (47%)	13 (50%)	0.8
Supplementary	14 (35%)	25 (47%)	8 (31%)	0.3
Self-taught	14 (35%)	13 (25%)	5 (19%)	0.3
No Training	5 (12%)	0 (0%)	0 (0%)	0.007
Use³ (N = 127)	Number of Participants (Percentage of Group)			
Daily	21 (51%)	27 (48%)	12 (40%)	0.3
Weekly	11 (27%)	17 (30%)	6 (20%)	
Every other week	8 (20%)	6 (11%)	8 (27%)	
Monthly	1 (2.4%)	6 (11%)	4 (13%)	
Less than once a month	0 (0%)	0 (0%)	0 (0%)	
*Answers not mutually exclusive				
¹ Kruskal-Wallis rank sum test				
² Pearson's Chi-squared test; Fisher's exact test				
³ Fisher's exact test				

Interpersonal Techniques

In addition to the 33 skills, participants indicated their use of certain techniques, which were discovered in the qualitative interviews and included in the survey as a “check all that apply” question. Table 7.36 displays responses with significant differences between the fields. From this data set, there are fewer participants who operate evenly in both fields who hold professional memberships and use small talk, while a higher

percentage of teachers of singing take voice lessons for their own development, offer voice users a sample lesson, and attend performances of their students and performances in general.

Table 7.36 – Interpersonal Techniques

Variable	N	ToS N = 50 ¹	SLP N = 63 ¹	BOTH N = 33 ¹	<i>p-value</i> ²
I hold a professional membership(s)	146	23 (46%)	18 (29%)	3 (9.1%)	0.002
I attend performances of any voice users, not just ones I know	146	29 (58%)	18 (29%)	17 (52%)	0.004
I attend performances of voice users with whom I currently working	146	36 (72%)	28 (44%)	25 (76%)	0.002
I use small talk with voice users	146	20 (40%)	27 (43%)	3 (9.1%)	0.002
I offer voice users a sample lesson and/or session	146	14 (28%)	6 (9.5%)	2 (6.1%)	0.01
I take voice lessons for my own vocal development	146	17 (34%)	9 (14%)	3 (9.1%)	0.007
¹ n (%) – Items not mutually exclusive					
² Pearson's Chi-squared test; Fisher's exact test					

Motivation

Finally, participants indicated types of pedagogical motivation in their own practice. Results from this “check all that apply” question show significant differences between the fields in Table 7.37. See [Appendix F.5](#) for the full results of the “check all that apply” questions about techniques and [Appendix F.6](#) for results about types of motivation.

For “service to individuals” and “using creativity,” a lower percentage of professionals who operate evenly in both fields indicated being motivated by these. The group with the highest percentage of individuals who were motivated by “service to

individuals” was speech-language pathologists at 65%. However, for all of the other statements in Table 7.37, teachers of singing had the highest percentage of agreement. Many of these findings align with statements made in the qualitative interviews and focus group, as will be discussed in the results of the next chapter, especially in terms of teachers of singing being motivated by mentoring others and building relationships. This reflects research done in pedagogical content knowledge, musical mentorship, and musical apprenticeship. Motivation is highly individualized, but these results could be used to question generalizations made about voice experts.

Table 7.37 – Pedagogical Motivation

Variable	N	ToS N = 50¹	SLP N = 63¹	BOTH N = 33¹	<i>p-value</i>²
Positive feedback from voice users and/or their family members	146	20 (40%)	13 (21%)	4 (12%)	0.009
Building relationships with voice users	146	20 (40%)	12 (19%)	2 (6.1%)	<0.001
I was/am inspired by personal mentors	146	17 (34%)	9 (14%)	2 (6.1%)	0.003
Mentoring others	146	20 (40%)	11 (17%)	4 (12%)	0.004
Using creativity	146	24 (48%)	25 (40%)	4 (12%)	0.003
Service to individuals	146	32 (64%)	41 (65%)	11 (33%)	0.006
¹ n (%) – Items not mutually exclusive					
² Pearson's Chi-squared test; Fisher's exact test					

Phase 2 Conclusions

There were many significant findings regarding the value of certain skills discussed in this chapter. There were significantly high medians from the “ToS” group regarding the value of 12 skills, listed in Table 7.38 below, and the “SLP” group regarding the value of two skills, listed in Table 7.39. There were no skills in which significance was found and the “Both” group had the highest median.

TABLE 7.38 – STATISTICALLY SIGNIFICANT VALUED SKILLS FOR TEACHERS OF SINGING

Theme	Item	N	ToS N = 50 ¹	SLP N = 63 ¹	BOTH N = 33 ¹	p- value ²
RELATIONSHIP-BUILDING	being a life coach to the voice users with whom I work	142	80 (66, 88) <i>Highly Valued</i>	67 (44, 77) <i>Valued</i>	66 (55, 84) <i>Valued</i>	0.005
	humor	142	90 (74, 100) <i>Highly Valued</i>	84 (69, 96) <i>Highly Valued</i>	73 (62, 82) <i>Valued</i>	0.004
	respectful relationships with voice users	141	92 (68, 100) <i>Highly Valued</i>	74 (65, 95) <i>Valued</i>	75 (65, 84) <i>Valued</i>	0.048
SAFE ENVIRONMENTS	making voice users feel safe	143	90 (76, 100) <i>Highly Valued</i>	79 (70, 96) <i>Valued</i>	78 (59, 88) <i>Valued</i>	0.019
VOICE-USER-LED PRACTICES	knowledge of the anatomy and physiology of the human voice	143	83 (64, 97) <i>Highly Valued</i>	71 (58, 92) <i>Valued</i>	66 (52, 83) <i>Valued</i>	0.044
	giving voice users a space to vent and/or be vulnerable	141	92 (74, 100) <i>Highly Valued</i>	76 (57, 93) <i>Valued</i>	62 (57, 76) <i>Valued</i>	<0.001
TYPES OF TRAINING	developing pedagogical content knowledge, either through research or experience	141	86 (75, 95) <i>Highly Valued</i>	75 (60, 89) <i>Valued</i>	80 (66, 92) <i>Highly Valued</i>	0.017
TEAMWORK	collaborating with others in voice related fields	141	88 (68, 96) <i>Highly Valued</i>	71 (59, 86) <i>Valued</i>	74 (60, 89) <i>Valued</i>	0.028
VERBAL COMMUNICATION AND FEEDBACK	using prompting questions	141	87 (72, 98) <i>Highly Valued</i>	77 (62, 88) <i>Valued</i>	76 (62, 87) <i>Valued</i>	0.021
NON-VERBAL COMMUNICATION AND LISTENING SKILLS	listening	143	90 (66, 100) <i>Highly Valued</i>	75 (65, 100) <i>Valued</i>	68 (60, 72) <i>Valued</i>	0.005
	using my intuition	142	88 (81, 96) <i>Highly Valued</i>	80 (69, 91) <i>Highly Valued</i>	75 (66, 86) <i>Valued</i>	<0.001
PROFESSIONAL DEMANDS	reflecting on my encounters with voice users after a lesson, session, or appointment	141	83 (71, 94) <i>Highly Valued</i>	69 (59, 83) <i>Valued</i>	78 (68, 92) <i>Valued</i>	0.014

¹Median (IQR), ²Kruskal-Wallis rank sum test

TABLE 7.39 – STATISTICALLY SIGNIFICANT VALUED SKILLS FOR SPEECH-LANGUAGE PATHOLOGISTS

Theme	Item	N	ToS N = 50¹	SLP N = 63¹	BOTH N = 33¹	p-value²
RELATIONSHIP-BUILDING	trust	138	91 (80, 100) <i>Highly Valued</i>	92 (82, 100) <i>Highly Valued</i>	84 (71, 93) <i>Highly Valued</i>	0.037
	empathy	141	83 (77, 99) <i>Highly Valued</i>	91 (79, 100) <i>Highly Valued</i>	80 (72, 88) <i>Highly Valued</i>	0.011
¹ Median (IQR) ² Kruskal-Wallis rank sum test						

TABLE 7.40 – SIGNIFICANT DIFFERENCES IN USE

Theme	Item	N	ToS N = 50 ¹	SLP N = 63 ¹	BOTH N = 33 ¹	p-value ²
TYPES OF TRAINING	continuing my education	108				0.015
	Daily		13 (34%)	14 (34%)	15 (52%)	
	Weekly		14 (37%)	6 (15%)	7 (24%)	
	Every other week		7 (18%)	10 (24%)	7 (24%)	
	Monthly		4 (11%)	11 (27%)	0 (0%)	
	Less than once a month		0 (0%)	0 (0%)	0 (0%)	
TEAMWORK	collaborating with others in voice related fields	112				0.002
	Daily		7 (19%)	14 (30%)	19 (68%)	
	Weekly		11 (30%)	15 (32%)	5 (18%)	
	Every other week		7 (19%)	11 (23%)	3 (11%)	
	Monthly		12 (32%)	7 (15%)	1 (3.6%)	
	Less than once a month		0 (0%)	0 (0%)	0 (0%)	
VERBAL COMMUNICATION AND FEEDBACK	using prompting questions	127				0.035
	Daily		29 (69%)	34 (60%)	13 (46%)	
	Weekly		3 (7.1%)	13 (23%)	11 (39%)	
	Every other week		8 (19%)	5 (8.8%)	2 (7.1%)	
	Monthly		2 (4.8%)	5 (8.8%)	2 (7.1%)	
	Less than once a month		0 (0%)	0 (0%)	0 (0%)	
RESEARCH-BASED PRACTICES	attending and/or presenting at workshops and/or clinics	81				0.03
	Daily		7 (35%)	9 (26%)	12 (46%)	
	Weekly		6 (30%)	10 (29%)	9 (35%)	
	Every other week		1 (5.0%)	10 (29%)	5 (19%)	
	Monthly		6 (30%)	6 (17%)	0 (0%)	
	Less than once a month		0 (0%)	0 (0%)	0 (0%)	

There were not as many significant findings regarding the use of interpersonal skills, which suggests that the fields are in more alignment when it comes to using these skills than valuing or receiving training in them. There were four skills in which significant differences in use were found between all three groups (“ToS,” “SLP,” and “Both”), shown in Table 7.40 above.

However, the most startling finding was the number of statements for which teachers of singing had the highest percentage of self-taught training for statistically significant statements. Table 7.41 shows the 19 interpersonal skills for which statistical significance was found and a higher percentage of teachers of singing indicated self-taught training. For five of these skills (marked with * in Table 7.41), a significant difference was also found in either formal or supplementary training with teachers of singing having the lowest percentages when compared to the “SLP” and “Both” groups.

The fact that so many teachers of singing are relying on self-taught training and lack formal or supplementary training implies that as a profession, teachers of singing are not being trained in these skills and are relying on their own means to develop them. This is especially startling because the “ToS” group had the highest median score with statistical significance regarding the value of nine of these skills (marked with ^v in Table 7.41). This shows that formal and supplementary training in voice pedagogy were not sufficient for these participants in developing these valued skills. The more teachers of singing are given formal training in interpersonal skills through degree programs and supplementary training from workshops and clinics, such as ones hosted by NATS, the less they would need to rely on self-teaching.

TABLE 7.41 – SELF-TAUGHT SKILLS IN TEACHERS OF SINGING

Theme	Item (Related to Self-Taught Training)	N	ToS N = 46 ¹	SLP N = 61 ¹	BOTH N = 31 ¹	p- value ²
RELATIONSHIP- BUILDING	humility	125	18 (43%)	20 (36%)	4 (14%)	0.039
	being a life coach to the voice users with whom I work* ^V	121	18 (44%)	4 (7.4%)	5 (19%)	<0.001
	humor* ^V	120	23 (59%)	22 (40%)	1 (3.8%)	<0.001
	empathy	119	23 (56%)	20 (38%)	2 (8.0%)	<0.001
	trust	117	22 (56%)	23 (44%)	4 (15%)	0.004
	respectful relationships with voice users* ^V	114	19 (49%)	21 (41%)	3 (12%)	0.012
SAFE ENVIRONMENTS	making voice users feel safe ^V	121	19 (48%)	14 (26%)	6 (22%)	0.039
VOICE-USER-LED PRACTICES	interacting with diverse voice users	117	19 (48%)	17 (33%)	4 (16%)	0.032
TYPES OF TRAINING	developing pedagogical content knowledge, either through research or experience ^V	121	15 (37%)	7 (13%)	3 (12%)	0.008
	being versed in a number (3+) of different discipline areas and/or techniques	115	18 (46%)	9 (18%)	5 (20%)	0.007

TABLE 7.41 – SELF-TAUGHT SKILLS IN TEACHERS OF SINGING (continued)

Theme	Item (Related to Self-Taught Training)	N	ToS N = 46 ¹	SLP N = 61 ¹	BOTH N = 31 ¹	p- value ²
VERBAL COMMUNICATION AND FEEDBACK	using prompting questions* ^v	114	21 (54%)	8 (16%)	3 (12%)	< 0.001
NON-VERBAL COMMUNICATION AND LISTENING SKILLS	listening ^v	138	17 (37%)	14 (23%)	4 (13%)	0.05
	using my intuition*	120	19 (46%)	23 (43%)	3 (12%)	0.008
GOAL SETTING AND DECISION- MAKING	setting realistic goals and/or expectations with voice users	120	18 (44%)	8 (15%)	3 (12%)	0.001
	allowing voice users to make decisions	114	22 (56%)	18 (35%)	5 (21%)	0.014
TEACHING TECHNIQUES	flexibility in instructional techniques	119	18 (44%)	15 (29%)	4 (15%)	0.044
RESEARCH-BASED PRACTICES	reading publications in my field	122	15 (38%)	17 (31%)	1 (3.7%)	0.006
PROFESSIONAL DEMANDS	reflecting on my encounters with voice users after a lesson, session, or appointment* ^v	121	21 (51%)	11 (21%)	3 (11%)	< 0.001
	preparedness	117	20 (49%)	18 (34%)	4 (17%)	0.039
¹ n (%)						
² Pearson's Chi-squared test; Fisher's exact test						

CHAPTER 8: QUALITATIVE FOCUS GROUP RESULTS

In Phase 3, a qualitative focus group was conducted after both the qualitative interviews in Phase 1 and the quantitative survey in Phase 2. Those who took the survey were invited to participate and discuss interpersonal skills. Five participants, all teachers of singing, attended. For the questions discussed in this semi-structured focus group interview, see [Appendix D.3](#), and for the full transcript, see [Appendix E](#). The themes that emerged from this conversation aligned with much of the findings from the qualitative interviews, so the same themes were used to categorize the data. As all participants were teachers of singing, their comments were included in the Venn diagrams utilized in Chapters 4, 5, and 6, and are referenced for each theme below. Additionally, the participants affirmed many of the quantitative findings, which are referenced when applicable.

Relationship-Building

The five focus group members expressed the importance of relationship-building in the voice lesson, often through trust. Recall that “trust” was a skill valued by teachers of singing in the quantitative results at a median value of 91 (see [Table 7.10](#)). According to Members 2, 3, and 4, building trust and rapport starts in the very first meeting through both informal and formal methods of getting to know students. An example of an informal method was asking questions and allowing a singer to sing a favorite piece in the first lesson. A formal method example was a singer intake form, not unlike paperwork for a doctor’s appointment, according to Member 1.

Empathy, a skill valued in the quantitative survey at a median value of 83 by teachers of singing, was also given as a factor in relationship-building. Member 3 said,

“There's research out there that talks about the fact that when a choir sings together, their hearts actually start beating at the same time together,” perhaps thinking of the findings of Vickhoff et al. (2013). This participant uses mirroring and encourages a communal effort when working with singers.

Finally, the focus group made comments about encouraging respectful relationships between their students in voice class, operas, and audition prep classes. In working with high school students preparing for musical auditions, Member 2 said, “Everyone gets a chance to be the encourager and the teacher.” This builds bonds between students, as well as creates community. This affirms the comments of the Singing Teacher participants in Phase 1 who saw the value of building community for voice users. See [Figure 4.1](#) for the qualitative comparisons in regard to this theme.

Safe Environments

Creating a safe environment was important to the focus group participants, which aligned with the findings of the qualitative interviews, as well as the quantitative results for teachers of singing who valued “making voice users feel safe” at a median of 90, a statistically significant difference from the other groups. Plus, 63% of teachers of singing who took the survey indicated using this skill on a daily basis (see [Table 7.12](#)). In the focus group, Member 3 said “do no harm,” as found in the NATS code of ethics, is more than just not physically harming students, it means rejecting misinformation and guiding them not only in a loving and nurturing way, but also in a factual way. Member 3 also said, “It's not just having the voice in your hands, but having their life in your hands.” Many agreed that the singing experience is personal and vulnerable. Member 2 said, “We have the responsibility to keep that beautiful voice healthy and strong and to teach our

students to do the most with it that we can, but we also have a responsibility to their hearts as well.” This participant also gave ways to respect personal boundaries and space, such as not touching students without their permission to demonstrate a certain posture. See [Figure 4.2](#) for the qualitative results of this theme.

Voice-User-Led Practices

The focus group participants expressed similar sentiments to the interview participants in regard to voice-user-led practices. They adapt instruction based on age, experience, goals, *fach*, personality type, and communicational styles. About voice lessons, Member 3 said, “Not only do you have to approach it from a cultural point of view in terms of each student, but also from an individual point of view and their own needs or wants in terms of expression.” This participant also uses learning styles and works to understand generational differences in learning.

Member 4 works with students of a variety of linguistic, cultural, and religious backgrounds, and is purposeful about honoring these things, as well as their interests. This participant gives students diverse vocal models so they can better understand their own voices, rather than trying to sound like someone they are not. Member 1 said, “My job is to help them find something that is good for their ears, but also good for their voice and good for their soul.” The lesson environment created by these participants is focused on the individuality of each voice user. “Interacting with diverse voice users” was a skill valued by teachers of singing in the quantitative survey at a median of 84, trained in a number of different ways, and used by many on a daily and weekly basis (see [Table 7.13](#)). Understanding the individuality of diverse voice users, thus, was an important finding of all three phases.

As teachers of singing, the focus group members also expressed using knowledge of the anatomy and physiology of the voice in their teaching techniques. This affirms the statistically significant value of this skill among teachers of singing in Phase 2 (see [Table 7.14](#)), as well as the frequent use and formal, supplementary, and self-taught training in this skill among teachers of singing. In the focus group, for example, Member 1 said, “How different things affect the thickness of the vocal folds, I use that every single day because then it helps a student feel like they're more in control of their voice, if they understand how things actually affect the voice.”

Finally, focus group participants also mentioned encouraging voice users to make decisions and act with independence. Members 1 and 4 talked about allowing students to have a say in repertoire selections, but leaving room for conversations about why a piece would or would not be good for them. Member 5 makes students accountable for weekly assignments related to their own voice, something similar to Singing Teacher 1 from Phase 1. Regarding virtual lessons, Member 1 said, “My students really do have to pay attention more to give me the information, and really have to listen and stop relying on me playing everything for them,” a comment similar to something expressed by Singing Teacher 2 in Phase 1. This was, to these participants, a silver lining to virtual lessons due to the COVID-19 pandemic. Whether teaching virtually or in-person, Member 4 agreed that teachers must continue to foster independence in singers. This corroborated much of the qualitative interview findings in Phase 1 (see [Figure 4.3](#)), as well as the findings from the quantitative survey in regard to the skill “allowing voice users to make decisions” (see [Table 7.24](#))

Types of Training

Types of training were discussed by the focus group members. Member 1 credited much of her technique training to the Somatic Voicework of Jeanie LoVetri, as well as a teacher who “really instilled in us the idea of teaching and how to break it down.” The role of the voice teacher in training the next generation was discussed in both positive and negative ways. For example, Member 5 said, “There was a lack of technical teaching except for when we did take some pedagogical courses, but [teaching] wasn't the focus. And a lot of my techniques came from the private instructors that I had,” which helped fill in the gaps from her institutional training. However, Member 3 came from a world in which teachers taught what was passed on to them from prior teachers and expressed being glad that this is no longer the paradigm in voice pedagogy. Member 2 wished training would have focused more on how to teach singers of a different voice type when she was doing her formal training decades ago.

Many of these participants pursued their own training, including graduate and terminal degrees, summer courses, webinars, trainings, and conferences. They also pursued knowledge on different musical styles. In regard to commercial contemporary styles, Member 4 admits, “A lot of what I accepted as just the way it was, I've had to reexamine. And I had to do a lot of additional study, and that wasn't part of my training.” Member 1 said being aware of different styles of music and being an “eclectic listener” were essential to her training and development as a musician and teacher. All of these comments confirmed the findings of many of the quantitative skills, including “attending and/or presenting at workshops and/or clinics” (see [Table 7.29](#)), “attending and/or presenting at conferences” (see [Table 7.28](#)), “continuing my education” (see [Table 7.17](#)),

and “being versed in a number (3+) of different discipline areas and/or techniques” (see [Table 7.16](#)).

Finally, these participants expressed a strong desire to see voice pedagogy incorporated earlier and more frequently in collegiate voice training. Member 1 said, “The sooner you learn your instrument, the sooner you can accomplish more things.” See [Figure 5.1](#) for the qualitative results of types of training.

Pedagogical Motivation

Like the interview participants, the focus group participants were highly motivated, and Member 1 described this as a hunger for knowledge. Many participants gave examples of doing extra work and going the extra mile to find appropriate music for students. They take their responsibility to students seriously and are motivated by student successes. Recall that in the quantitative survey results, teachers of singing had high percentages of motivation, at statistically significant amounts, in regard to “positive feedback from voice users and/or their family members,” “building relationships with voice users,” and “mentoring others” (see [Table 7.37](#)). Members 2 and 3 also expressed being motivated by the desire to fill gaps in their knowledge, as discussed above. See [Figure 5.2](#) for the qualitative results for pedagogical motivation.

Teamwork

Collaborating with others in voice related fields was important to the focus group participants, corroborating the findings of the interviews in Phase 1 (see [Figure 5.3](#)) and the survey in Phase 2 (see [Table 7.19](#)). Member 1 relies on Facebook groups for teachers of singing, while Member 2 finds NATS chats invaluable. Getting to ask questions and share insights with other teachers is helpful to these participants. Member 3 said, “There's

a kind of cooperation and collective contribution that didn't exist in years gone by.” A “cooperative venture” is possible when voice experts keep an open mind when discussing differences of opinions, according to this participant, who thinks collaborating with other voices allow us to see the “whole picture” of the voice through different perspectives. Member 1, who underwent speech therapy, sees the importance of forging relationships with scientists and speech-language pathologists. Member 4 enjoys “keeping the conversation going,” with people met at conferences, classes, and workshops.

When working with the students of other private voice teachers in an opera workshop, for example, Member 3 refers students back to their teacher with technical concerns and shows respect for the expertise of colleagues. Member 5 expressed the importance of being able to ask colleagues for a second opinion, and them being able to approach each other for advice. Other members mentioned meeting as a voice area at their institution, something that contributes to the overall value of teamwork.

Verbal Communication and Feedback

One type of verbal communication utilized by the focus group participants is asking prompting questions, which was also valued, trained, and used by participants in the “ToS” group in the quantitative results (see [Table 7.21](#)). Members 3 and 4 of the focus group discussed checking in with a student’s sensations to ensure what is heard aligns with what the student is experiencing. Member 2 is passionate about giving positive feedback and encouragement, whether it is a big or a small skill that is accomplished. Overall, however, this theme was not as frequently discussed by the focus group members as it was by the interview participants, but see [Figure 6.1](#) for the qualitative results of this theme.

Non-Verbal Communication and Listening Skills

Listening, a skill valued by teachers of singing in the quantitative survey (see [Table 7.22](#)) and in the Phase 1 interviews (see [Figure 6.2](#)), was also briefly discussed in the focus group. When working with students, Members 2 and 3 expressed that a purposeful pause can give students a chance to process and come to their own conclusions. Member 3 said, “Don't say anything for three to four seconds, just don't respond. You're engaged and you're listening and you're just letting the singer process what they've just done.” Member 2 also said a visual cue, such as resting a hand on her chin, shows she is listening in a nonverbal way.

Both Members 1 and 3 mentioned being aware of body language and what it communicates about the emotional and mental state of the singer. Member 3 expanded this to include feeling electromagnetic energy as a way to feel emotions from students, even in virtual formats.

Goal Setting and Decision-Making

The focus group participants discussed both the types of goals they set and how they set them. Member 3 first and foremost sets the goal of repeatable success in the style of the work, as well as vocal health and freedom. Member 1, like many of the Phase 1 interview participants, sets short- and long-term goals with students and all the participants make goal-setting part of their interactions with students (see [Figure 6.3](#)). By simply asking what singers want to accomplish, the teachers put students' goals at the forefront. In a private studio setting, Member 2 also asks how much time students want to spend taking lessons and sets realistic goals from there. Compare these results to the quantitative survey, in which teachers of singing valued “setting realistic goals and/or

expectations with voice users” at a median of 84, 56% were formally trained in this skill, and 62% use it on a daily basis (see [Table 7.25](#)).

Teaching Techniques

Many of the members use semi-occluded vocal tract (SOVT) exercises frequently, as well as body awareness techniques. Member 3 relates teaching back to emotion, expression and meaning, saying, “The voice is innervated by the vagus nerve, which innervates our emotional center of the body, so everything we feel is going to be reflected in the voice.” Other types of teaching techniques have been mentioned in previous themes, including training in the LoVetri method, adapting techniques to student needs, and using approaches based on the goals of students.

All five members agreed that there is not just one way to train singers, but they enjoy the specificity of technique work and the amount that can be accomplished when working with students one-on-one. This aligns with the survey results, for which teachers of singing had a median value of 92 for “flexibility in interpersonal techniques,” and high percentages of different training types, as well as daily use of this skill (see [Table 7.26](#)). See [Figure 6.4](#) for the qualitative summary of teaching techniques.

Research-Based Practices

Many of the focus group participants expressed the change in voice pedagogy throughout their career, crediting voice research for this change. Member 1 appreciates the “continued idea of how science keeps changing,” and thinks it’s important to stay on the front end of “all of the new information that's coming out.” Reading vocal pedagogy literature, including the NATS *Journal of Singing*, was important to Members 1 and 3. Compare this with other voice experts from Phase 1 in [Figure 6.5](#), who also read the

Journal of Singing and other textbooks, but had fewer examples of research-based practices than the Med Subjects. See also the quantitative results of “reading publications in my field” ([Table 7.31](#)), which teachers of singing valued at a median of 86 and 31% used it on a daily basis, and “contributing research to my field” ([Table 7.30](#)), which 41% of teachers of singing indicated using on a daily basis, despite a lower median value of 76.

Professional Demands

There is a multitude of information that voice teachers are expected to understand and the focus group participants briefly mentioned some of these demands. When meeting new students, Member 4 said understanding singers’ backgrounds are multifaceted, including musical and vocal training, movement background (sports, dance, etc.), linguistic backgrounds, and favorite musical artists. She leverages her own experience in these facets to help students progress. Member 1 said it is important to help students bring down the “vastness” of music, as trying to find music can often be overwhelming. This is comparable to the results of Phase 1, since the Singing Teacher participants also indicated the need to understand musical genre and performance concerns, as well as other demands shown in [Figure 6.6](#), such as preparing singers for competitions and the challenges of seeing students back-to-back.

Technology was another topic discussed in relation to professional demands, especially in light of the COVID-19 pandemic. Tonara⁴ and Collabra⁵ were two music education software systems given as a tool for communicating with students, giving

⁴ A music education platform. See more at www.tonara.com

⁵ A collaborative music education and practice platform. See more at www.collabramusic.com

assignments, tracking practice, and providing feedback on recorded performances.

Through the learning management system Canvas⁶, multiple members have created a course to deliver pedagogical knowledge alongside voice lessons to undergraduate students, in addition to using online practice journals. Member 4 says this has helped her retain students, as the “technology embraces their experience and provides structure.” These participants have also found that technology allows more communication and feedback to happen throughout the week, rather than just at weekly lessons. A YouTube series called “What the *fach*?” and a website, Last.fm, were given as resources for finding repertoire for CCM singers.

In regard to teaching over Zoom effectively, Member 4 requires certain “production values,” including good lighting, quality microphones and sound, and standing an appropriate distance from the camera. Member 2 uses online lessons as an option to maintain practice habits and consistency. Member 5 said teachers can practice communicating online, just like we would any other teaching skill. Additionally, Member 4 has used sung recordings of students throughout this year to track progress and gave recommendations differentiating live performance techniques from recorded performances. Members expressed a desire for more resources that address how to make effective recorded performances. This is similar to the 5 “ToS” participants in Phase 2 who indicated no training in “using technology,” though it was a valued skill among teachers of singing (see [Table 7.35](#)). Member 1 directed her institution’s musical using a

⁶ A learning management system utilized by institutions, especially ones of higher education. See more at www.instructure.com/canvas

green screen this semester and had to adapt teaching techniques based on this technology and student needs.

Phase 3 Conclusions

The five focus group members in Phase 3 bolstered many of the findings of Phases 1 and 2, while providing new insights into voice pedagogy specifically. Regarding relationship-building, these members value the skills of trust, empathy, and building respectful relationships, as well as creating a safe environment by taking care of singers' voices and hearts. They use knowledge of vocal anatomy and physiology, as well as an understanding of diverse groups of people, to serve singers through voice-user-led means. They expressed types of training they found valuable and types of training they wish they had received, which included a desire to incorporate voice pedagogy training into early collegiate experiences for more singers. These focus group members shared ways in which they are motivated by a hunger for knowledge, collaborating with others, and incorporating verbal communication and feedback, non-verbal communication and listening skills, and goal setting and decision-making with voice users. Finally, the focus group members discussed a variety of teaching techniques and agreed there is no one way to teach singers, but thought it was important to stay up to date on voice science and meet professional demands, which includes using technology effectively.

With all these findings in mind, the next chapter will synthesize the qualitative data from Phases 1 and 3 and the quantitative data from Phase 2 to better understand similarities and differences between teachers of singing and speech-language pathologists. References will be made to information in Chapters 4-8 when necessary, and significant discussion topics will be addressed.

CHAPTER 9: DISCUSSION

This chapter discusses the results of the qualitative and quantitative data analysis in conjunction with one another to best identify similarities and differences in interpersonal practices of teachers of singing and speech-language pathologists. The results of the quantitative survey will be compared with the qualitative themes to see what generalizations, if any, can be made for the fields. When the qualitative research is referenced, “Med Subject participants” and “Singing Teacher participants” will be used to describe the interview findings, with specific individuals referenced when necessary, and “focus group participants” will be used to describe the findings from the focus group. When the quantitative research is referenced, it will predominantly focus on teachers of singing (“ToS”) and speech-language pathologists (“SLP”), rather than the respondents who indicated operating evenly in both fields (“Both”). This discussion will cover the following topics: getting started and setting goals, techniques for building relationships, creating safe environments, communication, multidisciplinary practices, motivation, the nature of voice pedagogy, and pedagogical content knowledge.

Getting Started and Setting Goals

In the summer of 2020, I attended a course as part of the CCM Vocal Pedagogy Institute at Shenandoah University taught by Marci Rosenberg, co-author of *The Vocal Athlete* (2nd ed., 2019). She encouraged teachers of singing to create an intake form for new students to better understand their health, habits, and personal goals. At the same time, I was taking a course on voice disorders with the speech-language pathology department at the University of Nebraska-Lincoln (UNL), through which I learned about forms such as the Voice Handicap Index, the Voice-Related Quality of Life

questionnaire, the Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V), which measures “(a) Overall Severity; (b) Roughness; (c) Breathiness; (d) Strain; (e) Pitch; and (f) Loudness” (ASHA, 2009), and other measures typically used to assess voice users at initial appointments.

This similarity between the fields intrigued me and was further corroborated by the qualitative measures of this study. Med Subjects 2 and 4 discussed using formal measures to assess and set goals with voice users, especially to align with IEPs in the case of Med Subject 4. Med Subject 3 said the desired outcomes of the voice user were more important than any goals he set. All the Singing Teachers mentioned being guided by the goals of the singer.

Taking into consideration these examples from the fields and the experiences of the interview participants, I wanted to know how common it was to (1) follow a formal evaluation and (2) set goals with voice users. First, 22% of speech-language pathologist participants from the quantitative survey indicated they follow a formal evaluation or screening test with voice users, compared to 18% of participants who identified as teachers of singing (see [Appendix F.5](#)). These smaller percentages were not what I expected based on what I had read and observed from voice experts, but perhaps these participants find informal methods of starting with voice users more effective.

Second, while 72% of the “SLP” participants indicated having formal training in “setting realistic goals and/or expectations with voice users,” as compared to 56% of those in the “ToS” group, a larger percentage (62%) of teachers of singing indicated using this skill on a daily basis compared to speech-language pathologists (37%). Perhaps speech-language pathologists set goals in more infrequent ways, as shown by the 39% of

“SLP” participants who use this on a weekly basis, since goals are set in the first or second session to determine how many sessions are required to address the voice user’s needs and then adjusted as necessary. This could also be reflective of a difference between short- and long-term goals. Many of the Med Subject participants in Phase 1 mentioned using short-term goals to address emergency situations or pressing concerns in those seeking voice services, such as the “triage” goals mentioned by Med Subject 1. These short-term goals often take precedence, allowing long-term goals to be set after treatment and when preparing voice users to take care of their voices moving forward. The Singing Teacher participants in Phase 1 also use short-term goals for immediate concerns or interests, but set more long-term goals with students, especially in regard to musical and career outcomes.

Therefore, the frequency in which experts in these fields set goals and expectations could be different. Both groups in the quantitative survey valued this skill, as shown in [Table 7.25](#), but teachers of singing had a wide variety of training, including 4 participants who had no training in this skill. If teachers of singing use this skill more frequently, and 44% indicated self-taught training in this skill, perhaps formal education could better equip teachers of singing to set goals with voice users.

Finally, in Phase 3, three of the five focus group members discussed using formal and informal measures to establish goals in the first meeting with a student. This reinforced the initial analysis that setting goals was an important first step to getting started with voice users. Due to the prevalence of goal-setting methods in the literature (Clemmons, 2010; Hayley et al., 2019; Walker & Commander, 2017) and the qualitative

measures of Phases 1 and 3, as well as the value placed on this skill in Phase 2, voice experts should be trained in goal-setting techniques.

Techniques for Building Relationships

After setting goals, many of the qualitative participants mentioned ways in which relationships can be established with voice users: Med Subject 2 and Singing Teacher 4 use humor to establish bonds; other participants discussed the importance of empathy; Med Subject 3 discussed the importance of respecting the journey each voice user has taken. However, the participants had slightly different views on what role they should play in the lives of voice users, including mentor, friend, life coach, and nurturer.

Shown in [Table 7.8](#), humor was highly valued by teachers of singing and many of them relied on self-taught training in this skill, especially compared to speech-language pathologists. Formal education could better provide techniques for humor in interpersonal interactions, especially to assist the 58% of teachers of singing and 64% of speech-language pathologists who indicated using it on a daily basis. Humor, such as laughing and fun, may be a way to keep students engaged, just as Med Subject 4 uses a practice page and a game in her practice with young voice users and Singing Teacher 3 ensures that voice lessons are fun in addition to helpful.

Empathy was another important factor of relationship-building discussed by the participants in Phase 1. Many of the participants exposed how deeply the voice is intertwined with emotion and, thus, felt that understanding needed to be shown to all voice users. This included being empathetic to those with stage fright, to sexual abuse survivors, to those who have voice disorders, and to a plethora of other individuals. In light of this, as well as the quantitative results of Phase 2, as shown in [Table 7.6](#), more of

these soft skills need to be trained. Over 60% of both teachers of singing and speech-language pathologists indicated using “empathy” on a daily basis, but training percentages were sporadic, as 56% in the “ToS” group and 38% in the “SLP” group indicated self-taught training, and 12% and 11%, respectfully, indicated no training.

Trust is another way to develop relationships with voice users and, ultimately, improve voice outcomes. Med Subject 1 said health outcomes are better in voice users who trust their doctors and feel empowered in the encounter, while Med Subject 4 finds a trusting relationship in which she invests in her students to be more productive than a “sterile” working relationship. Med Subject 2, who works with a variety of different personalities, finds trust necessary in working with each of them. The Singing Teacher participants also use trust-building approaches, such as advising students academically, building rapport, and even having “come to Jesus” sessions, something that can only happen when trust exists.

In the quantitative results, trust was highly valued by both teachers of singing and speech-language pathologists and frequently used on a daily basis, as shown in [Table 7.10](#). However, similar to empathy, training was varied. There may be some concrete ways to encourage the interpersonal skill of trust to be trained and used by voice experts, such as giving priority to the needs and choices of voice users (Dufault, 2013; O’Grady, 2014), showing interest in voice users (Skirbekk, 2011, as cited in O’Grady et al., 2014), building rapport (Clemmons, 2010), and providing individualized, unique instruction for all voice users (Frey-Monell, 2010; Jellison, 2015).

“Respectful relationships with voice users” was a skill highly valued and frequently used on a daily basis by teachers of singing, as shown in [Table 7.9](#). The

difference in value between teachers of singing (92) and speech-language pathologists (74) was statistically significant, despite usage being similar between the groups. This difference in value is surprising, especially in light of the qualitative results because many of the Phase 1 participants in both groups mentioned respect. This included being respectful of a voice user's time (Med Subject 3), respecting adult clients as equals (Med Subject 2), being respectful of one's cultural musical heritage (Singing Teacher 1, Focus Group), communicating honestly and respectfully (Singing Teacher 2), and teaching students to be respectful of one another (Focus Group). Perhaps respect is an assumed aspect of the interaction between speech-language pathologists and voice users, or perhaps they do not value it as much as other interpersonal skills. Based on the literature in both fields, voice experts need to treat each person as a unique individual worthy of an appropriate path to voice care and learning (Awan, 2001; Boone et al., 2020; Dayme, 2005). Therefore, a higher value and more frequent usage of this skill was expected from "SLP" participants in Phase 2, so practitioners in this group should give more thought and consideration to this skill.

Finally, "being a friend to the voice users with whom I work" was valued higher than "being a life coach to the voice users with whom I work" by both the "ToS" and the "SLP" groups in Phase 2, as shown in Table 9.1. This was unanticipated, as only one of the qualitative participants, Singing Teacher 3, used the term "friend" to describe her relationships with students. 61% of teachers of singing indicated use of this skill on a daily basis, as compared to 39% of speech-language pathologists (see [Table 7.3](#)). Voice experts in both fields should consider what role, if any, friendship plays in interactions

with voice users and what boundaries need be set in place to protect both parties (Clemmons, 2010; Holding, 2010; Rosen et al., 1993).

Additionally, the disparity in responses between the “ToS” and the “SLP” groups could be reflective of how voice experts operate differently within the two fields. It is probable that speech-language pathologists do not value being a friend or a life coach as highly because the goals for voice users are often related to functionality or a medical outcome. In many cases, when these goals are achieved, the voice user no longer needs services, and the relationship is ended in one way or another. For example, Med Subject 2 said she sometimes only sees patients once and Med Subject 1 sees traveling vocalists who need immediate care before moving on to another city on a tour. There is neither the time nor the necessity to develop a friendship in these settings and trust may be given quickly because of the medical nature of the visit. While Med Subjects 1 and 3 did mention being aware of this power dynamic and trying to respect the vulnerability of patients, their relationship with patients does look different than the teacher-student relationship in voice pedagogy.

For example, in voice pedagogy, short-term instruction is not the usual paradigm, though it does exist at times. More often, it is expected that singers take lessons long-term and have a plethora of goals, goals that lack the clarity often found in speech-language pathology. For example, a teacher of singing cannot guarantee students that they will sing on Broadway, no matter how talented they are, as it often depends on variables outside of anyone’s control such as opportunity, psychology, personality, work approaches, and more. Teachers of singing help students pursue any number of personal and professional goals, but the outcomes might not be as tangible as those addressed in

speech-language pathology. It is likely that teachers of singing rely on personal means, such as friendship and coaching, to retain students, maintain financial security, and guide students through the challenges of pursuing a performing art. If this is the case, more formalized training could prepare teachers of singing to balance friendship and professionalism. Or, if friendship is not a desired outcome of voice training, then formal training needs to be designed to move voice pedagogy to a more outcome-based profession, rather than a personality-based profession.

Table 9.1 – Value of Friend vs. Life Coach

	ToS N = 50 ¹	SLP N = 83 ¹	BOTH N = 33 ¹	<i>p-value</i> ²
Value – “being a friend to the voice users with whom I work”	84 (66, 92) <i>Highly Valued</i>	75 (63, 86) <i>Valued</i>	80 (69, 88) <i>Highly Valued</i>	0.3
Value – “being a life coach to the voice users with whom I work”	80 (66, 88) <i>Highly Valued</i>	67 (44, 77) <i>Valued</i>	66 (55, 84) <i>Valued</i>	0.005
¹ Median (IQR)				
² Kruskal-Wallis rank sum test				

Creating Safe Environments

The importance of creating a safe environment was a significant theme in the qualitative findings. This included talk of physical safety measures, especially in the cases of Med Subject 2 and Singing Teacher 3, and social-emotional safety measures, such as acceptance of diverse voice users and their needs. In the quantitative results, “making voice users feel safe” was a skill highly valued by teachers of singing and used on a daily basis by 63% of teachers of singing (see [Table 7.12](#)). While speech-language pathologists value this skill and a higher percentage received formal training in it, a smaller percentage uses it on a daily basis in comparison to teachers of singing. Due to

standards set by the field, including HIPAA regulations, the use of IEPs, and the need for confidentiality, I predicted this skill to be of higher value and used more frequently by speech-language pathologists. Perhaps speech-language pathologists could learn from teachers of singing how to make voice users feel safe on a more regular basis. In turn, speech-language pathologists could share some of the formal training they received in this skill to assist teachers of singing who, again, indicated more self-training in this skill.

One of the ways in which voice experts can create a safe environment is through “giving voice users a space to vent and/or be vulnerable,” one of the skills tested via the quantitative survey. Teachers of singing valued this skill and a higher percentage indicated using it on a daily basis than did speech-language pathologists, which aligns with the qualitative results. All of the Singing Teacher participants in Phase 1 indicated they leave room for whatever each voice user brings into the lesson on any given day, even if that “hijacks” the lesson, according to Singing Teacher 4. Allowing students to vent appeared to be more important to the teachers of singing in both the qualitative and quantitative measures of this research, as shown in [Table 7.11](#). If this is a common occurrence in the voice studio, as suggested by the research, then voice users should be trained to react to voice users in such situations. This could include training in interviewing and crisis-intervention techniques, something mentioned by Med Subject 3. Based on this sample, it appears that training in this skill is wide-ranging.

Communication

Communication is key in many educational fields, but especially in voice pedagogy and speech-language pathology because the voice is an instrument of communication. Verbal communication was an element of the qualitative findings,

especially in regard to giving feedback, asking questions, and using small talk (often to accomplish many of the previously discussed topics, such as trust and empathy). The results of two of the skills on the quantitative survey, “giving feedback in a concise manner” and “using prompting questions” aligned with the qualitative findings about the value of this skill, while also raising concerns about types of training.

In [Table 7.20](#), teachers of singing had a high median value of “giving feedback in a concise manner,” as well as a higher percentage of participants who indicated using this skill on a daily basis than speech-language pathologists. This could be a result of the sheer number of elements in singing that warrants feedback, including technique, musicality, performance decisions, practice habits, overall tone quality, and more. Speech-language pathologists also had a high median value of this skill, and both fields indicated a plethora of different training experiences. There are different ways to give feedback, such as in seven words or less, as suggested by Singing Teacher 2, through cheerleading, as suggested by Med Subject 2, or balancing encouragement and critique. It is important that while communicating, voice experts keep in mind not only the desired outcomes or goals of voice users, but also their emotional and mental wellbeing, which aligns with Walker and Commander (2017).

A high percentage of both teachers of singing and speech-language pathologists indicated “using prompting questions” on a daily basis, with similar median values between the groups, as shown in [Table 7.21](#). However, teachers of singing indicated a higher percentage of self-training in this skill, which could be in response to historical models of teaching voice. One focus group member discussed the “old way” of teaching voice, where a master teacher would impart wisdom on the next generation and so on,

rather than giving singers a voice in the process. “Sage on the stage” and “guide on the side” are two terms that have been used to discuss this difference in voice pedagogy, and as teachers of singing make more of a transition to the latter, they may be independently seeking more training in how to ask students non-leading and prompting questions.

This training could be modeled after training in speech-language pathology, as “person-centered rehabilitation,” accomplished through “collaborative goal setting” (Haley et al., 2019, p. 1), is used by practitioners to guide voice users towards having more say in their own therapy. Asking questions is one way to give voice users a voice and is an aspect of motivational interviewing (Carr & Smith, 2014). Members of the focus group stated the importance of asking questions, especially in virtual teaching formats, to ensure what is being heard aligns with what the singer is experiencing, which was also a finding of Carr and Smith (2014, p. 87). If more training can prepare voice experts to ask questions that elicit helpful information for the learner, then all members of the interaction will benefit.

Types of non-verbal communication and listening were interpersonal skills that emerged in the qualitative and quantitative findings. Some of the Med Subject participants indicated the importance of listening for content as well as intent, the Singing Teachers listed curiosity as an important listening skill, and the focus group members encouraged leaving space for voice users to process, rather than immediately responding with verbal feedback. In the qualitative survey, listening was highly valued by teachers of singing, which could be reflective of the amount of information being communicated by a singer. Teachers of singing may value this skill higher than speech-language pathologists for many of the same reasons they value giving feedback. There are a number of different

musical, technical, and emotional elements to which a teacher of singing needs to listen. With this in mind, however, it was curious that only 48% of teachers of singing indicated using this skill on a daily basis, as shown in [Table 7.22](#). More training may be needed not only in what to listen for in singers, but how to listen and how often.

Another aspect of non-verbal communication that was only discussed by two of the qualitative participants (Singing Teachers 1 and 2), but that was of fairly high value and used in the quantitative survey results, was “using my intuition.” [Table 7.23](#) showed the value, training, and use of this skill in both groups, with high percentages of self-taught training. This seems appropriate, as intuition is highly individualized and personalized, but there could be ways that it can be trained, harnessed, or focused in order to be more effective.

Multidisciplinary Practices

A significant finding of the qualitative measures was the importance of teamwork and collaboration among voice professionals. Med Subject 2 said that teachers of singing and speech-language pathologists “complement each other,” while the Singing Teacher participants detailed the importance of working with other singing teachers and those who work in medical fields. Additionally, the focus group members discussed developing relationships with voice experts nationwide through resources such as Facebook groups and NATS. Furthermore, multidisciplinary training was important to the qualitative participants. Three out of the four Med Subject participants had musical training, while two out of the four Singing Teacher participants and two of the five focus group members had voice medicine experience. PAVA and PAMA were given as resources for developing multidisciplinary knowledge.

Collaboration was important to the qualitative participants, and it was present in current literature in both fields as well (Boone et al., 2020; Culp & Roberts, 2015; Dayme, 2005; Heuer et al., 1993; Stemple, 2020). Collaboration was, thus, expected in the quantitative participants and was present to an extent. Both 44% of teachers of singing and 44% of speech-language pathologists gave “collaborating with other voice professionals” as an aspect of their pedagogical motivation (see [Appendix F.6](#)). Then, as one of the 33 skills on which they were asked to indicate value, training, and use, “collaborating with others in voice related fields” was highly valued by teachers of singing, as shown in [Table 7.19](#), but training and usage in both fields was more varied. This is not a bad thing, as it is unreasonable to expect experts to be collaborating on a daily basis. However, if experts in both fields see collaboration as an interpersonal value, more types of training should be provided in this skill, as well as opportunities to use it.

Motivation

The voice experts in the qualitative portion of this research were highly motivated. This may be a result of the “type” of participant that was attracted to the research questions of this survey, but nonetheless, many of the participants indicated being motivated by interpersonal aspects of their work. This included helping voice users and their families, problem solving alongside voice users, and enjoying the individualized nature of each voice. In Phase 2, many of these skills were motivational to a larger percentage of teachers of singing than speech-language pathologists, as shown in [Table 7.37](#) in the previous chapter. This was a surprising difference, but perhaps speech-language pathologists are motivated by other facets not listed. More research should be

conducted on types of pedagogical motivation and how this influences voice care. See [Appendix F.6](#) for the results of each motivational statement tested in Phase 2.

What is Voice Pedagogy?

One of the 33 skills on the quantitative survey that may have seemed out of place was “knowledge of the anatomy and physiology of the human voice,” since this is not necessarily an interpersonal skill. However, voice experts often use their understanding of vocal function when working with voice users, especially in determining how to teach and adapt to individuals. Members of the focus group mentioned frequent use of anatomy and physiology, including teaching singers about the voice to give them more control over their voices, discussing body awareness techniques, and using techniques based in science. In accordance with this qualitative finding, the quantitative results revealed a greater value of “knowledge of the anatomy and physiology of the human voice” by teachers of singing than speech-language pathologists, as well as a higher percentage of teachers of singing who use this skill on a daily basis. Training in these fields did not reveal significant differences, as shown in [Table 7.14](#), which is reflective of current training programs for voice experts.

Based on personal experience, these results from the quantitative survey, and research in the field, such as Vetter’s (2016) dissertation, “Recommendations for Vocal Pedagogy Curriculum Based on a Survey of Singers’ Knowledge and Research in Vocal Hygiene,” anatomy and physiology are often main focuses of vocal pedagogy curriculum. However, some teachers of singing are lacking training in teaching techniques. For example, Singing Teacher 3, who has a bachelor’s degree in vocal performance, had less training in teaching techniques than some of the other participants, and all of the Singing

Teacher participants had slightly different educational degrees. While this variety can lead to positive outcomes, such as specialization and unique skills suited to student needs and interests, it can also create education gaps for those whose programs do not address teaching techniques.

In answering the question “what is voice pedagogy?” the field is striving to find a balance between content knowledge, or what needs to be learned about the voice, and pedagogical content knowledge, or how to teach voice. It is encouraging that many of the teachers of singing who participated in the quantitative survey recognized this focus on pedagogical content knowledge. [Table 7.18](#) showed the value, training, and use of the skill “developing pedagogical content knowledge, either through research or experience.” Teachers of singing indicated having high value of and multiple types of training in this skill, and 43% of teachers of singing participants indicated weekly use of this skill. These teachers of singing from Phase 2 are seeking pedagogical content knowledge, which corroborates developments in the field, as fewer current teachers of singing rely solely on their own singing experiences, according to Angell (2019).

Pedagogical Content Knowledge

The skills discussed next will be used to better understand what types of teaching techniques could be encouraged or formally trained in voice experts in both fields. A positive similarity was found in the surveyed skill “starting with fundamentals and building from there.” In education, this is often referred to as spiraling or scaffolding instruction, where necessary skills are learned before moving on to more difficult or complex skills. For example, Med Subject 4, who works with younger students, teaches them an isolated sound, followed by that sound with vowels, followed by words,

followed by sentences. Singing Teacher 2 uses Bloom's Taxonomy to move students from knowledge of a skill to application of it. In the quantitative results, both groups indicated similar medians of value, similar types of training, and similar frequency of use. Recall that this was the one skill in which none of the participants answered, "No training." It is encouraging that all the voice experts who participated in the survey had some sort of training in this skill, as shown in [Table 7.27](#).

Next, a slightly higher percentage of teachers of singing (26%) record and watch lessons with voice users as compared to speech-language pathologists (24%) (see [Appendix F.5](#)). For speech-language pathologists, the choice not to record sessions might be to protect clients, but this is a teaching practice that could lead to more reflection in both fields by giving voice experts concrete examples through which to view their interpersonal interactions with voice users. Recording "video and/or audio of a student in one of the first meetings to reference or evaluate," a technique used by 20% of the "ToS" participants and 37% of "SLP" participants (see [Appendix F.5](#)), is also a way to track progress and provide patients with something to reference at home (Boone et al., 2020, p. 185). However, since recording was a technique less frequently used, voice experts should consider different methods of reflection that are accessible and practical, such as the written reflections used by Med Subject 2 and the four Singing Teacher participants.

[Table 7.33](#) shows results for the skill "reflecting on my encounters with voice users after a lesson, session, or appointment." This is a skill in which teachers of singing displayed a higher median for value, a higher percentage of daily use, and a higher percentage of self-taught training, whereas a higher percentage of speech-language pathologists had formal training in this skill. The Med Subject participants in the

qualitative interviews used different methods of reflecting, such as writing physical notes, sending follow up emails to clients, or providing written confirmation of the visit, and pulling out materials for the next session immediately after a session. Furthermore, Med Subject 3 mentioned the importance of “deflating” in-between patients. Based on the qualitative comments and the high percentage of speech-language pathologists who indicated formal training in this skill in the quantitative survey, one would expect a higher percentage of daily use than 44% from this group, but 36% indicated a weekly use of this skill, which might be a more realistic use of this skill based on schedule demands. Med Subject 4 discussed changes to her methods created by the COVID-19 pandemic, one of them was to set aside specific days in the week for reflection and paperwork.

A sister skill to “reflecting” is “preparedness,” since reflecting on what was accomplished in a session with a voice user can be instrumental in helping prepare for the next encounter. Preparation often requires a lot of extra time and energy, as commented on by members of the focus group who spend extra time selecting repertoire and learning new teaching techniques to better serve singers. Singing Teacher participants in Phase 1 also indicated preparing for lessons by practicing necessary repertoire and warming up in order to be vocally and mentally prepared, while Med Subject participants review lesson plans or medical notes before meeting with patients. “Preparedness” was a skill highly valued by both groups, with similar training and use, as shown in [Table 7.32](#). This is good, but experts in both fields could benefit from more reflection and preparation in both fields.

One way in which voice experts prepare for their interactions with voice users is by continuing their education. Most of the interview participants indicated spending time

and personal money at clinics, workshops, conferences, and trainings to stay relevant in the field. Med Subject 4 does 30 hours of required continuing education every year to maintain her certification with ASHA. Members of the focus groups participate in NATS chats, read books and articles on voice, and learn new technologies to use with students, as will be discussed next. In the quantitative results, there were slight differences between teachers of singing and speech-language pathologist in regard to the skill “continuing my education,” as shown in [Table 7.17](#). The median value for both groups was similar, but a higher percentage of speech-language pathologists indicated having formal training in this skill, perhaps because it is required by ASHA. If there was a certification process for teachers of singing, a required amount of continuing education hours could ensure pedagogic relevancy in teachers of singing. However, more teachers of singing (46%) indicated holding a professional membership than speech-language pathologists (29%), a surprising finding as the survey participants were obtained from NATS and ASHA mailing lists so the expected answer was 100% across the board. Perhaps the question was confusing or perhaps participants did not consider NATS and ASHA memberships, but rather governing bodies or groups.

Many of the qualitative interview and focus group participants mentioned learning new types of technology as part of their continued education, especially in light of the COVID-19 pandemic. In addition to online conference technology, participants use management applications like Canvas, Trello, Collabra, and Tonara with students, as well as websites like YouTube, Last.fm, and social media sites to find and share vocal repertoire and technique. Additionally, the focus group members saw a need for more education in video and audio recording since more singers and theatre companies are

making recorded performances. In the quantitative results, teachers of singing and speech-language pathologists indicated similar median value and use of this skill, as shown in [Table 7.35](#). In terms of types of training, the fields were similar except for five teachers of singing participants who had no training in “using technology.”

Finally, “flexibility in instructional techniques” is a pedagogical tenet that emerged in both the qualitative and quantitative measures. The interview participants stated the importance of shaping methods based on what is realistic and attainable for each voice user, while also encouraging growth. [Table 7.26](#) shows the quantitative results for this skill, while [Table 7.16](#) shows the results for “being versed in a number (3+) of different discipline areas and/or techniques,” and [Table 7.15](#) shows the results for “specializing in one or two specific discipline areas and/or techniques.” Just as the qualitative participants indicated relying on a lot of different techniques, sometimes referred to as a bag or toolbox of options, the quantitative participants indicated valuing these skills and using them on a frequent basis. Voice experts in both fields would benefit from increased flexibility through the understanding and use of different instructional techniques.

CHAPTER 10: RECOMMENDATIONS

Recommendations follow for teachers of singing, speech-language pathologists, and voice experts in both fields based on the similarities and differences between the fields of voice pedagogy and speech-language pathology. Training in, and use of interpersonal skills, will be the main focus, though members of these fields are encouraged to sincerely reflect upon what skills they value in their line of work and why. Following are recommendations to bring training and use of certain skills into alignment with the value placed on these skills. These recommendations are primarily based on the qualitative and quantitative results of this study, and literature in both fields will be cited when relevant.

Recommendations for Teachers of Singing

As previously stated, the old way of teaching as a “sage on the stage” often led to different schools of thought. Students were trained based on the opinions and techniques of their own teachers, having been exposed solely to the beliefs of those teachers. However, in light of this research, it is encouraging how many similarities emerged among teachers of singing in both the qualitative and quantitative phases. As a generalization, current teachers of singing have a hunger for knowledge and physiological truth, a desire to help students, and an interest in exploring vocal genres that require a plethora of different vocal styles. This is a positive shift that will serve voice users better in the years to come. Nonetheless, institutions that teach voice, as a whole, need to adapt to meet the current needs of teachers of singing. The following three recommendations for teachers of singing, and the institutions that train them, will lead to more consistency throughout this field, and thus, more consistent training for singers.

Recommendation 1

Require vocal pedagogy courses for all voice majors, whether they are majoring in music education, performance, or both.

In Phase 1, Singing Teacher 3 remarked on the lack of teacher training she received as a vocal performance major, while in Phase 3, focus group members commented on the lack of training in a variety of skills. However, in Phase 2, teachers of singing who took the quantitative survey indicated a value of many skills covered in voice pedagogy coursework, as well as frequent use of these skills. These skills included “knowledge of the anatomy and physiology of the human voice,” “starting with fundamentals and building from there,” “developing pedagogical content knowledge, either through research or experience,” and “flexibility in instructional techniques.” In Vetter’s 2016 dissertation, “Recommendations for Vocal Pedagogy Curriculum Based on a Survey of Singers’ Knowledge and Research in Vocal Hygiene,” she proved that many singers at the undergraduate and graduate level lack basic knowledge about the anatomy and physiology of their own voice, which can lead to misunderstandings about vocal hygiene, not to mention imprecise instruction, when these singers begin to teach. Vetter also stated that there are many institutions in which voice pedagogy is not required of undergraduate students and that there is no standard curriculum. Based on this information, it is difficult to determine what voice pedagogues know, how they know it, how they retain it, and how they implement it.

Vetter provides a recommended sequence of voice pedagogy courses for undergraduate and graduate students that includes course objectives, assessment methods, and textbooks for five different leveled courses. This is an excellent resource that could

serve as a guide for more universities to design courses in voice instruction. Many of Vetter's course objectives focus on knowledge of the anatomy and physiology of the human voice, which, again, was a significant skill to teacher of singing participants who took the quantitative survey.

However, Vetter also provides some interpersonal teaching outcomes in her plan, intended mainly for the graduate student courses. These include "students will learn to distinguish the role of the voice teacher in fostering vocal care, referring students to a voice center or otolaryngologist, and serving as a contributing member of a voice care team" (p. 41); "students will acquire pedagogical strategies for working with voices of various age levels, abilities, and prior learning experiences" (p. 42); and "students will develop an understanding of various matters of teaching voice such as membership and professional organizations, professional ethics, opportunities for ongoing professional development, and the business dimensions of setting up and maintaining a private studio" (p. 44).

In addition, more elements of interpersonal communication techniques and teaching strategies should be incorporated into vocal pedagogy courses at the collegiate level. Singing Teacher 3, who specifically attributed much of her insecurity in her early career to a lack of training in teaching, said that even if performers do not foresee themselves teaching, pedagogical methods should be required. Not only would this give singers a better understanding of their own singing and learning, but it would also prepare them for future endeavors in teaching, if necessary. In voice pedagogy courses, content knowledge, such as how to sing at varying dynamic intensity, and pedagogical content knowledge, such as how to teach others to sing at varying dynamic intensity, should be

taught in conjunction with one another. A resource that could be beneficial in accomplishing this is Davids and LaTour's book *Vocal Technique: A Guide to Classical and Contemporary Styles for Conductors, Teachers, and Singers* (2nd ed, 2021). This guide pairs science, research, and historically-used methods with exercises to help singers and teachers apply the concepts. While LaTour's book strives to put singers at the center of all learning techniques, it is still lacking on interpersonal methods. It would be beneficial if voice pedagogues had a resource that balanced voice science, teaching methodologies, and interpersonal techniques to use with students.

Based on the comments of Singing Teacher 2, whose institution requires a weekly voice class for freshman voice majors, more institutions or independent studios should utilize corporate training when possible. By teaching fundamentals of voice pedagogy to a larger group, time is saved, comprehensive knowledge is more equally shared with all singers, and community is created. Voice classes can reinforce needed skills and give students access to different instructors, providing all voice faculty are present or, in the case of independent teachers, guest teachers or lecturers are occasionally brought in. This would affirm the statistically significant value of "collaborating with others in voice related fields" by the teachers of singing in Phase 2. This, as well as weekly studio classes, can be done with students of all ages and will continue to bolster community among singers.

Recommendation 2

The field of voice pedagogy should design a certification process for teachers of singing.

The qualitative measures of this research revealed the precarious nature of the voice and how carefully all voice experts need to tread when working with voice users. Med Subject 2 illuminated the issue of teachers of singing who claim to be able to treat medical voice concerns without any type of training, while the focus group members highlighted the importance of training singers through factual and interpersonal methods. Therefore, a certification process for teachers of singing could be implemented to ensure consistently safe practices among teachers of singing and their students. This would protect both teacher and student, as teachers would be better prepared to teach and would have more professional legitimacy, and singers would be protected from ill-prepared or ill-informed instruction.

The certification process could be designed around existing standards or programs, as well as some actionable steps. As an example, the New York Singing Teachers' Association has a Professional Development Program⁷ (originally guided by Oren Brown), that pairs evidence-based content with practical voice teaching. The end result of this program is a Distinguished Voice Professional Certificate (DVP). This type of program could provide a format for teachers of singing nationwide.

As previously discussed, NATS requires members meet certain qualifications and follow a code of ethics. PAVA, likewise, has bylaws and a code of ethics for its

⁷ (See more at <https://nyst.org/professional-development-program/>)

members. A nationwide certification process could require teachers of singing to meet such qualifications, as well as complete certain training tasks. These tasks could include a voice teaching internship (in which pre-service teachers of singing observe current teachers of singing), a public teaching demonstration or masterclass, submitting a teaching portfolio and curriculum vitae, and submitting a studio policy or statement of teaching. However, this would entail work from a governing body, such as NATS, to approve certification applications.

According to Allen Henderson, the current Executive Director of NATS, an older requirement for NATS membership was one or two letters of recommendation from a current NATS member. However, as no one had ever been denied membership based on a letter of recommendation, this was deemed not necessary in the determination of an applicant's eligibility and was, thus, eliminated. He also said, "Before the internet, providing a CV or resume helped the membership VP [vice president] determine whether an applicant met the qualifications of membership. More recently a CV/resume was submitted by those without a traditional degree path who sought membership to assist the VP for membership in determining eligibility for the membership category they were requesting." The effort to make membership more accessible is understandable, but in doing so, membership is less meaningful.

For many teachers of singing, a NATS membership is their only "credential," in addition to any degrees held. Certification, although a barrier, would make membership more meaningful and would not only add significance to the title of teacher of singing, but the process could be designed to address many of the skills shown in [Table 7.41](#). Current and preservice teachers of singing would not need to teach themselves all of

these interpersonal skills, but could trust NATS and the certification process to advance such skills. Teachers of singing would be better equipped, and their voice students would benefit from the standardized training.

Thus, the aim of certification should be to protect teachers and students by ensuring a level of objectivity during training. Based on past discussions had by NATS members, it is possible that certification could become a barrier to current teachers of singing and those in areas of the country with fewer opportunities to complete the recommended tasks. Also, as will be discussed next, funding may be a concern, as the certification process could present a financial barrier to many. With all of this in mind, voice pedagogy needs to seriously consider certification as a future step in their field, while also keeping it equitable and accessible.

Recommendation 3

Teachers of singing should have more opportunities for continuing education and should continue to pursue more types of research-based practice or evidence-based teaching.

If a certification process for teachers of singing is developed based on Recommendation 2, then continuing education could be a part of maintaining certification. However, even without a certification process, continuing education opportunities should be more readily available for teachers of singing, preferably at a lower cost. Singing Teacher 3 discussed the lack of available and affordable workshops and training, while Singing Teachers 2 and 4 discussed the problematic nature of college voice professors going into debt to fund their own tenure process. Purchasing

professional memberships, attending and traveling for national and international conferences, and funding research projects all place a heavy financial burden on teachers who pursue tenure, or even just those who need to stay professionally relevant.

With more virtual conference offerings, thanks to technological advances encouraged in part by necessity with the COVID-19 pandemic, voice experts now have the opportunity to attend conferences or trainings without paying for the cost of travel and lodging. Virtual attendance should remain a viable option, even when travel is no longer restrictive, and more voice experts should take advantage of virtual opportunities for continuing education. Nonetheless, funding is still a concern, as it is for the arts in general. In talking with Med Subject 4, she said that some school districts conduct a lottery to send members to the ASHA national conference each year. Perhaps NATS could consider something similar for members who cannot afford to attend certain conferences or trainings.

Another type of training recommended by Singing Teacher 3 was a career booth event to prepare teachers of singers and students for career options in voice. She felt like her performance degree did not adequately prepare her for the life of a working singer. Music entrepreneurship along with business degrees are offered at some institutions, but perhaps these skills could be more frequently incorporated into all voice training. This could be an opportunity to highlight types of interpersonal skills necessary to be a teacher of singing. Just as career fairs in other fields list necessary qualifications for certain jobs, business and career training for prospective teachers of singing could also suggest certain qualifications. This could lead to more formal training for teachers of singing who indicated using self-taught training at significantly higher percentages for skills such as

“making voice users feel safe” (see [Table 7.12](#)), “being a life coach to the voice users with whom I work” (see [Table 7.4](#)), “setting realistic goals and/or expectations with voice users” (see [Table 7.25](#)) and “using prompting questions” (see [Table 7.21](#)).

To proceed, a pamphlet could be made describing the expectations of being a voice teacher. *Zippia: The Career Expert* is a website with information about different career options. The page on voice teachers lists a number of different skills based on voice teacher resumes. Communication was listed as a skill, with example outcomes from resumes given:

Establish and maintain positive relationships with children, parents and colleagues; Developing an environment of open communication and support; Drafted and distributed various written communication pieces to parents and students about upcoming recitals and events; Modeled appropriate social behaviors and encourage concern for others to cultivate development of interpersonal relationships and communication skills; Improved communication efficiency; Primary liaison between departments, clients and vendors; Developed strong communication skills by working with clients; Learned how to sell my skills; Sharpened my communication capabilities. (Top 13 Voice Teacher Skills, 2021)

However, there are more interpersonal skills expected of teachers of singing and utilized by them that need to be addressed as a part of educating voice experts, as well as continuing education opportunities.

Continuing education should revolve around research-based practices. The qualitative interviews revealed the differences between the fields regarding these practices. The Med Subject participants discussed more reading, writing, and conducting of research, especially in relation to the practices they use with voice users. For example, Med Subject 2 uses recommendations directly from ASHA and the SIG 3 group to which she belongs, and Med Subject 4 said everything she does in the classroom is based on research. The Singing Teacher participants talked more about their own singing

experiences and the influences of past teachers. It was not surprising, therefore, that a significantly higher percentage of “ToS” participants indicated in Phase 2 being inspired by personal mentors (see [Appendix F.6](#)).

While there is nothing wrong with this inspiration, it needs to be tempered with physiological truth about the voice and proof of what works with the students. Research in voice pedagogy is progressively incorporating more evidence-based teaching, but it may take time for this to become the norm for current teachers of singing. Thus, to better understand how singers learn, voice pedagogy programs and teacher training programs should continue to encourage methodologies that align with research concerning the voice and the brain. Furthermore, resources such as textbooks and journals should incorporate more research-based methodology to aid teachers of singing.

Many of the Singing Teacher participants in Phase 1 indicated reading the *Journal of Singing*, and in Phase 2, “reading publications in my field” was valued by teachers of singing and used daily by 31% (see [Table 7.31](#)). In pursuing this research, other available resources for teachers of singing emerged, such as social media sites that are committed to sharing evidence-based practices. Online resources are often free and accessible and can provide ways to learn more about the voice and teaching methods. Many voice experts have been hosting free virtual workshops in the past year. One way to be aware of these learning opportunities is to subscribe to the platforms of these other voice experts. Suggested Instagram accounts are given in [Appendix G](#), with the understanding that opinions in voice pedagogy are varied and teachers of singing naturally pick and choose which techniques appeal to them and their students. Therefore, this list is neither exhaustive nor all-inclusive and these accounts are merely suggestions to get voice

experts started. As suggested by Member 1 in Phase 3, there are Facebook groups tailored towards teachers of singing that may provide helpful information.

Other research resources can be found in journals unrelated to singing. Of the teachers of singing in Phase 2, 34% said yes to “I read academic publications outside of my field” as compared to 14% of speech-language pathologists. This quest for knowledge in other disciplines is a positive, as teaching voice often requires understanding psychology, counseling, neurology, medicine, education, and performing arts science. More teachers of singing should interact with research outside their field, perhaps through the following publications: *American Journal of Speech-Language Pathology*, *The Choral Journal*, *The Journal of Voice* *Journal of Research in Music Education*, *Journal of Teacher Education*, *Frontiers in Psychology*.

With this in mind, it would benefit collegiate institutions to give teachers of singing and students access to a wide array of academic publications. Independent teachers of singing who are members of NATS have access to the *Journal of Singing*, but NATS should consider making other journals available to teachers of singers, perhaps at a free or discounted price. Similar to how inter-library loans function among institutions, perhaps inter-journal loans could exist among voice- and education-related publications and associations.

Recommendations for Speech-Language Pathologists

Recommendation 4

Speech-language pathologists should develop ways to build community among voice users.

A difference that emerged between Med Subjects and Singing Teachers in the qualitative interviews was the importance of community among singers. The Singing Teacher participants and the focus group participants took different approaches to encouraging respectful relationships among singers. Helping singers foster relationships was an important skill, as was having healthy relationships with other teachers. There was no significant difference in Phase 2 for value or use of the skill “community outreach,” but significantly higher percentages of participants in the “SLP” and “Both” groups had formal training in this skill (see [Table 7.5](#)). Since the speech-language pathologists in Phase 2 received more formal training in this skill than the teachers of singing, it is surprising that they do not use it more frequently. Patients of speech-language pathologists who have similar voice care needs may benefit from being in community with one another.

For example, Everard and Howell (2018) conducted two group modification therapy courses in 2016 with eight adults in the UK who stuttered. Participants took group courses for seven days and were also “encouraged to keep in regular contact with each other as a means of support” (p. 1276). In analysis of qualitative interviews with the participants, the researchers reported, “All participants commented on the value of being part of a group, citing various reasons for this: sharing experiences open and honestly, being understood, reassurance...providing motivating feedback, and the opportunity to

practice speech techniques in a safe space” (p. 1279). This support system could be revolutionary in other speech-language pathology, voice therapy, and voice medicine settings as a way of deconstructing shame, which was an important outcome of voice therapy to Med Subject 1.

Similarly, as I recommended that voice pedagogy programs make use of a weekly voice class, as inspired by Singing Teacher 2, I recommend that speech-language pathologists consider ways in which their clients might interact with one another for support. This could function as a weekly online group or an in-person class, an online support group using a social media platform, or monthly or yearly events to encourage bonds among voice users. Med Subject 4 commented on the importance of providing support for the parents of her young voice users. Events such as these would allow families to make connections and feel less isolated as they help their children through voice therapy.

However, there are many challenges related to HIPAA guidelines and group intervention, not to mention the complexity of individual vocal concerns. For example, the needs of people who stutter will not align with those who have Parkinson’s Disease. There are patient privacy and safety matters that need to be considered if voice care communities are established.

Recommendation 5

Speech-language pathologists could incorporate interpersonal relationship-building techniques into initial meetings with voice users.

According to the Phase 2 measures, a larger percentage of teachers of singing (28%) provide voice users with a sample lesson/session as compared to speech-language pathologists (9.5%) and survey participants who indicated working evenly in both fields (6.1%) (see [Appendix F.5](#)). While a free sample session is not possible in speech-language pathology, as billing for some sessions and not for others could result in insurance fraud, building interpersonal outcomes into the initial meeting is one way to form bonds with voice users. Based on the qualitative interviews and literature in the field, many voice users feel embarrassed or ashamed about needing voice services, and many do not continue with therapy or treatment (Behrman, 2006; Boone et al., 2020; Everard & Howell, 2018). In addition to questioning voice users about their vocal health and needs, as well as documenting any types of pathology through auditory and visual means, the first session could also be used to make voice users feel more comfortable and help them acclimate to the therapy process with little to no pressure.

In addition to the formal intake methods recommended in Recommendation 9, informal methods should be included in the first session, such as small talk, a technique that 43% of speech-language pathologists (and 40% of teachers of singing) indicated using in Phase 2. The first session should allow time for small talk and some of the relationship-building groundwork, as well as give voice experts the opportunity to become aware of any Individualized Education Program (IEP) requirements or learning accommodations needed, as discussed next in Recommendation 6.

Recommendations for Both Fields

Recommendation 6

Voice experts should be trained in adaptive techniques to meet voice user needs, as well as in diversity, equity, and inclusion.

Voice experts in both fields work with students who have diverse learning needs. It does a disservice to both teacher and student when the teacher is not trained in adaptive learning techniques. In Phase 2, only 32% in the “ToS” group and 38% in the “SLP” group indicated being aware of IEP requirements and/or other learning accommodations, while 36% and 30%, respectively, ask voice users about their learning styles and preferences (see [Appendix F.5](#)). These percentages were lower than expected, especially based on the responses from participants in Phases 1 and 3 who incorporate different learning adaptations, especially to suit different learning modes (visual, aural, and kinesthetic) and personality types. The results of Phase 2 were also in conflict with the literature about understanding the learning styles of voice users, which leads me to believe that such practice techniques are wide-ranging (Hurst-Wajszczuk, 2010; Jellison, 2015; Swanson, 2005).

Thus, voice experts should be required to take a course in learning styles and needs, with a special focus on atypical learners. An example syllabus from a course offered at UNL, “Individual Difference in Music Learning,” is provided in [Appendix H](#). Universal Design for Learning (UDL) techniques should be incorporated by voice experts to serve students in the least restrictive environment possible. Those trained in UDL have flexible strategies and utilize a variety of methods to teach and motivate students, as well as provide multiple ways in which students can present ideas and abilities (Jellison,

2015). “Universal strategies are designed based not on group membership (disability, learning needs, or other characteristics such as gender, race, ethnicity, culture, or language spoken) but on students’ individual strengths and needs and the requirements of activities and tasks” (Jellison, 2015, p. 96). This could supplement coursework in special education already being required by some institutions, while standardizing adaptive methods in all voice experts.

Learning needs are not the only diverse elements of voice users. The qualitative participants in Phase 1 gave a number of ways in which voice users are diverse, including culture, ethnicity, gender, religion, first language, and more. To address the needs of all students, these voice experts pursued additional training. Singing Teachers 1 and 2 both illuminated ways in which they attained further training in order to best serve diverse students, such as studying with African American singers to better understand the genre of spirituals and taking a diversity, equity, and inclusion workshop. Med Subject 4 mentioned taking a course on interacting with English Language Learners. In Phase 2, “interacting with diverse voice users” was a skill that was valued, trained, and used by voice experts (see [Table 7.13](#)), but 48% of “ToS” participants indicated self-taught training in this skill. Members of the focus group in Phase 3 discussed ways in which they are learning new methods to communicate with students and meet diverse needs, including additional work to find diverse repertoire. Based on the self-sought experiences of voice experts in all three phases, more formal training opportunities for such skills should be offered to all voice experts to better create safe and equitable environments.

While all voice experts would benefit from training in diversity, equity, and inclusion, an element that separates voice pedagogy from speech-language pathology is

the selection and teaching of repertoire. The music is naturally often the main conduit for technique, expression, and musicality. Teachers of singing, therefore, have the unique opportunity to shape singers through the music being taught. Many of the qualitative participants indicated the importance of aligning training in repertoire with the needs of students, as well as using diverse music that draws from composers (both dead and living) of different genders, nationalities, sexual orientations, cultural groups, time periods, socioeconomic status, and more.

In addition to training in musical repertoire that represents the breadth of humanity, teachers of singing should also receive training in more styles of music. “Being versed in a number (3+) of different discipline areas and/or techniques” was an important skill to the respondents of the qualitative survey. Vocalists are often asked to perform or teach a variety of different styles, from classical to commercial contemporary music (CCM). The focus group members, Singing Teacher 3, and Singing Teacher 2 discussed using more CCM styles in academic settings, while Med Subject 1 mentioned helping CCM singers find CCM voice teachers whenever they asked for a studio recommendation. Classical training is no longer the only standard, and the field of voice pedagogy is seeing a shift towards more acceptance of such styles. The “So You Want to Sing: Guides for Performers” series, available on the NATS website, is a great example of the demand for teaching styles that align with different genres of singing. Teachers of singing need to be given training in a breadth of different genres, while understanding that this will require more time and resources.

One way in which this could be accomplished is by pairing an example of classical repertoire with a CCM example that uses the same skill or approach to

technique. For example, the large leaps across registers in Mozart's "Come scoglio" from *Così fan tutte* is reminiscent of some abrupt register shifts in songs by contemporary singer Regina Spektor. In a voice pedagogy class, both pieces could be used to describe register and range, rather than just the classical example. The YouTube series recommended by a focus group member "What the *Fach?*" approaches this idea by taking a classical voice type, such as a coloratura soprano, and providing CCM singers who use their instruments similarly. In this way, technique and style is demystified and both teachers and singers are given a larger picture of how vocal technique applies to different genres.

Another option would be to provide more funding and opportunities for workshops, which could fill in the gaps in formal training. For example, Singing Teacher 3 said she mainly teaches CCM styles, despite her formal training being purely classical. Her teacher even discouraged her from pursuing jazz, which may have been a result of the teacher being uncomfortable with jazz instruction. If teachers of singing had more learning opportunities in different styles, they could share their knowledge with their students. This was something important to Singing Teacher 2, who pursues additional knowledge in different music to better help her students, even if she is only learning one step ahead of them.

Recommendation 7

Voice experts should be trained in creating safe environments for voice users.

Creating safe environments was a large finding of the qualitative interviews and there were many helpful suggestions given by voice experts as summarized in Chapter 4

(Phase 1) and Chapter 8 (Phase 3). In relation to [Table 7.12](#), the results of Phase 2 also showed the importance of making voice users feel safe, while [Table 7.11](#) shows the differences between teachers of singing and speech-language pathologists in relation to “giving voice users a space to vent and/or be vulnerable.” Many voice experts agree that these skills are necessary, but formal training is lacking.

Therefore, voice experts could benefit from being trained in how to use these skills more consistently and effectively. Motivational interviewing (MI) is a technique that puts voice users at ease through open-ended questions, extended pauses (something that was also valued by focus group members), body language, and vocal inflection (Behrman, 2006; Carr & Smith; 2013). This type of training in teachers of singing and speech-language pathologists could revolutionize the way voice experts speak to voice users. Some of the recommended elements of MI were mentioned by the participants in Phase 1 and Phase 3, including the use of open-ended questions, body language, and pauses. For example, interview techniques were important to Med Subject 3, as were crisis intervention techniques. Perhaps with more training in these techniques, voice experts can better create safe environments.

While voice experts are not psychological counselors (nor should they try to act as such without training), additional skills could be learned from the fields of counseling and psychology since psychological concerns do play out in interpersonal interactions with voice users (Awan, 2001; Boone et al., 2020; Cooper-Duffy & Eaker, 2017; LaFrance et al., 2019). Even if it is just to better understand the thoughts, actions, and beliefs of others, this is another aspect of multidisciplinary care that could be beneficial to voice experts and voice users. If training in these types of interpersonal skills proves to

be difficult or expensive, voice experts could form bonds with counselors and crisis-intervention experts to consult only in certain situations. Or such experts could be a part of multidisciplinary conferences or invited to speak to pre-service voice experts, for example, once a semester.

Also, the more voice experts take better care of themselves and are better equipped to handle their own mental-emotional concerns, the more they are able to help voice users navigate challenges. Experts in voice related fields often carry many burdens, but psychological health can be fostered through being intentional with one's schedule and making time for personal aspects, such as family, friends, hobbies, and exercise. Med Subject 1 summarized how working out six days a week, not answering emails during evenings, setting aside weekday mornings to do paperwork, reserving weekends for family time, and being in nature are all things she can do to fill herself up in order to "pour from a full cup." Many of the Singing Teacher participants have self-imposed limits on how many hours they teach in a row, while others would like more time for reflection in between students. These scheduling concerns are something for experts in both fields to keep in mind, as are mindfulness practices, such as journaling and meditation, and developing boundaries (Beck & Verticchio, 2018; Butler, 2017).

Recommendation 8

Both teachers of singing and speech-language pathologists should take formal training steps to better understand other voice experts.

Based on the overwhelming number of comments and suggestions regarding multidisciplinary teams comprised of teachers of singing, speech-language pathologists,

otolaryngologists, family members, and more, both teachers of singing and speech-language pathologists need more resources and opportunities to collaborate across disciplines.

Singing Teacher 2 pointed to a PAMA certification course as influential in her practice, as it made her more aware of the other side of voice care and gave her new ways of thinking regarding her interactions with medical voice experts. It also helped her visualize how to approach students with voice disorders or medical concerns by outsourcing and recommending treatment, something that was also important to Singing Teacher 1. Singing Teacher 4, as well as one of the focus group members, personally underwent voice therapy, and was influenced by seeing both sides of voice health. She now incorporates some of the exercises from her past speech-language pathologists in her singing instruction.

On the other side, recall that Med Subject 1 said a lot of laryngologists have insufficient knowledge about the practices of teachers of singing. While there are many demands on the time of voice experts, seeing one another in action can create more bonds of trust and understanding. It would also help voice users receive more comprehensive care. It is powerful if teachers of singing, speech-language pathologists, and otolaryngologists approve of and enforce certain voice care practices. Experts in both fields could (1) take a formal course (such as the PAMA certification course) to see the inner workings of other voice related fields, (2) set up times to observe one another, and/or (3) attend multidisciplinary conferences and workshops to interact with and learn from a variety of different voice experts.

Additionally, as someone interested in multidisciplinary care, I was grateful to have access to ASHA's journal, *American Journal of Speech-Language Pathology*, when conducting this research. This access came from my institution's library, as previously discussed. Voice experts could benefit from belonging to more than one professional association and/or having access to some information across fields. Since many professional organizations also publish journals, such as NATS (*Journal of Singing*), Voice Foundation (*Journal of Voice*), and ASHA (*American Journal of Speech-Language Pathology* and *Journal of Speech, Language, and Hearing Research*) the organizations could form a cooperative agreement to give all members access to the digital version of their journals.

While most teachers of singing do not meet the qualifications to be a member of ASHA, and vice versa, ASHA and NATS should consider offering a type of "voice expert" membership to professionals in related fields to further strengthen understanding between the fields via resources and communication. PAVA, for example, has associate members who cannot vote nor serve on the board, but are still members (as are student members). PAVA is one solution for voice experts who want to belong to an association focused on multidisciplinary care and is an option for current teachers of singing and speech-language pathologists alike. Either way, voice experts should strive towards stronger relationships.

While much of this research concerns the interpersonal relationships between voice experts and the voice users in their care, many of the qualitative participants commented on the importance of having these strong working relationships with other voice professionals. This not only serves the voice experts (who can go to one another

with questions and concerns), but it also serves the voice users who have access to different voice experts and techniques via the relationships with their teacher of singing or speech-language pathologist. However, differences in opinion, methodologies, or goals can often make voice experts combative with one another. Based on personal experience and the research of Ballard (2001), teachers of singing are protective of the students in their studio. This is not bad, but it can lead to distrustful relationships with other voice experts, or it can cause the teacher to feel they have to be everything for every student. Rather than try to fix problems in a vacuum, teachers of singing and speech-language pathologists can rely more on other voice experts to relieve some of the pressure from themselves and to give voice users the best care possible. More so, both Med Subject 1 and Med Subject 2 said that teachers of singing are often embarrassed or feel responsible for the pathologies exhibited in their students' voices. These experts said they work to remove this shame and break down this barrier, which is something all voice experts should strive to do. If strong relationships and bonds exist among voice experts, there will be less fear and hesitation in seeking council and advice.

In addition to the recommendations made above, voice experts should pursue relationships outside of formal approaches. Once formal working relationships are established, voice experts can pursue relationships with more comradery. One way this can be done (as suggested by the focus group members), is to belong to online voice groups (often found on social media), or attend virtual meetings to form bonds with other voice experts. It would also be transformational for communities if voice experts who work in the same states, regions, cities, or even institutions have access to one another and share information. For example, Med Subject 1 works with speech-language

pathology and voice pedagogy programs at different institutions surrounding her practice, something that will continue to build bonds with current and up-and-coming voice experts. All benefit when voice experts share their expertise with one another.

In the qualitative portion of this research, choral directors were excluded in order to focus on voice experts who work mainly in one-on-one settings. However, some participants indicated collaborating with choral directors on a regular basis. The choral director is another important member of the voice care team, especially as choir is a way for voice users to apply the skills learned in voice lessons or voice therapy. Therefore, choral directors should also be involved in multidisciplinary conversations, especially to ensure that voice health is being encouraged in all settings.

As stated previously, I understand that, on top of what is already required of them, voice experts do not have an excess of free time, resources, or opportunities for additional training. However, just as multidisciplinary training and bonds between teachers of singing and the voice medicine field can lead to improved outcomes for both voice experts and voice users, the pursuit of more training in theater, dance, and body work will be beneficial to all involved. Singing Teacher 4 identified her theater and dance training as influential, saying it was something a lot of her colleagues did not have. For singers, training in movement, emotion, and performance can be directly applied to their sung endeavors. For those seeking medical treatment or voice therapy, the connection may be less clear, but it could be another tool to use with voice users, especially those who are kinesthetic learners. Med Subject 1 uses body work approaches with patients to encourage them to see their instrument as their whole body, not just their laryngeal mechanism. If more speech-language pathologists and voice doctors are aware of body

technique, as a result of multidisciplinary training, they could use these different approaches in their work.

In terms of training, voice experts could be required to take a course in acting, dance, or movement. Many voice experts already use Alexander Technique, Feldenkrais method, yoga, ballet, and other types of movement in their practice. Often, movement experts will offer trainings or courses in these techniques, specifically for voice users. I do not think voice experts need to be certified in these methods to incorporate them into their practice, but they do need some practical application steps.

Recommendation 9

Voice experts should utilize more intake methods with new voice users.

One of the more surprising aspects of the quantitative findings of this research was the lesser use of a formalized intake process. Only 22% of speech-language pathologists and 18% of teachers of singing follow a formal evaluation or screening test, and 37% of speech-language pathologists, compared with 20% of teachers of singing, record video and/or audio of a student in one of the first meetings to reference or evaluate (see [Appendix F.5](#)). In addition to learning about the voice, voice experts could use more formal approaches to learn about the voice user and develop relationships. For example, Med Subjects 2 and 4 check progress before, during, and after treatment using a list of voice skills assessed in the first meeting. Med Subject 2 uses recordings to accomplish this, as did one of the focus group members, and Med Subject 4 uses the same 60 sounds in all three trials to determine progress.

If voice experts are not already utilizing some of these methods, they should consider them when starting with new clients. While it may require more paperwork and work upfront, it could result in stronger relationships and trace the progress towards outcomes in a clearer way. A singer intake form, co-designed as part of a group project in a course at the CCM Vocal Pedagogy Institute, is provided in [Appendix I](#) and could be adapted to use with all voice users, not just singers. Of teachers of singing surveyed, 32% indicated asking voice users to fill out an information survey or intake form, compared to 41% of speech-language pathologists, while 48% and 49%, respectively, fill out an information survey or intake form themselves.

Another technique less frequently selected on the quantitative survey in Phase 2 was “I provide voice users with a video introducing myself and my practice,” with 16% of teachers of singing and 4.8% of speech-language pathologists practicing this technique. This is an opportunity that more voice experts could utilize in order to make their personalities, methodologies, and beliefs clearer from the beginning, as well as give voice users a safe space to learn more about their voice expert. This is something Med Subject 1 provides to prospective clients to highlight her practice and answer initial questions. If not a video, other methods could be used. For example, Singing Teacher 4 sends an introductory email to new private studio students to cover some of the basics of her training and to give them a space to learn about her and ask questions.

Formal methods such as these can improve customer service. Med Subject 2 and Singing Teacher 3 both mentioned having a customer service mindset when working with voice users. While voice experts are in positions of authority, they often relinquish this power and put the customer in the driver’s seat, as explained by Med Subject 1, to ensure

that their needs are being met. In this way, the idea that “the customer is always right” is not far off. Respecting client desires and interacting with them in professional ways often looks like providing clear communication, giving upfront policies about expectations and payment procedures, and adapting methodologies when the voice user requests a change. For example, Singing Teacher 3 allows her adult students or the parents of younger students to have a say in repertoire selections, as did members of the focus group in Phase 3. Med Subjects 1 and 2 both work as a translator between voice user and other members of the voice care team, advocating for them in different situations.

Recommendation 10

Voice experts should develop a method for reflecting on and preparing for encounters with voice users.

The sheer number of people that voice experts see in a week can be overwhelming. Singing Teacher 3, who often gives 30 lessons a week, expressed her need to keep running notes on each student to keep track of what was accomplished in each lesson, as does Singing Teacher 4. Singing Teacher 2, who uses a technology called Trello, tracks progress alongside students, who also have access to Trello. Med Subject 2 makes use of email as well as a written log to ensure that students are progressing towards goals and that she is selecting appropriate assignments each week. With all of these note-keeping techniques, voice experts reflect on past sessions and prepare for future ones.

For both the “ToS” and the “SLP” groups in Phase 2, “reflecting on my encounters with voice users after a lesson, session, or appointment,” as shown in [Table](#)

[7.33](#), was slightly less valued, but similarly used on a daily basis as compared to “preparedness” in [Table 7.32](#), an interpersonal skill highly valued, frequently used on a daily basis, and trained in formal, supplementary, and self-taught ways for both teachers of singing and speech-language pathologists. Preparation for sessions may look differently for each voice expert, but [Appendix J](#) provides a weekly reflection form that, when used alongside voice users, can encourage independence and self-efficacy, an important aspect of voice care according to the participants in Phases 1 and 3 and other experts in these fields (Angell, 2019; Behrman, 2006).

Logistically, voice experts may keep physical folders with notes about each voice user, while others use a master task list throughout the week to determine what needs to be done to prepare for the next week. Med Subject 4 pulls out new materials for a voice user immediately after a session and places it in that student’s folder, so it is ready to go for the next session. Med Subject 2 will send a follow up email to voice users with any paperwork or action steps that need to be taken. As all of these are valuable suggestions, each voice expert should decide how they best reflect and prepare, make a plan, adapt it when needed, but then be consistent with the plan.

Recommendation 11

Voice experts should be given training in applicable technologies.

Using technology was an unexpected skill that emerged in Phase 1, since none of the interview questions explicitly asked about it. Effective technologies can help voice experts communicate clearly and give voice users multiple means of expression. For example, Med Subject 2 uses different applications with voice users in her care and gives

them the opportunity to choose which ones they prefer. Many of the Singing Teacher participants use management systems, such as Canvas and Trello, to set clear expectations and deadlines with singers, and then share recordings and other materials. The focus group members were especially concerned with learning more about recording equipment, but felt good about how they were able to incorporate technology throughout the week to improve relationships and encourage students to practice. One of the focus group members described how she watches videos and provides feedback when a student tags her in a practice recording on Collabra. While this does require time and energy on her part, she finds these frequent check-ins and corrections make the weekly lessons more meaningful.

In Phase 2, [Table 7.35](#) shows that both fields value “using technology,” use it frequently, and have different types of training in it, but based on the qualitative comments, voice experts should have more training in using recording equipment specifically. As a reminder, 40% of teachers of singing and 43% of speech language pathologists record video and/or audio of a student in one of the first meetings to reference or evaluate, and 46% of teachers of singing and 29% of speech-language pathologists record and watch sessions with voice users. Training in recording technology would help those already using these skills and perhaps encourage more voice experts to become more comfortable using them. As a result of COVID-19, many voice experts are using new technologies, such as Med Subject 1 who now offers telehealth, or Singing Teacher 2 who recorded her institution’s opera using green screen technology. Many voice experts have had to learn on the job this year. Now that such technologies are more common, training programs for voice experts could incorporate technological

training in audio and video recording. Common types of knowledge provided in teacher training programs should include microphone and headphone usage, and reliable brands of hardware; recording software, such as GarageBand; camera and video recording equipment and software; audio analysis software, such as Audacity or PRAAT; and video editing software. These are skills that may not have been required of voice experts in the past, but are part of the current landscape of voice education.

CHAPTER 11: CONCLUSION

Research Questions Answered

The research methods conducted in Phases 1, 2, and 3 all contributed to answer the five research questions posed in Chapter 1. The use of both qualitative and quantitative data analysis measures resulted in firm conclusions for the fields of voice pedagogy and speech-language pathology. These conclusions, given below, will shape interpersonal practices in voice-related fields and give teachers of singing, speech-language pathologists, and otolaryngologists necessary insight into how they interact with voice users.

Research Question 1

Are there interpersonal skills that are (A) valued, (B) trained, and/or (C) used by both fields?

(A) Similarities in Valued Interpersonal Skills

In Phase 1, skills of empathy, humility, humor, respectful relationships with voice users, and trust (relationship-building) were identified as similarities between the groups. In Phase 2, teachers of singing had a significantly higher median value for humor, while median values for empathy and trust were higher for speech-language pathologists. In Phase 3, empathy, respectful relationships with voice users, and trust were given as important to the focus group members, who were all teachers of singing. Safe environments also emerged as an important value in Phase 1 and Phase 3, but Phase 2 revealed that teachers of singing value making voice users feel safe at a significantly higher level. Interacting with diverse voice users and knowledge of the anatomy and

physiology of the human voice (voice-user-led practices) were important in Phase 1, but the “ToS” group in Phase 2 valued these skills at significantly higher median values. Teachers of singing in Phase 3 also gave many examples of how they tailor instruction to meet the needs of students both vocally and emotionally. Thus, the only skills from all three phases that are conclusively of value to both groups are empathy, humility, humor, respectful relationships with voice users, and trust.

(B) Similarities in Trained Interpersonal Skills

In Phase 1, the interview participants in both fields pursued types of continued education as part of their training. In Phase 2, “continuing my education” was a skill in which only one significant difference emerged, in answer to the option “No Training,” with 3 (7.7%) teachers of singing selecting this option. This skill was also established as important by the comments about continued education in Phase 3, so it is a shared type of training for voice experts. The Phase 1 participants gave a variety of different pedagogical motivations, the second theme in that phase, which resulted in a list of pedagogical motivations in Phase 2. The differences between groups are shown in [Table 7.37](#), but statements for which corroboration between the groups was found include service to community, taking care of others, collaborating with other voice professionals, working with people, using problem-solving techniques, being challenged, variety in my line of work, and success in voice users. As these statements align with many of the comments made in Phases 1 and 3, they should be considered similarities between the fields. Finally, teamwork was shown to be a similarity in training in all three phases and should continue to be part of both voice pedagogy and speech-language pathology. This

finding should encourage experts in both fields to pursue working relationships with other voice professionals.

(C) Similarities in Used Interpersonal Skills

There were many similarities in Phase 1 related to used interpersonal skills, including giving feedback in a concise manner (verbal communication and feedback); listening (non-verbal communication and listening skills); allowing voice users to make decisions and setting realistic goals (goal setting and decision-making); flexibility in instructional techniques and starting with fundamentals (teaching techniques); and preparedness, reflecting on encounters with voice users, pursuing personal growth, and using technology (professional demands). All these skills were confirmed as used similarly by all groups in Phase 2 and the focus group members in Phase 3, so these are skills that experts in both fields should continue to use and discuss with one another.

Research Question 2

Are there interpersonal skills that are (A) valued, (B) trained, and/or (C) used by only one of the fields?

(A) Differences in Valued Interpersonal Skills

In Phase 1, only one Singing Teacher used the word friend, and two Med Subjects used the term coach to describe relationships with voice users. In Phase 2, being a friend to voice users was not valued differently between the groups, but being a life coach was more valued by teachers of singing with statistical significance and can be considered a difference between the fields. Giving space for voice users to vent or be vulnerable was

more important to the Singing Teachers in Phase 1, valued higher by the “ToS” group in Phase 2 with statistical significance, and commented upon by members in Phase 3, so this is also a difference in value between the fields.

(B) Differences in Trained Interpersonal Skills

In Phase 1, experience was given by Singing Teachers as a way to develop pedagogical content knowledge. Phase 2 also showed a significant difference with more teachers of singing indicating self-taught training in developing pedagogical content knowledge. Phase 3 participants did not comment on this skill, but it can still be categorized as a difference between the fields, as can being versed in a number of different discipline areas, with more teachers of singing in Phase 2 having self-taught training in this skill as well.

(C) Differences in Used Interpersonal Skills

More Singing Teachers in Phase 1 indicated using intuition (non-verbal communication and listening skills), while more Med Subjects discussed using prompting questions (verbal communication and feedback) and attending conferences, workshops, and/or clinics, contributing research, and reading publications (research-based practices). Phase 2 confirmed differences in use between the fields for using prompting questions and attending and/or presenting at workshops and/or clinics, so these two skills can be confirmed as differences.

Research Question 3

Are there interpersonal skills that are valued and trained by both fields, but not used, or only used in one of the fields?

Continuing education was the only skill in Phase 2 for which value aligned with formal, supplementary, and self-taught training in all groups, but a statistically significant difference in use emerged. If both skills value this skill and have training in it, they should use it more often. More opportunities for continued education should be provided using the recommendations made in Chapter 10.

Research Question 4

Are there interpersonal skills that are valued and used by both fields, but not trained, or only trained in one of the fields?

Many of the skills analyzed in Phase 2 had similar value and use without consistent training, due in part to the high percentages of self-taught training among teachers of singing. As previously stated, voice pedagogy needs to implement ways to train more of these skills formally and fill this gap. Skills in which value and use aligned but training did not include being a friend to voice users, community outreach, humility, interacting with diverse voice users, being versed in a number of different discipline areas, allowing voice users to make decisions, setting realistic goals, flexibility in instructional techniques, contributing research, reading publications, and preparedness.

Research Question 5

Are there interpersonal skills that are trained and used by both fields, but not valued, or only valued by one of the fields?

Knowledge of the anatomy and physiology of the voice was the only skill in which training and use aligned between the fields in Phase 2, but value did not, with teachers of singing having a higher value of this skill with statistical significance. Speech-language pathologists should examine why this skill is not highly valued, if it is being trained and used, or if less training and usage should focus on this, if not important.

Summary

The interpersonal teaching practices of teachers of singing and speech-language pathologists were examined in this mixed-method research study. It showed that while the relationship between voice pedagogy and speech-language pathology is not a new one, more multidisciplinary voice care should exist based on similarities between these fields, while differences between the fields aid in developing new methods of voice instruction. Areas of overlap and disparity in the fields of voice pedagogy and speech-language pathology were identified to determine where one field could positively influence the other. Then, recommendations were made for individuals and institutions based on both the similarities and differences between these two fields, with the aim of positively impacting current teachers of singing, speech-language pathologists, and those in teacher education programs, as well as the broader educational structures already in place for individualized voice teaching. This inventory of interpersonal practices of teachers of singing and speech-language pathologists gets at the heart of what voice

experts do and why they do it. It demystifies much of the habits, beliefs, and methodologies of voice experts, which will help voice experts and voice users in the future.

Limitations

Qualitative Phases – Interviews and Focus Group

In the qualitative phases of this study, generalizations were made based on small sample sizes. Only eight voice experts participated in the qualitative interviews in Phase 1, four teachers of singing and four from the fields of speech-language pathology, voice therapy, and otolaryngology, despite more being invited to participate. Perhaps this was a result of the COVID-19 pandemic, which closed universities, schools, and medical practices one month after I began conducting interviews. This could also be a result of interest, as it is possible that the participants who responded to the invitation were those who were equally interested in these themes, topics, and questions. Each of the eight members displayed a passion for interpersonal work and a hunger for knowledge. Also due to the COVID-19 pandemic, I was not able to observe these eight participants working with voice users, an initial element of my research design.

COVID-19 was also the cause of “Zoom Fatigue” in many people and could be a reason why out of 63 invitees from both fields, only five participants attended the virtual focus group in Phase 3, and all five of them were teachers of singing and members of NATS. In this way, I was not able to corroborate my findings through a dialogue with speech-language pathologists. In future research, as will be discussed, I intend to

continue discussing interpersonal practices and multidisciplinary training with speech-language pathologists and otolaryngologists in addition to teachers of singing.

In Phase 1, out of the eight interview participants, only one was male, and only one male participant attended the online focus group in Phase 3. Gender differences in these fields were not the main focus of this research, but should be considered.

Historically, according to Med Subject 2, speech-language pathology is female dominated, while Physical Therapy (PT) is more male dominated. She said that in the past, PTs were taught in school not to accept less than a certain salary and schools also controlled how many people were accepted into PT school, causing a shortage that created a spike in salary. She said that today there are almost as many women in PT as there are men, and that there are men and women in leadership in ASHA. Med Subject 4 said that out of about 35 speech therapists in her district, only two are male. With this in mind, it is important to understand how certain professional demographics developed and how wage gaps can lead to disproportionate numbers of voice experts of different genders.

Gender also plays a role in the field of voice pedagogy, but may be seen as secondary to voice type in some cases, according to the participants interviewed. For example, if a graduate student wants to study with a teacher of the same voice type to better understand the standard repertoire, this desire has less to do with gender and more to do with *fach*, something confirmed by Singing Teachers 1, 2, and 4. Singing Teacher 3, however, had a negative experience in which the parents of one of her students decided to switch to a male teacher because they thought a male would be more authoritative. The way that gender negatively impacted her teaching, as well as her income, is something

that should be eradicated from voice-related fields as gender equality becomes more of the norm in the United States. In Phase 2, discussed next, there was no significant difference in the number of participants from each gender, which is a better representation of gender diversity in voice fields as a whole than I was able to recruit for the qualitative phases.

Quantitative Phase – Survey

The largest group of respondents for the quantitative survey were speech-language pathologists, which could be a result of inviting a larger number of ASHA members due to their 1000 name minimum when providing mailing lists. However, this difference did not affect the statistical validity of the results. The 10 people who did not finish the survey after starting it may have been affected by the length of the survey. Additionally, this survey was mainly designed by the research team and, though it was based on a survey used by Austin and Reinhardt (1999), should have undergone more tests before distributing to ensure the validity and reliability of the measures.

Future Research

All of the research in this mixed-method study relied on the self-reporting of voice experts. Hearing about their experiences in their own words was invaluable, as was seeing the types of value, training, and use they have of certain skills. However, future research needs to consider the other side of the interpersonal interaction, the voice user. I intend to conduct similar research with voice users, interviewing and surveying singers and those who receive voice services to determine which interpersonal skills they value

the most. By illuminating which types of instruction students find most effective from their teachers, both members of the interaction can better understand one another and benefit. I will use the findings of this research to formulate new qualitative and quantitative measures to use with voice users.

Along these lines, more research could be conducted over personality types and learning styles to better understand the elements of interpersonal interactions. For example, Med Subject 2 said voice user personalities were very prevalent in the interaction, as was her personality as a holistic, natural teacher. Singing Teachers 1 and 2 keep student personalities in mind when considering studio dynamics, while one of the focus group members uses a personality test based on shapes to better understand the learning preferences of each student. With personality in mind, we see that students influence their teachers, in addition to teachers influencing the students. Future research could study different personality tests in relation to interpersonal interactions, including the Enneagram test⁸, Myers-Briggs⁹, and others.

Future research will also entail observing interactions between voice experts and voice users. This was an element missing from this research and Med Subject 4 even said that observation makes the therapy experience “come alive.” I will pursue more qualitative and ethnographic study by observing voice experts and taking notes. A friend of mine credited observation as a large portion of her training, calling it a voice apprenticeship. I did not include this in my recommendations, since it resulted from an

⁸ A personality test that determines one’s predominant “type” from 9 different numbers, based on strengths and weaknesses. Learn more at <https://www.internationalenneagram.org/>

⁹ A personality test that determines a psychological type based on 16 different combinations of extraversion (E) or introversion (I), sensing (S) or intuition (N), thinking (T) or feeling (F), and judging (J) or perceiving (P). Learn more at <http://www.myersbriggs.org/>

informal conversation, but more voice experts should open up their studios and medical practices to one another for observation and feedback. Future research could focus on the relationships between voice experts and how voice communities help one another grow.

In light of gender differences in the fields, discussed above, future research could analyze the data from this survey using the demographic questions to determine if there is any significant difference between participants' responses based on gender, the age of voice users with whom they work, or the work setting. For example, are those who work with older voice users more likely to use the skill "allowing voice users to make decisions"? This question and more could be answered by the data already collected, but as this was not a research question for this study, such statistics were not conducted at this point.

The difference between working with students in short-term versus long-term settings was briefly discussed in this research. I discovered that interpersonal dispositions are necessary, no matter the length of interaction with voice users. For example, Med Subject 2 has had many instances in which patients come once and then never return. She is generous with her time and expertise, giving each patient a first visit that can last over two hours, ensuring that patients are given as much help upfront as possible. She said, "Every patient is treated the same because in my head I feel that I have to do my best for that patient assuming I'll never see them again," even if she ends up seeing them on a regular basis. Also, Med Subject 4 and each of the Singing Teacher participants in Phase 1 said they might not spend as much time building rapport with the voice users seen short-term, as there are often pressing deadlines such as an audition or a performance, but still find ways to engage with them on a personal level. For example, Singing Teacher 4

uses introductory emails to learn about students and shares her singing background ahead of time so connections can be made, but the lesson time can be spent on singing. Future research could investigate methods of being effective during short-term, or “triage,” as Med Subject 1 called them, appointments with voice users.

Finally, based on the changes made to voice care and education in light of the COVID-19 pandemic, more research could focus on interpersonal relationships in virtual formats. Med Subject 2 takes relationship-building seriously, as many patients come to therapy sessions with skepticism and need to build a relationship in order to trust her. During this COVID-19 pandemic, she uses Zoom, emails containing telehealth handouts, and encouraging conversation as ways to build bonds with patients in virtual formats. Med Subject 1 said that telehealth has become a large part of her practice over the past year. Singing Teacher 3 said she receives more updates from students and insights into their lives since the pandemic, while Singing Teacher 2 has made herself more available to students via text and phone call. Singing Teacher 1 said virtual formats are often “really difficult and in some degrees exhausting because you’re also not able to feed off that exchange of energy,” but she also said that it helped her make changes to her teaching that better align with her priorities. Singing Teacher 4, who has been doing occasional in-person teaching during the pandemic, discussed the improved outlook and positivity from students after in-person lessons, saying “Even just that once a month kind of contact makes a huge impact for the student.” This illustrates the importance of the interpersonal relationship in the voice studio and reiterates the importance of connecting with students no matter the lesson format. More research could provide approaches for bonding with voice users across different mediums. The goal of the future research I

intend to conduct is to help voice experts better connect with their students, with one another, and with communities at large.

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APPENDIX A: Interpersonal Standards Within the Fields**ASHA:**

“Knowledge required includes: Understand the basic principles and dynamics of effective interpersonal communication; Understand different learning styles and how to work most effectively with each style in the supervisory relationship; Understand how differences in age, gender, culture, social roles, and self-concept can present challenges to effective interpersonal communication; Understand the importance of effective listening skills; Understand differences in communication styles, including cultural/linguistic, generational, and gender differences, and how this may have an impact on the working relationship with the supervisee; Be familiar with research on supervision in terms of developing supervisory relationships and in analyzing supervisor and supervisee behaviors; Understand key principles of conflict resolution.

Skills required include: Demonstrate the use of effective interpersonal skills; Facilitate the supervisee's use of interpersonal communication skills that will maximize communication effectiveness; Recognize and accommodate differences in learning styles as part of the supervisory process; Recognize and be able to address the challenges to successful communication interactions (e.g., generational and/or gender differences and cultural/linguistic factors); Recognize and accommodate differences in communication styles; Demonstrate behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting); Maintain a professional and supportive relationship that allows for both supervisee and supervisor growth; Apply research on supervision in developing supervisory relationships and in analyzing

supervisor and supervisee behaviors; Conduct a supervisor self-assessment to identify strengths as well as areas that need improvement (e.g., interpersonal communication); Use appropriate conflict resolution strategies.” (ASHA, 2018)

Code of Ethics:

1. “Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.”
2. “Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.”
3. “Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.”
4. “Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards” (ASHA, 2016).

NATS:

“Personal Ethical Standards:

The Association expects its Members to behave professionally and ethically in the representation of their abilities and in their promotional materials and outreach, and to conduct themselves in a manner that reflects positively on the Association.

1. Members shall present themselves honestly, in a dignified and professional manner, and with documented qualifications. These may include appropriate academic degrees, awards, professional affiliations, and teaching and performing experience.
2. Members shall strive to teach with competence by demonstrating knowledge of voice pedagogy, musicianship, familiarity with a variety of vocal repertoire, as well as performance skills.
3. Members should strive for continued growth in professional competencies.
4. Members shall faithfully support the Association and are encouraged to participate in and contribute to its activities and mission.
5. Members should abide by copyright laws and guard against encouraging or allowing infringement thereof.
6. Members shall exhibit responsible and ethical behavior when using print, digital and social media associated with the profession and the studio.
7. Members should be artistic resources for their communities.

Ethical Standards Related to Students:

The Association is committed to Member/Student relationships which foster excellence and learning in a dignified and professional environment, and which do not involve discrimination, sexuality, innuendo, or favoritism.

1. Members should avoid all types of discriminatory practices. Appropriate guidelines are set forth in statutes such as [*Title IX of the Education Amendments of 1972*](#) and the [*Canadian Human Rights Act*](#).

2. Members should maintain appropriate boundaries in psychological, emotional, and personal contact with students, including insinuations that could be construed as sexual advances, even when a student may encourage or *request* such interaction.
3. Members should respect the privacy and personal integrity of students, not disclosing confidential information except to the extent that a particular legal or academic system requires disclosure.
4. Members should clearly communicate and comply with their studio policies and expectations in a timely and concrete manner.
5. The relationship between teacher and student shall be established, maintained and terminated in a respectful, professional manner.
6. Members should respect a student's prerogative to obtain instruction from any teacher(s) of their choice, including concurrent study with another teacher(s). Transparency should be maintained among all parties.
7. Members should offer their best instruction and career advice to every student under their supervision, and should treat each student in a respectful and impartial manner while taking into account individual differences in ability, learning styles and motivation.
8. Members should refrain from making exaggerated claims or misleading statements concerning a student's prospects for a professional career in music. They should not guarantee performances, professional positions or favorable contacts unless they can fulfill those promises.

Ethical standards Related to Colleagues:

The Association encourages a mutually supportive atmosphere among its Members, and in their interactions with other related professionals.

1. Members shall refrain from making defamatory or untrue negative public statements or judgments about colleagues or their students, either verbally or in writing.
2. Members shall render honest and unbiased adjudication at auditions and competitions. If they are unable to do so, then they should recuse themselves.
3. In cases where a Member determines that involving other professionals in a student's instruction may be of benefit (for medical, technical, artistic, musical, pedagogical, or other reasons), Members shall strive to work collegially with these professionals.
4. Rules and regulations of accredited academic institutions may at times take precedence over the Association's Code of Ethics, should there be a conflict.
5. Should ethical conflicts arise between Members and/or a NATS Entity, direct communication should be used to resolve problems among the involved parties. If the conflict cannot be resolved, the Association has a [specific, detailed process](#) for dealing with concerns." (NATS Code of Ethics, NATS, 2018).

APPENDIX B: Institutional Review Board Approval Letters



Official Approval Letter for IRB project # 19897 - New Project Form

December 17, 2019

Brianna Smith
Glenn Korff School of Music
WMB 113 UNL NE 685880100

Kevin Hanrahan
Glenn Korff School of Music
WMB 215 UNL NE 685880100

IRB Number: 20191219897EP
Project ID: 19897
Project Title: Interpersonal Practices in Individualized Voice Teaching: A Mixed-Method Study of Pedagogical Similarities and Differences between Teachers of Singing and Speech Pathologists

Dear Brianna:

This letter is to officially notify you of the approval of your project by the Institutional Review Board (IRB) for the Protection of Human Subjects. It is the Board's opinion that you have provided adequate safeguards for the rights and welfare of the participants in this study based on the information provided. Your proposal is in compliance with this institution's Federal Wide Assurance 00002258 and the DHHS Regulations for the Protection of Human Subjects under the 2018 Requirements at 45 CFR 46.

- o Review conducted using expedited review categories at 45 CFR 46.110
- o Date of Approval: 12/17/2019
- o Date of Expedited review: 11/06/2019
- o Date of Acceptance of Revisions: 12/17/2019
- o Funding (Grant congruency, OSP Project/Form ID and Funding Sponsor Award Number, if applicable): Internal, Hixson Lied, Internal Competition #19119, Grant Congruency Review completed by C.S. 12/17/2019
- o Consent waiver: N/A
- o Review of specific regulatory criteria (contingent on funding source): 45 CFR 46
- o Subpart B, C or D review: N/A

You are authorized to implement this study as of the Date of Final Approval: 12/17/2019.

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:

- * Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which in the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;
- * Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;
- * Any protocol violation or protocol deviation
- * An incarceration of a research participant in a protocol that was not approved to include prisoners
- * Any knowledge of adverse audits or enforcement actions required by Sponsors
- * Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research;
- * Any breach in confidentiality or compromise in data privacy related to the subject or others;
- * Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

Any changes to the project, including reduction of procedures, must be submitted and approved prior to implementation. A change request form must be submitted to initiate the review of a modification.

For projects which continue beyond one year from the starting date, an annual update of the project will be required by informing the IRB of the status of the study. The investigator must also advise the Board when this study is finished or discontinued by completing the Final Report form via NUgrant.

If you have any questions, please contact the IRB office at 402-472-6665.

Sincerely,

Rachel Wenzl, CIP
for the IRB





Official Approval Letter for IRB project # 19897 - Annual Update Form

November 4, 2020

Brianna Smith
Glenn Korff School of Music
WMB 113 UNL NE 685880100

Kevin Hanrahan
Glenn Korff School of Music
WMB 215 UNL NE 685880100

IRB Number: 20191219897EP
Project ID: 19897
Project Title: Interpersonal Practices in Individualized Voice Teaching: A Mixed-Method Study of Pedagogical Similarities and Differences between Teachers of Singing and Speech Pathologists

Dear Brianna:

This is to officially notify you of the acknowledgment of your annual update form for the above-named project. The information you have provided has allowed Research Compliance Services to continue to have an accurate count and understanding of active research involving human subjects research at the University of Nebraska-Lincoln.

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:

- * Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which in the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;
- * Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;
- * Any protocol violation or protocol deviation
- * An incarceration of a research participant in a protocol that was not approved to include prisoners
- * Any knowledge of adverse audits or enforcement actions required by Sponsors
- * Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit of the research;
- * Any breach in confidentiality or compromise in data privacy related to the subject or her/his;
- * Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

It is the responsibility of the principal investigator to provide the Board with a review and update of the research project each year the project is in effect through the Annual Update Form. The investigator must also advise the Board when this study is finished or discontinued by completing the Final Report form via iUgrant.

If you have any questions, please contact the IRB office at 402-472-6965.

Sincerely,

Becky R. Freeman, CIP
for the IRB





Official Approval Letter for IRB project # 19897 - Change Request Form

January 30, 2021

Brianna Smitz
Glenn Korff School of Music
WMB 113 UNL NE 685880100

Kevin Hanrahan
Glenn Korff School of Music
WMB 215 UNL NE 685880100

IRB Number: 20191219897EP
Project ID: 19897
Project Title: Interpersonal Practices in Individualized Voice Teaching: A Mixed-Method Study of Pedagogical Similarities and Differences between Teachers of Singing and Speech Pathologists

Dear Brianna:

The Institutional Review Board for the Protection of Human Subjects has completed its review of the Request for Change in Protocol submitted to the IRB.

- o Date of Approval: 01/30/2021
- o Date of Expedited review: 01/26/2021
- o Date of Acceptance of Revisions: 01/30/2021

The change request form has been approved to include the following changes and procedures as described in the form:

1. Implementation of the quantitative survey to be distributed to teachers of singing and speech-language pathologists.
2. Data collection via online processes
3. Use of new recruitment email
4. Waiver of consent documentation for national survey procedures at 45 CFR 46.117(c)(1)(ii)

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:

- * Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which in the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;
- * Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;
- * Any protocol violation or protocol deviation
- * An incarceration of a research participant in a protocol that was not approved to include prisoners
- * Any knowledge of adverse audits or enforcement actions required by Sponsors
- * Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research;
- * Any breach in confidentiality or compromise in data privacy related to the subject or their data
- * Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

This letter constitutes official notification of the approval of the protocol change. You are therefore authorized to implement this change accordingly.

If you have any questions, please contact the IRB office at 402-472-6965.

Sincerely,

Rachel Wenzl, CIP
for the IRB



APPENDIX C: Research Theses and Sub-Questions

<p>Thesis 1:</p> <p>I identify interpersonal practices implemented by teachers of singing and speech-language pathologists and compare and contrast these practices to make recommendations for the two fields.</p>	<p>Sub-Question 1:</p> <p>Are there interpersonal skills that are most prevalent in the fields of voice pedagogy or speech-language pathology?</p> <p>What are they?</p>
	<p>Sub-Question 2:</p> <p>Are there interpersonal skills that are evident in the literature, but are least prevalent in the fields of voice pedagogy or speech-language pathology? What are they?</p> <p>Should they be incorporated into teaching more often?</p> <p>Why or why not?</p>
	<p>Sub-Question 3:</p> <p>Do teachers of singing and speech-language pathologists use individualized instruction when working with students?</p> <p>If so, how do they tailor instruction?</p>

<p>Thesis 2:</p> <p>I identify types of teacher training in interpersonal practices by examining both individual and corporate experiences of teachers of singing and speech-language pathologists, which will include study of how the two fields approach curriculum and education, professional memberships, certification practices, beliefs and ethics, and research-based practices.</p>	<p>Sub-Question 5:</p> <p>Are there interpersonal beliefs, expectations, and/or standards set by the fields of speech-language pathology and voice pedagogy? By the individual? What are they?</p>
	<p>Sub-Question 6:</p> <p>Are there effective ways to develop these interpersonal beliefs, expectations, and/or standards? What role do personal experiences or professional experiences (such as certification, education, workshops, clinics, memberships, etc.) serve?</p>
	<p>Sub-Question 7:</p> <p>What is the role of research-based practices in these fields?</p>
	<p>Sub-Question 8:</p> <p>Do self-identified interpersonal beliefs, expectations, and/or standards align with self-identified and observed interpersonal actions? Basically, do teachers of singing and speech-language pathologists do what they aim to do in terms of interpersonal teaching?</p>

APPENDIX D: Qualitative and Quantitative Instruments

D.1: Semi-Structured Interview Questions

1. How would you define interpersonal?
2. What do you consider to be necessary interpersonal skills in your line of work?
3. How do you incorporate interpersonal skills into your line of work? Can you give an example?
4. Do you teach or encourage interpersonal skills in your students or clients? In what ways?
5. Which of the following approaches to individualized instruction are used by you?
 - a. [Gardner's Intelligences](#) (Visual-Spatial, Linguistic Verbal, Logical-Mathematical, Bodily-Kinesthetic, Musical, Interpersonal, Intrapersonal, Naturalistic)
 - b. Modes (Auditory, Visual, Kinesthetic)
 - c. Personality Types/Tests
 - d. Gallup Strength Finders
 - e. Other, Explain:
6. Do you adapt to student/client learning styles or preferences? If so, explain. Or describe a time that you had to alter your teaching/methods to fit the needs of a student/client.
7. How do you measure success? In yourself? In your students/clients?
8. Which of the following types of goals do you set with your students or clients?
 - a. None
 - b. Short-term
 - c. Long-term
 - d. Professional
 - e. Personal
 - f. Other, Explain:

9. How do you set goals?

10. Do you include students/clients in the goal-setting process? In what ways?

11. Describe your process for selecting client or student exercises or sung repertoire.
Do you include students/clients in the process? In what ways?

12. Which of the following modes of feedback do you provide in a session with a student or client? Please provide a notch on the line and give any reasoning aloud.

a. Feedback given to the person during an action (concurrent feedback, active coaching)

NEVER SOMETIMES ALWAYS



b. Feedback given to the person after an action (terminal feedback, reflective feedback)

NEVER SOMETIMES ALWAYS



c. Praise

NEVER SOMETIMES ALWAYS



d. Positive Criticism

NEVER SOMETIMES ALWAYS



e. Negative Criticism

NEVER SOMETIMES ALWAYS



f. Suggestions for improvement

NEVER SOMETIMES ALWAYS



g. Other, Explain:

13. How do you balance or manage the balance between encouragement and constructive critique?

14. Do you see yourself as a life coach/life therapist in the lives of your students/clients? In what ways? For example, do you see yourself as someone who helps with emotional or personal concerns? How much of that role do you take on as friend, nurturer, mentor?

15. Which of the following methods do you use to create rapport and healthy relationships?
 - a. Student/Client Information survey
 - b. Attending performances or extracurriculars of students
 - c. Small talk
 - d. Investment in their other classes or coursework
 - e. Taking an interest in them as a person, caring about them as an individual
 - f. Other, Explain:

16. Which of the following steps do you take to create a safe environment?
(suggestions below from Clemmons, 2010)
 - a. Treating each person as an individual
 - b. Respectful of student/client goals and ideas
 - c. Lack of criticism of person (not making negative comments about the individual outside of the skills being worked on)
 - d. Positive motivation
 - e. Positive language with forward direction (ex: do an exercise again with a goal in mind)
 - f. Clear expectations
 - g. Other, Explain:

17. Do you belong to any associations? What memberships do you hold?
- a. NATS
 - b. American Academy of Teachers of Singing
 - c. Pan American Vocology Association
 - d. ASHA
 - e. Academy of Rehabilitative Audiology
 - f. American Auditory Society
 - g. American Cleft Palate-Craniofacial Association (ACPA)
 - h. International Association of Logopedics and Phoniatrics (IALP)
 - i. International Society for Augmentative and Alternative Communication (ISAAC)
 - j. National Center for Hearing Assessment and Management
 - k. Nebraska Speech-Language-Hearing Association
 - l. Other:
18. Which personal or professional guides ([ASHA](#), [NATS](#), etc.) influence your practice?
19. Briefly describe your training.
20. How did your past training influence your current teaching/practice?
21. Is there any specific training that you wish you had received?
22. Which types of workshops or clinics do you attend?
23. Rate or explain the influence of these workshops, in general, on your professional development?
24. Do you use research-based practice in your teaching? Can you describe current practices you use?
- a. Reading publications in your field
 - b. Implementing methods or interventions backed by studies
 - c. Conducting your own research
 - d. Other, Explain:
25. How do students or clients come to you? (Doctor, speech-language pathologist, voice teacher, choir director) Do they choose you? Are they recommended to you? What factors play a part in matching students with teachers? What is the process for matching client to teacher/doctor? (audition, student preference, referral, past-client referral).

26. Is there anything that might keep you from teaching certain students? Can you refuse to treat a client who's been assigned to you?
27. Is there anything that draws you towards certain students/clients?
28. In terms of the voice studio, what is the role of studio "culture"? What kind of culture do you strive to create? (Does this exist in speech-language pathology? Maybe in group sessions?)
29. How do you approach diverse students/clients with understanding and respect? Not using names, can you describe a specific time in which this was difficult to do? Or easy to do?
30. How do you prepare for sessions?
31. How do you reflect on sessions?
32. How often does reflective teaching influence your methods? Explain.
 - a. Always
 - b. Almost Always
 - c. Sometimes
 - d. Almost Never
 - e. Never
33. What was your motivation for entering your line of work?
34. What continual motivation do you find in your line of work?

FOLLOW-UP QUESTIONS FOR SECOND INTERVIEWS

- What has the pandemic changed about your interpersonal interactions with voice users?
- Do you value being an expert in 1 or 2 specific disciplines (whether that be a voice disorder, a teaching or therapy technique, a genre of music, etc.) vs. being versed in a number of different disciplines?
- Is there a difference between how you interact with the voice users you see long term vs. voice users you may see once or twice/over a short amount of time?
- What is the role, if any, of the age of the voice user with whom you are working?
- What is the role, if any, of the familial/personal background of the voice user with whom you are working? *This could include nationality, culture, socio-economic status, sexual orientation, disabled status, religion, etc.*
- What is the role, if any, of multidisciplinary training in educating voice experts? *For example, how much should teachers of singing understand voice medicine or the practices of speech-language pathologists? How much should doctors and SLPs understand music?*
- What is the role, if any, of gender in your field? *For example, are there any barriers or privileges granted to voice experts or voice users based on gender?*
- What is the role, if any, of funding in your field? *For example, have you ever had to pay out of pocket for additional training or to attend a conference?*
- What is the role, if any, of voice user disposition? *For example, perfectionism, high achiever, high anxiety, etc.*
- What is the role, if any, of scheduling demands?

D.2: Quantitative Survey

Informed Consent

(PAGE 1/10)

The following describes your rights as a participant in this survey. Please read through this informed consent information before continuing, then select "Agree" or "Disagree." While you may withdraw (stop the survey) at any time, submitting your answers serves as your consent.



GLENN KORFF SCHOOL OF MUSIC

IRB #: 19897

Formal Study Title:

Interpersonal Practices in Individualized Voice Teaching: A Mixed-Method Study of Pedagogical Similarities and Differences in Singing Teachers and Speech-language Pathologists

Authorized Study Personnel:

Principal Investigator: Brianna Smith, MM, Send questions to brianna.smith@huskers.unl.edu
Secondary Investigator: Kevin Hanrahan, DMA

Key Information:

If you agree to participate in this study, the project will involve:

- Speech-language pathologists and teachers of singer over 19 years of age; voice students over 19 years of age
- Procedures will include one online survey
- One 20-minute session is required
- There are no risks associated with this study
- You will be paid a \$10 Amazon gift card for your participation
- You will be provided a copy of this consent form

Invitation:

You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to participate. If you have any questions, please ask.

Why are you being asked to be in this research study?

You are being asked to be in this study because you are either a speech-language pathologist, speech therapist, ENT, teacher of singing, other voice expert, or voice student. You must be 19 years of age or older to participate.

What is the reason for doing this research study?

This is the second portion of a research study exploring the interpersonal teaching methods of teachers of singing and speech-language pathologists. The research questions include (1) Are interpersonal skills taught or encouraged by teachers of singing and speech-language pathologists? (2) How do teachers of singing and speech-language pathologists approach students as individuals and implement individualized instruction? (3) How does training and professional development influence teachers of singing and speech-language pathologists? (4) Are there overlapping or conflicting interpersonal methods and beliefs between teachers of singing and speech-language pathologists? (5) How do students benefit from the methodologies of their teachers of singing or speech-language pathologists? The information you provide on this survey will provide data on the generalizability of the practices and methodologies of teachers of singing



and speech-language pathologists. Through this, I will develop an inventory of positive interpersonal practices of teachers of singing and speech-language pathologists. I will make recommendations for individuals and institutions based on both the correlations and differences between these two fields, with the aim of positively impacting current voice teachers and those in teacher education programs, as well as the broader educational structures in place for individualized voice teaching.

What will be done during this research study?

Participation in this study will require approximately 20 minutes of your time. You will complete a short survey asking you about your training, teaching styles, philosophies, habits, and belief systems/ethics. This survey will also ask if you would be willing to participate in a focus group regarding these same topics. This is in no way mandatory, but if you indicate yes, a different informed consent will be emailed to you along with an invitation to participate in an online video conference focus group.

How will my data be used?

Your data will be used to analyze different teaching methods and build an inventory of positive interpersonal practices among voice teachers, as well as better understand the training and certification of such professionals. All data will be reported as aggregate data and no personal information or identifiable material will be released. Only the investigators will have access to the raw data collected.

What are the possible risks of being in this research study?

While there are no known risks, participation will require a lot of self-reflection and honesty. Please read about your rights below.

What are the possible benefits to you?

While there are no direct benefits, participating may provide you with the opportunity to reflect

on your own practices in the context of your field and in relation to the practices of others.

What are the possible benefits to other people?

You will also provide beneficial insights for the voice community. Professional voice users and teachers can use these findings to improve their individualized instruction when working with students and clients.

Will you be compensated for being in this research study?

You will be compensated \$10 as an Amazon gift card at the completion of your survey for being in this research study. If you withdraw before completed the survey, you will not be compensated.

What will being in this research study cost you?

There is no cost to you to be in this research study.



What should you do if you have a problem during this research study?

Your welfare is the major concern of every member of the research team. If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form.

How will information about you be protected?

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data.. Any information obtained during this study which could identify you will be kept strictly confidential. You will be assigned a unique random number to identify your survey data to the investigator. Once data analysis is complete, all personal information, e.g. names, email addresses, etc., will be deleted or destroyed. The data will be stored in a password protected database on a password protected computer and will only be accessible by the investigator and the investigator's graduate advisor during the study and for seven years after the study is complete. The information obtained in this study may be published in journals or presented at conferences; however, the data will be reported as aggregated data or pseudonyms will be used. The audio recordings will be kept for three years, and then will be erased.

What are your rights as a research subject?

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. For study related questions, please contact the investigator(s) listed at the beginning of this form. For questions concerning your rights or complaints about the research contact the Institutional Review Board (IRB):

- Phone: 1(402)472-6965
- Email: irb@unl.edu

What will happen if you decide not to be in this research study or decide to stop participating once you start?

You can decide not to be in this research study, or you can stop being in this research study (“withdraw”) at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator or with the University of Nebraska-Lincoln (list others as applicable). You will not lose any benefits to which you are entitled.

Documentation of informed consent

You are voluntarily making a decision whether or not to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study. You will be given a copy of this consent form to keep.

Participant Feedback Survey

The University of Nebraska-Lincoln wants to know about your research experience. This 14-question, multiple-choice survey is anonymous. This survey should be completed after your participation in this research. Please complete this optional online survey at: <http://bit.ly/UNLresearchfeedback>.

I provide my informed consent:

Agree

Disagree

Demographics

(PAGE 2/10)

Answer the following demographic questions to the best of your ability.

My personal pronouns are...

He/Him/His

She/Her/Hers

They/Them/Theirs

Prefer not to answer

Profession

I work in a speech-language pathology related field

I work in a singing related field

My professional life is split evenly between the fields of speech-language pathology and singing

The majority of my time is spent with voice users who are of the following ages (check all that apply):

0 - 5 years

6-11 years

12-18 years

18-65 years

65+ years

I work in the following setting(s) (check all that apply):

Elementary School (Pre K - 5th Grade)

Middle School (6th-8th Grade)

High School (9th-12th Grade)

College or University

Medical Practice - Hospital

Medical Practice - Doctors Office

Medical Practice - Rehabilitation Facility

Private Practice - Speech-language services within a medical office

Private Practice - Speech-language services out of a non-medical facility

Private Studio - Singing instruction out of my residence and/or traveling to someone's home

Studio - Singing instruction within a larger business/corporation/collective

Other

Values 1

(PAGE 3/10)

In this first section, you will be presented with 33 statements. On a sliding scale of 0-100, indicate how much value you place on that skill in your line of work. 0 would indicate you do not value that skill in your work, 100 would indicate you value it greatly. For each of the following statements, click or drag to mark the extent to which the following is true:

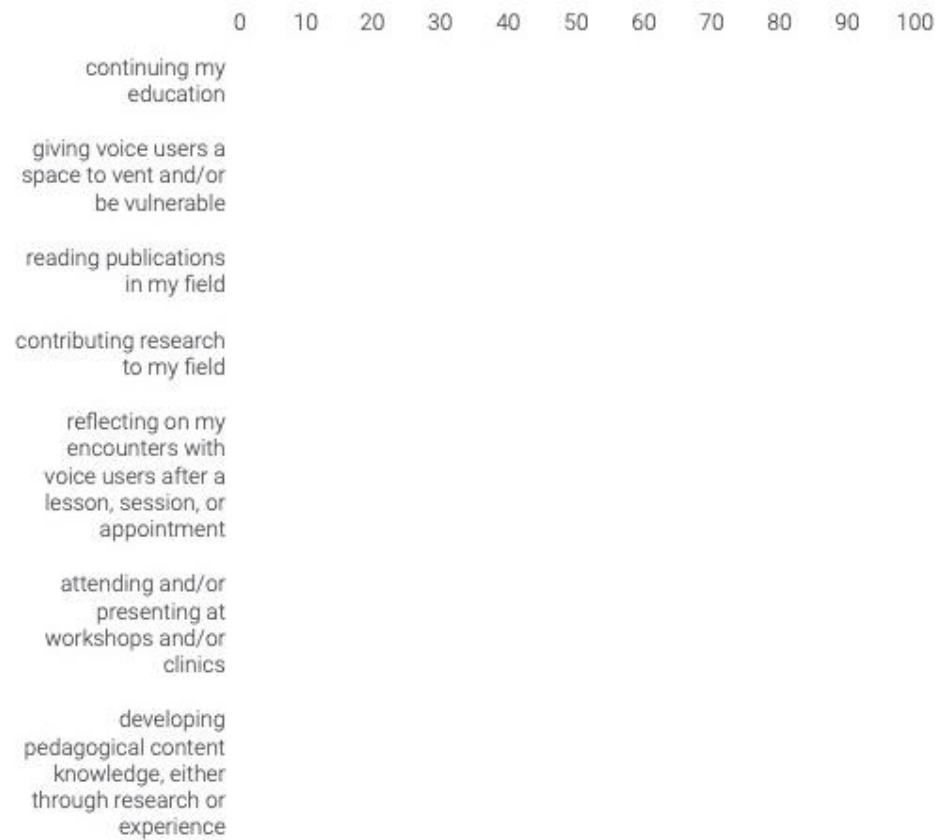
In my line of work, I value...

**Values 2**

(PAGE 4/10)

As a continuation of the 33 statements, click or drag to mark the extent to which the following is true:

In my line of work, I value...

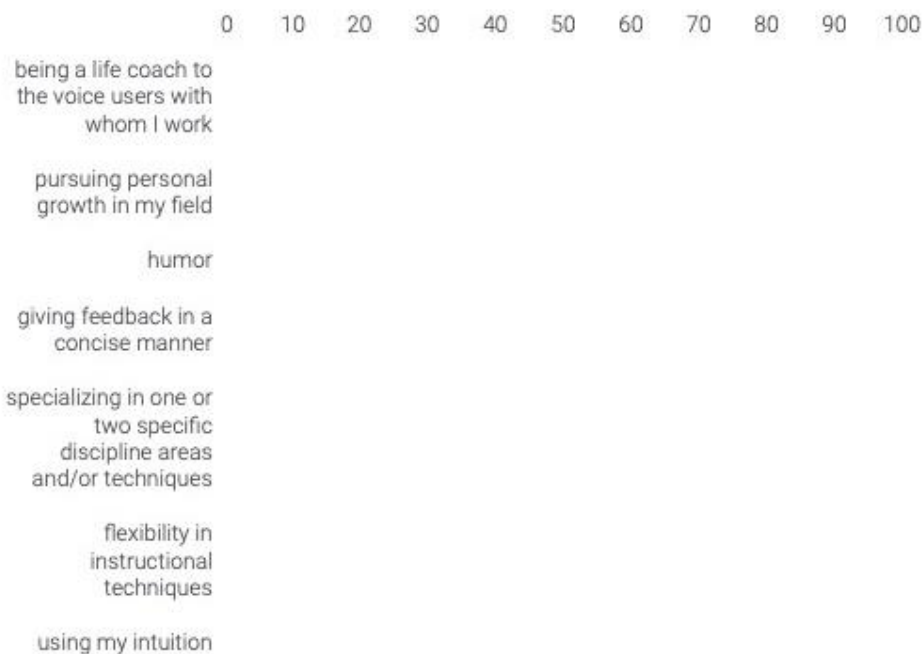


Values 3

(PAGE 5/10)

As a continuation of the 33 statements, click or drag to mark the extent to which the following is true:

In my line of work, I value...



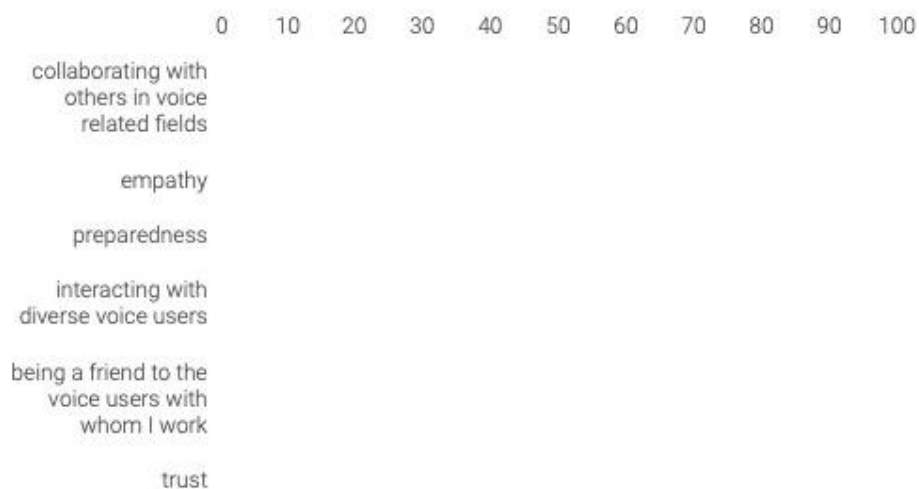
Values 4

(PAGE 6/10)

As a continuation of the 33 statements, click or drag to mark the extent to which the following is true:

In my line of work, I value...





Values 5

(PAGE 7/10)

As a continuation of the 33 statements, click or drag to mark the extent to which the following is true:

In my line of work, I value...





Training

(PAGE 8/10)

In this second section, you will be presented with the same 33 skills from the previous section. This time, however, please indicate ways in which you were trained in the skill:

"I received formal education in this skill" means you received training or encouragement from an accredited or certification-granting program with feedback from a teacher, supervisor, or mentor

"I received supplementary education in this skill" means you received training or encouragement from a workshop or clinic, with or without feedback from a teacher, supervisor, or mentor

"This skill was self-taught" means you self-developed this skill, used intuition, or sought information on this skill independently

"I received no training in this skill" means you cannot recall how you were trained in this skill or are unfamiliar with this skill

In regard to your training in the following skills, check all that apply:

	I received formal education in this skill	I received supplementary education in this skill	This skill was self-taught	I received no training in this skill
listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I received formal education in this skill	I received supplementary education in this skill	This skill was self-taught	I received no training in this skill
knowledge of the anatomy and physiology of the human voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
starting with fundamentals and building from there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
community outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
making voice users feel safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
continuing my education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
giving voice users a space to vent and/or be vulnerable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reading publications in my field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
contributing research to my field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reflecting on my encounters with voice users after a lesson, session, or appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
attending and/or presenting at workshops and/or clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
developing pedagogical content knowledge, either through research or experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being a life coach to the voice users with whom I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pursuing personal growth in my field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I received formal education in this skill	I received supplementary education in this skill	This skill was self-taught	I received no training in this skill
humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
giving feedback in a concise manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
specializing in one or two specific discipline areas and/or techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
flexibility in instructional techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using my intuition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
setting realistic goals and/or expectations with voice users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
collaborating with others in voice related fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interacting with diverse voice users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being a friend to the voice users with whom I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being versed in a number (3+) of different discipline areas and/or techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
respectful relationships with voice users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
allowing voice users to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using prompting questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Daily	Weekly	Every other week	Monthly	Every other month	2-5 times a year	Once a year	Every few years	Never
attending and/or presenting at conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Techniques and Motivation

(PAGE 10/10)

In this final section, you will be asked to identify which techniques, if any, you use, as well as motivators you find in your line of work. In each of the questions, please check all that apply.

In working with voice users new to your practice, which of the following techniques, if any, do you employ? Check any that apply.

I ask voice users to fill out an information survey or intake form

I fill out an information survey or intake form myself

I ask voice users to send me videos and/or audio recordings (e.g. YouTube, SoundCloud, etc.) that demonstrate their voices

I record video and/or audio of a student in one of the first meetings to reference or evaluate

I use small talk with voice users

I provide voice users with a video introducing myself and my practice

I offer voice users a sample lesson and/or session

I follow a formal evaluation or screening test with voice users

In working with current voice users in your practice, which of the following techniques, if any, do you employ? Check any that apply.

I attend performances of voice users with whom I currently working

I show investment in the other classes or coursework of voice users

I take an interest in voice users as people outside of their voices

I am aware of Individualized Education Program (IEP) requirements and/or other learning accommodations needed

I ask voice users about their learning styles and/or preferences

Which of the following, if any, do you employ? Check any that apply.

I attend performances of any voice users, not just ones I know

I read academic publications outside of my field

I record and watch my lessons or sessions with voice users

I take voice lessons for my own vocal development

I hold a professional membership(s)

The following are motivators that many individualized voice teachers find in their line of work. Which of the following, if any, have been or are currently motivators for you? Check any that apply.

Service to individuals

Service to community

Taking care of others

Collaborating with other voice professionals

Working with people

Using creativity

Using problem-solving techniques

Being challenged

Mentoring others

I was/am inspired by personal mentors

Building relationships with voice users

Variety in my line of work

Positive feedback from voice users and/or their family members

Success in voice users

I would like to receive a \$10 Amazon Gift Card for my participation, and thus, will give my email address below. I understand that this email address will be associated with my answers, but no identifying information will be used in the presentation of this data.

Yes

No

If yes, please send my \$10 Amazon Gift Card to the following address:

I am interested in discussing interpersonal practices with the investigators and other voice professionals in an online focus group conducted via Zoom. The investigators may contact me via email with further information on this focus group.

Yes, contact me with information about participating in a focus group

No, I am not interested in participating in a focus group

D.3: Focus Group Questions

1. What aspect(s) of your training are most influential or most utilized in your day-to-day work?
2. Is there any training you wish you would have received, or more training on certain topics/techniques?
3. Do you see any differences between working with individuals versus working with groups of people? If so, what are these differences?
4. Do you regularly collaborate with other voice experts? If so, what contributes to strong working relationships?
5. How do you communicate with voice users? (Verbal/nonverbal, in-person/virtually, etc.)
6. Has the pandemic impacted interpersonal interactions with voice users? If so, how?
7. What motivates you?
8. Are there particular techniques or approaches to voice care that you frequently use?
9. Do you adapt these techniques based on the voice user? If so, how?
10. What is the role of research/evidence-based practices in your work? What are research questions related to voice care you think need to be addressed in our fields?

APPENDIX E: Qualitative Transcripts

Med Subject 1, Interview 1 Transcript

Smith: So, I'm just going to say, again, that this is Brianna Smith on Tuesday, February 18, 2020, at 3:18 PM and could you verbally confirm, again, that I have your permission to record this conversation?

Med Subject 1: Yes.

Smith: Okay, thank you so much. So, thanks for agreeing to meet with me today. And this interview is part of a pilot study to better identify some interpersonal practices implemented by voice experts and I'm hoping to compare and contrast these to better design a serving tool, or to make recommendations for the fields, or eventually maybe get greater cooperation between the field, some things we talked about on the phone. So yeah, you have the questions in front of you, but we don't need to strictly stick with these topics if something else comes up we can kind of go wherever it goes and I may take a few notes as we go, but I want it to be an open conversation and we'll go from there. So, to begin in regard to interpersonal practices how would you define interpersonal?

Med Subject 1: So, relating to skills that are needed to facilitate communication between me and others. And in my daily work that has to do with patients, their family members, our nursing staff, our medical assistants, referring to speech pathologists, community voice teachers, and other health-care providers that are involved in voice care. So, the skill set required, and emotional intelligence needed to really read what the patient is trying to say to me, make sure that that matches with the words that they are choosing. And that they're receiving communication in a way that is relating to a goal of shared understanding in the situation.

Smith: So, you kind of touched on these, but are there any other interpersonal skills that you consider to be necessary in your line of work, you kind of already answered that, but...

Med Subject 1: Yeah, I mean I think listening is really key, not only, again, to content, but for us, delivery. Is there, you know, an underlying emotional issue that we need to sort of bring to the surface and then sort of the other layer of listening that we have: are there differences in their speaking voice and singing voice, you know, what kind of breath support are they using, if they speak multiple languages, you know, what all is going on. So, when we listen we are listening with, you know, sort of three big buckets of listening: content, delivery, but then specifically, you know, voice health parameters within delivery and if there's any dissonance between the story and the output.

Smith: Yeah, that's excellent. That's very interesting having your expertise and your... You're wanting to know what they're concerned about or what they're coming to you with, and then kind of doing some of that decoding of what they're saying?

Med Subject 1: Oh, no question. And sometimes it comes up that, you know, their father has recently been diagnosed with throat cancer or, you know, someone in their class had nodes and they watched Pitch Perfect, and they're scared they're never going to sing again. That absolutely happens on a weekly basis...

Smith: [laughs] Not to laugh at that, just that I've been there.

Med Subject 1: Yeah, just like what are you worried you're going to see, you know, what are your fears because there's just silence. There's, there's something else, so really paying attention to the voids as well as the content. You know, holding the space for other things to come up and then if nothing sort of comes up sort of trying to create a space where it's like, "Okay, before we do an exam, what are your fears, how can I help understand your expectations? And see if our reality and our expectations are in line with one another, you know. I think that's kind of a key skill.

Smith: Great! Yeah, and that kind of...

Med Subject 1: Goes with the next one.

Smith: These are all kind of along the same...but number three, incorporating interpersonal skills, and you kind of already gave an example, but if there's anything else you want to add.

Med Subject 1: This is key, and I think this has to do with kind of that emotional intelligence of system navigation. Like I not only have to navigate health care, but I need to navigate the arts, and it's like, "Well okay, what's your next upcoming gig? Like what does that entail, do you have control over your rep, do you not, do you want me to talk to your, you know, teacher or stage manager or production manager, director, do you want that to be confidential? How can I help empower you, patient, who then needs to go out and have another role?" So, I also incorporate, like, translation as part of my wheelhouse. "Would you like me to tell your teacher, would you like to tell your teacher, would you like to have your video on your iPhone, would you like me to be involved, would you like me to not be involved at all, do you want to not tell them at all?" So, it's really sort of that shared decision-making piece, I think is the last one, and translator. And then also translating concepts to speech pathologists who may not have ever taken care of singers before, who do a great job with stroke but who's like the only person remotely skilled in that area where they live, and so trying to translate to voice teachers who may be more skilled at handling injured singers at times. Sort of what their, you know, underlying asthma might have to do with how they approach that patient, things like that.

Smith: Thanks, yeah, that's really helpful. So, this next one, number four, I wasn't sure if this fully applies here, but are there any skills that you encourage or that you'd like to see from your clients or your students? An example might be punctuality, or, like, good communication, those kinds of things.

Med Subject 1: So, it would be like a dream of mine to have a worksheet or workbook of how to navigate, you know, vocal health for students and working performers. So, you

know, curiosity, preparedness, self-reflection, self-assurance, those are all things that would be very helpful to have patients... We do a lot of trying to put the patient in the driver's seat during the visit, but it would be great if those skills could be, you know, pre-loaded or pre-taught to folks as they navigate health care. So, we do try to teach that. We also try to teach skills of curiosity when people are going back to a return to play/return to perform paradigm. So, we encourage dialogue and self-assurance and things like that when people are kind of going out. Like you've got this, you know, there's nothing really medically that should be in your way and if you're experiencing technical issues, like, you can collaborate with your voice teacher typically at that point, we're always here for you. So, we do try to, you know, leave the encounter with, like, you know a lot of mutually respect and self-assurance, things like that, but it's really very individualized. But really trying to put them in the driver's seat and trying to make sure that they develop the skills is really key to a therapeutic relationship. We don't want them dependent on us. We want to just be there waiting in the wings to let them do the thing.

Smith: Yeah, there's some more questions that I think will speak to that later, that's awesome. The next one, if any of these approaches are familiar to you or if you're comfortable speaking to how you may use them to tailor your instruction to certain clients? I think this is more prevalent a lot of times in teaching.

Med Subject 1: Yeah, I think for me, for patients, I just very much try to read their preferences and then will just point-blank ask them how they would prefer to receive communication and if it's very basic, like are you a better verbal learner, are you a better video learner, do you want to watch, do you want to hear, do you want to see, do you want to touch, these types of things? So, it's very basic, like a 5-sensory type deal. We don't have too many smells, some smells. But I mean, that's basically... Then, for Gallup Strength finders, a number of the people on our team have taken that, so we're aware of each other's strengths and teammates and we'll, at times, share patients, but it's interesting that there's a lot of overlap in our strength finders, which is cool, but our personality type testing is totally opposite. So, there's overlap on the strength finders. So, [omitted name] and I have both taken our personality type testing and the Gallup strengths finders, so we are polar opposites personality-type, like could not be more different, and our strength finders coalesce. I think that has helped us kind of understand where we're best suited to help and then how, when we share patients, sometimes there is like definitely a benefit in terms of patients' learning styles and things like that, for different provider communication so it just like helps move things forward.

Smith: Awesome, good. So, then this also kind of goes into number six about just meeting them where they're at, anything else about you may be having to... So, back to what you were saying about you and [omitted], if there was ever a time that you thought maybe a patient would be better suited, would you like to pass that along?

Med Subject 1: Yeah, I would tell the patient just like flat out I think he would be a great second opinion, why don't you meet with him, see what his take is, he's a singer too. So, I think that's helpful. And then in terms of learning styles, I find that a lot of people want to fixate on like an exam picture, like they want to fixate on a visual, but they actually

learn more kinesthetically, so I'll have them get up from the chair and we'll do some like body work type stuff and really embody that the voice is not just, like, a picture of the voice box, but that it's like the whole body, it's the lungs, the voice box, and the sinuses and if they can feel different movements that inform them that that's their truth, then they can stop looking at the picture. So that's the most common one that I use. I usually just shut the exam lights off in the room and just have them sing for me, after they're decongested and they can feel the placement change and I'm like "So, the voice box stuff, you had that when you came in here and now you can sing, how much better? Oh 20%, 50% better." So, like, okay, it's there, but it's like the pea in the mattress in Princess and the Pea, so like, we need to move on from the concept of like I'm damaged or I'm not good enough or I have this [diagnosis]. Sure, I know what that means, but we need to figure out what that means for you, and they leave with like a deep kinesthetic sense of knowing that they're going to be fine. But for those patients who... So, I really try to read what their learning style is and that helps.

Smith: And yeah, and I think there's more of a leaning towards that in voice lessons, even with healthy voices, we have bad concepts in our head or the body map

Med Subject 1: Body maps is super off.

Smith: Yeah, it isn't helping get the sound we want, so, great. So, shifting gears slightly, I want to talk a bit about goalsetting and methods of feedback and some client interactions. So, this is kind of broad you can interpret it however you want, but how do you measure your success and in yourself or in your clients?

Med Subject 1: So, we employ a shared decision-making model so the goals for treatment are totally dependent on the patient, tempered with realism about what we as surgeons and, you know, otolaryngologists can reasonably provide with partnership, and that's patient partnership and then partnership with speech pathologists. So, we'll be like, "Alright, but like you never sing like that ever so is that really realistic", or "Like wow, that seems like a really realistic goal, we think we can get you to that wedding in October, we've got 6 weeks." And you know, "We think that this is a subsystem issue." So, the success is really defined by the person we serve, and I think we have a healthy conversation about whether that's a reasonable goal or not and what our role in that goal is. So, if it involves a director or singing teacher, the patient, the speech pathologist, the surgeon, primary care doctor, a pulmonologist to get the asthma under control, and someone else to get a different birth control pill, that's like 7 people on the team, or student health. So, that's not unusual, actually. And so, it's like, okay, so, you know, what's our role in helping you navigate this, what's your role in helping you navigate this? What does that entail? It's a lot of Adulting, along that continuum. And then when is it reasonable to meet back, do you want to meet the week of your show, do you want to meet? See how much runway we have. So, success for patients is very much shared decision making.

Smith: Okay, that kind of answers some of the next questions that all kind of go together, so when you're making those goals, it kind of just depends on the student if it's going to be long-term or short-term?

Med Subject 1: Sure, typically there's a short-term goal for us because people are coming in because they are worried. The short-term goal is the lead goal, typically, it's the Band-Aid the crutch or the triage appointment where we're just trying to say, "safe to sing: yes/no," and then the regular visits are unpackaging visits, like how did we get here? Like, what's the last seven years been like? Like, why do you have a tendency to have so much tension? Oh, do you have sleep apnea? Like, what else is going on? so to me I really see the goals as being made of two types of visits, like if you come in something's on fire, like all you can think about is you open Friday and it's Wednesday, like we're not going to be unpackaging the last seven years, and it's going to take an hour just to figure out what you need for Friday. Or you know, like Lion King comes through and it's "Gazelle Number 3," or whatever, it's like, can I work, can I not work, do they need to pull the understudy? Yes, no if so, how much? All weekend, not all weekend, do you need to fly back to New York?

Smith: And do you have patients like that, who are like transient?

Med Subject 1: Yeah, I mean that's the nature of our business. So, when tours come through, you know, we're trying to help them decide, like, do you want to bag this gig? So, in [omitted], it's a gig that a lot of people are happy to skip, they don't want to skip Chicago, so that's helpful. In [omitted] it was opposite, they'd skip Rhode Island or sometimes Montreal or whatever. You know, like, "what can you not do?" is a goal for some people, right? Because like, okay, which audition do you want? You have three auditions coming up and one's in Europe and two are local, like, what do you want your summer to look like? If you could sing for one thing, which one thing would it be? You know, those types of things. Or if you're going to do community outreach or Radio show or whatever, do you really need to do the meet and greet, or do you need to just, like, cancel the VIP tickets, and just do the show? So, it's very much short-term, in terms of what is in your face, can you work yes/no or if people want to unpackaged that long-term, whether it's with us or with our colleagues wherever they've landed, based out of, etc.

Smith: Okay, yeah thanks, that's very helpful. And that kind of answers number 10, too, that you are including them very much so in the goalsetting process?

Med Subject 1: Yes, they're the center of the process. That's why the visits take so long. It's not our agenda.

Smith: Right, so then, number 11, to kind of expand on that, once you've set the goal, are there any certain steps that you're sure to take or does it just kind of depend on those goals?

Med Subject 1: It totally depends on what they need to do...and we do this in concert with the speech pathologist for singers.

Smith: Okay, and I think that's...number 11 is kind of what I'm interested in seeing, kind of what you mentioned earlier, do you have any say in your repertoire? The singing model's often "teacher says sing this, so you sing this," or "teacher says do this exercise, so you do this exercise..."

Med Subject 1: Yeah, but once you start working with working singers and people who are funding their own performances or their own studio time, that goes out the window. So, for classical singers, still, if you're doing a recital, you can still do easy, easy, hard, easy, easy, hard, you can change the key, a lot of the time, if you do weddings, and you can, you know, if you're in a band you can have other people pinch-hit, you know those types of things so it gets really... Some of the stuff is just common sense, and then some of it is load escalation on an injury, so that's where we really lean on the speech pathologists. We try very, very hard to get the patient to the point that they're not a patient, right? To really do that rehabilitation and understand where the anatomy and the demands align, because as long as the anatomy and demands are in mismatch then you don't have a situation that is sustainable for someone. Like are you a grade school music teacher who is unamplified, who is also in Omaha Playhouse production of blah blah blah and happens to do church gigs every Sunday with a polyp, like it's not going to work. So, like that stuff is everyday bread and butter stuff for us. So yes, there's rep, like can change your key for the church gig? Can you give your church gig to someone else? Can you, you know, pre-record things for your students? Can you do "Go noodle"? So, that type of rep is like outsourcing rep, as opposed to picking specific new rep, cause usually there's not enough runway to pick new rep at that point, the point that we're involved, they have something in two weeks, within two weeks. So, like, their ability to switch songs is probably not but to switch keys and switch order is very common. Does that help?

Smith: Yes, that's very helpful.

Med Subject 1: So, like, choosing rep is very much like production manager, studio managers, tour managers, voice teachers for recital, jury, etc. Like that's already canned, usually, we don't, we are not involved primarily in that. Speech pathologists will make suggestions, predominantly for like college auditions and things, like that's a lever...Usually we have enough lee-time with that. But that's like the speech pathologist and the voice teacher getting together and deciding, like, this is something that this kid can do in their sleep that's hard, that will be a good audition piece, so they could sing this with a cold that's a good audition piece for the student. Not like, this might happen once in a blue moon, so we're going to put this shining unicorn piece on this kid, like, who is like the show pony for all the show choir stuff and musical stuff and private studio stuff and is also doing studio time...So, that's the conversation about vocal load that's like, okay, sure, yeah, they can do this, but like that might be a good studio recording piece, that's not, like, a good audition piece that they need to go, like, fly to Chicago and do that, or fly to Boston and do that, or fly to Michigan and do that. Those are the conversations, like what can people do live? What can people do recorded? does anyone ever do that live? No, you know, so that's their domain.

Smith: Yeah, so then I wanted to talk a little bit about feedback and kind of get your take on how you provide feedback. And there is this little scale, if there are any of these that you feel like you give a lot of the time or...

Med Subject 1: Yeah.

Smith: So, do you want to explain...

Med Subject 1: Yeah, so I will, so I've picked pretty much everything almost close to always, the reason for that being is because my examination is completely dependent on effort, and so I coach all the time during my examination. And I also prompt for feedback: How did that feel? Does that feel different than when you vocalized before the spray? Does that feel different with a scope in? And how did that feel? Was that easy? Try this. I noticed you didn't breathe first, breathe again, right? So, that's noticing and could be neutral negative criticism: I noticed you did not blah blah blah blah, so that's just a negative. Like wow, that was great did you feel the difference when you took that breath lower? Did you feel any difference at all with the shoulder tension? Let's try that, so that prompts improvement. So, this is completely happening during our exam, it's a very dynamic exam and I think that's why we get good information from it.

Smith: Yeah, I think that's amazing. And this isn't on there, but just because you, you do have singing experience, do you feel like a similar thing is happening in the voice studio can you speak to that at all?

Med Subject 1: Yeah, I mean I think if you have a teaching style that's, like, one size fits all, you may be limited by the limitations of the technique, whereas if you're a teacher who is able to pick and grab a number of different sort of technical solutions from different methodologies, you have a really, really wide toolbox, and a lot of different body map constructs to sort of read in real time, and I think that's where I derive my feedback style from, is because I have a lot of different toolboxes. I'm sort of, you know, I get to be a little bit technique agnostic, because I am looking for a certain anatomical result and however the patient needs to hear that cue to result in that action, like we can explore that in exam, so there's really no right or wrong as long as I get the answer to my question, which is how can this person get better and do we have the right diagnosis?

Smith: Awesome.

Med Subject 1: So, I have a lot of luxury in that way.

Smith: Great, so then yeah, with how much feedback you give do you feel like there's, like, good ways that you've found to balance encouragement and critique?

(24:30) So, in the healthcare sphere there's some pretty good data to show that if people feel empowered and encouraged their health outcomes are better, so you know keeping the encouragement balance is really critical. The constructive critique piece typically for

me happens after 2 to 3 visits, where I have a rapport with someone and they're not making any gains, and if they're not making any gains because they haven't, you know, kind of gotten on board with the treatment plan, that to me is then the time that it's like, "Okay, this is your goal, do we still have the right goal? Did we pick the right journey to get there? It seems like this isn't feasible, so do we need to switch goals, or do we need to switch gears to get to the goal?" And I think it's important also that the constructive critique comes from a place of just that, like, radical candor philosophy, right, like you need to have a relationship before that can really be productive. And you're having that critique alongside the person and not to them or down to them, etc. So, I really pay attention to body language and inflection and really try to empower them during the constructive critique, but it is, but there are definitely tough love sessions of "This ain't realistic, there's just... This tour seems like this doesn't really meet your goal."

Smith: And yeah, and someone's got to say it.

Med Subject 1: So it does come out a bit blunt at times, but I think it's really important to make sure that, like, the last thing I'd want is for someone to be out on the road and have a problem and they're kind of screwed at that point, so the more honest you can be with someone... Or like sure, if you have 50% of your songs for jury that are like okay, like do you want to take the chance, or do you want to take, like, a leave of absence and continue with voice therapy and try again? Is that something we can talk about with your teachers? Or listen, you went to show choir camp or whatever and then ditch show choir boot camp and then we kind of talked about how that might be too much, and it seems over in your headlights. Like what are we going to do going into the school year? Do you think it's... auditioning for the musical, doing show choir, doing voice lessons, all the blah blah blah. That's like where the constructive critique fits in.

Smith: Yeah, so then that moves really nicely into 14. So, then because you're giving so much advice or spending time with these clients, do you see yourself as some type of life coach, or do you help with those emotional or personal concerns? How much of that role do you take on?

Med Subject 1: Yeah, so I think, you know, a lot of times people want that from us and I think we have to be extremely careful being so relational, both myself and [omitted], try to practice in a really relational style, we try to be very careful not to take that on and... but to point out that that certainly needed and for a lot of our young singers or who are adolescents, or those in college, they haven't really sort of figured out who their village of support is outside of their nuclear family and their navigating that on the lifecycle or they're on tour and they're alone and have some other things, and so we try to help them identify who their coaches, therapists, support people are. And we say that the voice lives between the head and the heart, so it's very important that if anything is in conflict, that they do have help. And often people are suffering from really significant personal trauma or depression and anxiety, obviously all that stuff shows up in the voice, but as surgeons and medical practitioners, it's really important that we can recognize, but then try to empower the patient to seek that support out wherever they feel most comfortable, whether that's college health or primary care physician, their voice teacher,

for some guidance to who might be helpful to work. It's important that we recognize it, and a lot of surgeons feel like there's not even a place in the conversation for that, and to me that's the whole point. You know? And so, it's kind of an interesting thing of recognizing it, understanding the importance of it, and then being very clear to draw a boundary of "I will be here for your medical needs, here's my cell phone, and we need to build you a village," so it's the "Yes and." But a lot of surgeons will just be like, "You don't need surgery, bye," and that's not how I feel most comfortable practicing.

Smith: Okay, yeah, and I'd love to talk more about that, in a couple more questions we'll talk about some of your training and beliefs, but I was just wondering, before that, with 15 and then 16 on the next page, about creating just that rapport, or 16 asks about creating a safe environment, that kind of thing?

Med Subject 1: So here at [omitted], it is very in line with my kind of like native care style, so respect: so introducing every single person who comes into the room, reiterating that they have autonomy over their healthcare record, so it's not just legal, but it's their wishes, being very upfront about the philosophy of shared decision-making and engaging them in the process. We're very careful about body language, we don't type or look at records during the exam, we are face forward at the patient, eye-level so we're not standing up on them or down to them, we raise their chair, so they're eye-level with us during the exam, they have a screen so they can see it. So, that every moment they're essentially being identified with their preferred pronouns and name, they're asked specifically about their story without interruption, they're able to articulate their goals, we have discussions of how realistic that is or not, there's a lot of positive encouragement. The clear expectations do kind of evolve. The first expectation is just getting a diagnosis for us, and then when we ask if there are any questions we're typically seated, you know our hand's not on the door, they also receive a written confirmation of our entire visit and any action items, so they don't need to be fully distracted, they can sort of stay more in the moment with their feelings and concerns, as opposed to trying to get every last thing down, because we have a nurse who is doing that during the visit. The small talk is a bit relative because, again, we try to have that boundary, so the small talk is relevant to voice you so what did you do this weekend? I'm listening to them talk, use their breath support, how they talk, are they in fry. What did they do over the weekend, like what's their vocal load? My small talk is very calculated in terms of I want to make sure they feel comfortable telling me what exactly they're doing, "Oh you work at a bar, oh that's nice did you go out after all, oh yeah, was that fun? was your throat sore." This is the kind of thing, you ask them the time and they build you a watch, right, their answer to the question might be a huge story when it was a yes/no question. So that type of small talk for me is very calculated at this point, that's part of my physical exam. So, any discussion, how are they talking, what's their position, do I see a lot of jaw tension, that's my exam. So, I hope it feels natural to the patient, but I'm getting like 40 data points on everything that they're saying that I am integrating into their treatment plan.

Smith: I'm just thinking about it, like, am I talking in my fry?

Med Subject 1: And I will also call out when I'm in fry in front of them, like I did with a singer last week, like just so you know I've been up for three nights with my son and that's where I'm at today, this is not a place of judgment, it's a safe space, and I will say that over and over again, so I will use those words and I think it's helpful. I occasionally attend performances and extracurriculars, I did a lot more before I became a mom and just with the mom schedule it is really hard to attend a lot of things and I also feel like it's unfair, I have so many patients who are performing in things and if I'm going to certain things and not others I feel like it's, I'm not showing my full support, so I haven't really found my way with that. I did attend a lot of stuff when I was in first and practice? I've just scaled back a bit. We do have a student/client information survey. They are just this the voice handicap index, singing voice handicap index and whatnot, but I do think that creates a neutral environment, in that if people don't feel comfortable telling us the direct answers to questions or hadn't had a specific guide in terms of reflection that's a really nice de-personalized way of kind of having a conversation about things that are like over here and not in them, even though it's about them, which is quite nice. We do ask in detail everything. So, like, I have a singer walk me through a week, if there's a typical week, Monday through Sunday from the time they wake up to the time they go to bed, takes a long time, but you get a better sense of vocal load, like how long is opera rehearsal, how much are you actually singing tell us about your job at the library, oh you give tours, oh it's not a quiet library job, oh your mom is really hard of hearing, oh there's a family issue, how long was that phone call, was it on FaceTime, was it on speakerphone was it, you know, all that kind of stuff oh you drive back to wherever every weekend, oh are you singing in the car, are you on Bluetooth, you know, blah blah blah, so I think, you know, even though it's part of our job we try to do that in detail in a way that people feel comfortable sharing stuff.

Smith: Yeah, that's very helpful and very good to hear, and are you good until 4:15?

Med Subject 1: Yeah, I'm good, I don't have a time constraint anymore, my meeting cancelled.

Smith: So I was just wondering, based on everything we've talked about so far, just some more information about how, do you belong to any of these groups or others?

Med Subject 1: Yeah, so it's interesting, so I belong to PAVA. I also belong to the Performing Arts Medicine Association and Voice Foundation. So, Voice Foundation. And then all the ENT stuff. But I attend regularly NATS, [omitted], and then what's the music teacher one? NMEA. So, I don't belong to them, but I attend them, and I think that helps. And we give talks.

Smith: Okay, so then, oh, did you have anything else?

Med Subject 1: No.

Smith: So then, so with some of these groups, a lot of them have professional or set standards for what they expect in their practices, so is there any way that that influences...I mean I'm sure...

Med Subject 1: So not really, and that's what PAVA is trying to do for us. So, voice foundation and Performing Arts Medicine Association for me are the most helpful and I think PAVA is going to kind of fill the gap, but NATS is very much best practices for singing, teachers of singing, right. And then ASHA is probably not the best gathering, actually, of speech pathologists that help with voice, [omitted] doesn't have very many people who deal with voice, so you know you'll find more of that at voice foundation or Fall Voice. Fall Voice is the other one we attend regularly.

Smith: I don't know what that is.

Med Subject 1: Oh, you should totally go, we should submit an abstract or something to Fall Voice.

Smith: Okay!

Med Subject 1: That's where, you know, best practices for, you know, as physicians and how we practice individually are most directed. So not all laryngologists deal with performers, right, and the performing arts medicine people deal with all kinds of stuff and they're not super voice experts, so kind of attending a bunch of these meetings and kind of cobbling together these things is important, but PAVA I think it's really going to be the place, and I've worked with them and was in their focus group, to really kind of come up with best practices of how do we integrate singing teachers into the practice and how do we integrate speech pathologists into the practice. The speech pathologist piece is well covered in voice foundation, but I think PAVA is going to be the glue.

Smith: So, I would like to better understand some of your training.

Med subject 1: Training, so training for me, I did my fellowship at [omitted] in laryngology and professional voice, and I think that was like the first entrée into practicing as a professional voice practitioner. And then I had a very close relationship with a speech pathologist for the first five years or so that I was in practice, well after the first year, anyway for about five years and the two of us together did collaborative practice and I think that's where I really learned how to take care of singers. So, she had a DMA also, so she was a speech pathologist with a DMA, we really you know, did the exams together and did the histories together and really try to do share decision making as a team in the room and that's where I feel like I got my training in terms of taking care of singers. And then I worked very closely with a nurse practitioner at the [omitted]. The singing teacher staff at [omitted], so I would very regularly interface with singing teachers and so would the speech pathologist, so that's where I really cut my teeth, it was really on the job training.

Smith: And I know when we talked on the phone a couple months ago, you had mentioned that [omitted] maybe doesn't have, you find as much overlap...

Med Subject 1: As a normal city, yeah, we don't have that. We just don't have the speech pathologist, so we're way short on the speech pathologists who can take care of voices.

Smith: Yeah. So, for number 21 is there any specific training you wish you would've received or in your formal training so like you would have felt more prepared?

Med Subject 1: No, I mean I think the model, you need to have enough creativity to be able to do what patients need to do, and it's hard to find that in surgery. I was lucky enough that I've been places where I could be very patient-centered, very creative. I think the piece that I wished I had had was I wish I had kept up my own voice lessons for a sustained period of time, I restarted voice lessons when I came to [omitted] and that does help inform me in some way. Again, it's important to have a boundary there but it is a very helpful, it helped my ear, hearing things and understanding other choices and trying to have a better vocabulary for explaining some technical issues that I would hand off. And I think for...I've been very lucky, so I have a love for commercial and contemporary music and have really good working knowledge of recording studio stuff and how that's different from live performance and the transition over different genres, whether it's hip-hop or metal or whatever, so receiving some training, like just some common sense training, like life experience on that I think has been incredibly influential on me, so I can talk microphones in gear, and do you make beats in your basement... what's your recording schedule? Are you paying? Are you doing ad hoc? That school of hard knocks training has been incredibly influential. And then some seminars that I took at voice foundation years ago with [omitted] for metal artists, kind of being on the forefront, understanding that there are many genres and ways people wish to express their art using their voice. And thankfully, being in a place where that was being supported at [omitted] and also at [omitted] even though [omitted] is a very classically oriented, there's sort of a gentleness to trying to help people be mostly efficient and when I started it was like opera or nothing, so I kind of started my journey as a practitioner of medicine thinking that I needed to know all the opera rep and all the classical techniques... And then there was this moment that I was like that's crazy, and people need to be able to do their art however it is vocally efficient for them. So therefore, it opened up wider possibilities for me. So, I wish that would have been something that was a possibility, but I think the field just needed to make that transition and I happened to be around when that was a thing. Like I subscribe to opera news and was like I have to know all of it, but then I realize I actually don't need to know I just need to hear the rep and understand that it's like high and staccato and shit that sounds hard, like that's what I need to know not like all of the things about the rep, so I'll pull up things on YouTube, regularly well I'm like I've never heard you before, can I please hear a sample of your voice, and ask people on their cell phone to pull up the web and whatever else, but I don't need to keep all that in my head and that's something I wish someone would've told me. Because I have this expectation, having traversed the singing world and the medical world, that I needed to keep all of it in my noggin. And then in practice, seeing the amount of the patients we do, it's not only a silly expectation, it's just ridiculous, it's not sustainable, and it doesn't matter. I don't treat people any better because I have you know it's like let me listen to hear you now let me listen to where you were we got to get you here. And a lot of common sense and a very individualized thing, that's not training that is common in laryngology fellowships.

The primary goal in laryngology fellowships is to make sure you learn a number of different procedures and when to operate on them and when not to operate, and then there's everything else you need to learn. So, it's only a year.

Smith: Oh, okay. So then 23 and 24, or 22 and 23 we kind of talked about but if you want to...

Med Subject 1: So, voice foundation I used to go every year, I know the content pretty well, so every other year is about what I go to. Performing Arts Medicine Association, I try to go to every year, and I find it very helpful because I find most people are not doing static singing anymore, they're doing acrobatics and singing or movement and sing or they play guitar or they're dancing in their breathing is very different for those activities and their posture is different. And so, I find it most enriching actually to get to go to meeting so it's not just voice because I am thinking of this person is in a band and they have hearing loss and they play guitar and their mic is, and their day job is blah. You don't get a lot of that at Voice Foundation, you get straight larynx stuff. Fall Voice I have attended every year for a little while. And I think... And PAVA I look forward to being more involved in, though I haven't been to a conference and we're planning our own conference here in September. So, I think for me, honestly, the discussion and panels at these conferences that are most helpful in clinical practice and just the chance to interface with the people who you care about their opinions. But we get a lot of that, like we'll run cases by people on the regular if we're struggling with someone. So, it's kind of like getting that we're looking at a singer who blah blah blah and you can kind of run that by other people. So, it's, I think it's really having that community of support and running cases by speech pathologist as well, so that's why I find this so valuable. For singing teachers for us here or there haven't been as many who have been interested in the healthcare side honestly, in Boston there were a ton in New York there's a ton, so they would pick our brains about certain things and be like, "Hey, when should I refer, can you come talk to my class?" There's not as much of that here yet, but it's starting to happen, so I think that will as we create a safe space for teachers and practitioners to say, "I don't know," I think that will be really helpful. I find voice health to be very stigmatized and shameful here in the Midwest, we saw that at the KU conference, it was like the first time we were hearing things we'd been hearing for 10-12 years on the coasts. It was like very disarming and really wonderful, but I could sense there was a lot of deep shame of like, "Oh my God, I'm a teacher and I sent my student to a doctor, does that mean I'm a horrible teacher, I have bad technique?" Like no, we don't think that, we don't say that in the office, we're still deconstructing all that. And that doesn't seem to be like common knowledge here, from an outsider moving in, so that's what I think when the conversation will shift here. And also, a lot of people here are not getting out to these things. They're not getting outside of [omitted], they're going to [omitted] stuff and if we're not giving the talk, I don't know where they get the information, just cause we're just a small group right, I know we've talked here and here, but for this other stuff I mean this is, there's a lot of stuff, I'm sure there are a lot of music or singing related things happening, and I mean we're hitting these but I think the conversation is very early because like we haven't had people who are in the state who can kind of come together to do the stuff until recently.

Smith: So then, do you have a couple more questions if that's okay?

Med Subject 1: Oh yeah, I'm yours.

Smith: Kind of with these workshops and institutes, with my field I'm seeing more research-based practices, like we did this and found this and here's how it affects you, so do you...

Med Subject 1: Oh yeah, all the time.

Smith: That's kind of what I assumed:

Med Subject 1: Yeah, that's my job. So, I also do research for the department, I oversee research for the department of otolaryngology here. So yes, and I regularly pull up articles to talk with patients about their treatment options and I'm directly involved in assigning studies to answer some of the questions where there's data gaps. So yes, all of it, all the stuff like reading: I read all the time, I implement stuff all the time, we actually, [omitted] and I, talk about studies and patients constantly, we have a Friday where we're together and yes, conduct our own research, and then also do multi-disciplinary research with our colleagues. We're just starting that process and also to follow up on some prior work that I did in [omitted], we're going to try to do that too.

Smith: Great, so then, in determining, this is something we talked about earlier, I'm curious how our fields can connect students or clients either with a voice teacher or a speech-language pathologist or a doctor, so is there... What kind of ways do students or clients come to you?

Med Subject 1: So, they're referred by other ENT doctors, their primary care doctors, student health, pulmonologists, so, speech pathologist send people regularly, voice teachers, I would say collegiate voice teachers, private voice teachers, production managers, opera directors, choir director, absolutely, principles, yeah, tour managers. Do they choose you? Yes. I mean in Nebraska, there's two people with fellowship training so that kind of makes it a little easy. But there are some practitioners, other practitioners who have an interest in voice here and they go to them too. So yeah, they are recommended they are usually recommended to our practice, but we try to get them in first available we have a laryngologist on site Monday through Friday so whoever they can into that works with their schedule first, knowing that they both work with singers, so that works. If someone is recommended to [omitted] and I can get them in earlier, if they referred to me and [omitted], you get them in earlier we just try to give patients multiple options and usually that's worked out.

Smith: So, this may or may not apply to you...

Med Subject 1: Oh, it does.

Smith: Okay.

Med Subject 1: So, the speech pathology thing is really easy we have one speech pathologist who is taking care of singers right now in [omitted] who has completed their clinical fellowship, it's easy, you just go to [omitted], that's it, that's the only option we have. So, it's a healthcare disparity issue. We are occasionally asked to recommend singing teachers once the rehabilitation part it is worked out and we're on to habilitation, so habituation.

Smith: So, their habits?

Med Subject 1: Yes, so they need a technical person, they're no longer a patient, they're ready to go fly and do their thing, like their medical issue is resolved. So, when matching to a singing teacher it's a lot about genre, goals, and personality type. And we pretty much recommend studios based on genre, as opposed to trying to do teacher match ourselves, and we often defer that to the speech pathologist. So, if someone wants to do contemporary music, I'm not going to send them to a classical bel canto singer/teacher, like that'd be silly. Well, they would benefit from that, but they would feel like they had to jump through a ton of hoops to get where they needed to go, whereas someone who's had classical training, also does CCM, who is a teacher might be a better fit. So, I leave that up to the studio to do intake on them to see who is working, who has bandwidth to do that. So, we try wherever possible to make sure that the referral is in a way that gives the teacher the most autonomy or the studio the most autonomy over where they think that person would be the best fit, and they also show us that respect back. We know that you referred the patient to [omitted], but patient is [omitted] and the doctor was thinking [omitted] might be a better fit because of that. So, that kind of refer to the practice thing has helped. That's just kind of how I felt more comfortable doing that and I did that in [omitted] as well.

Smith: Thanks, so then, for 27, is there anything that draws you towards certain clients, I know you have on your website your specialty is like swallowing and some other things, but it's kind of different for you, I guess, because you're not really seeking patients in the way voice teachers might seek students?

Med Subject 1: So, we want people to know that we can help, so the hospital just put up a four- minute video on what we do so. I think there's still a ton of people in [omitted] who don't know that they can get help when they run into voice trouble. So, for us it's not so much that we're not busy, we're busy, we want to make sure that we can help people who need our help specifically and that they don't stop singing just because they didn't know that they could go to someone or stop teaching just because of blah blah blah blah. So, we hear all the time, "Oh my God I thought I had to stop singing, or I stopped singing for a couple years, I didn't know there was a doctor who could help voices," I think that's where we're at. And some other areas of the country I think it's pretty common knowledge that you go to an ENT or whether it's the ENT that helps you or helps you find a speech pathologist or works with your voice coach or something, there's something that can be done, and I don't think that's common knowledge here yet, that's my hypothesis. But that's something I think we could also study together. Like what's the

level of education surrounding voice health? I think just on a very basic level, if you're Joe-singer in [omitted], do you know what your options are? Your voice falters? Hang it up, get steroids, or go see someone?

Smith: Again, this may or may not apply to you...

Med Subject 1: Oh, sure.

Smith: ...but number 28, is there any kind of culture you strive to create but I don't know if you, are you ever really seeing clients in groups?

Med Subject 1: No, no but there are times where there are cultures within the people who come to see us and sometimes we actually ask people to step outside of the room so the patient can be at the center of the culture that we're trying to create, so there's a dynamic that's very clearly perceived as a power dynamic, like with a parent, a spouse, a teacher who might attend and it's clear that that power dynamic isn't favoring the patient, so I would say that's extremely rare but when it happens it's really important to disperse with that.

Smith: Thanks, that gives me some good insight. So then 29.

Med Subject 1: Oh, another thing, number 26, we cannot refuse a patient. If there's disruptive behavior, there is a hospital process to actually fire a patient, I would say it's used extremely rarely, and I have not had that happen. And then certain students/patients: I have a special interest in treating women and transgender individuals and really kind of understanding voice change across a lifespan, so developmental voice issues, that's kind of the three areas that I think I feel a particular draw toward clinically and have developing expertise in sort of those three areas.

Smith: Yeah, so with that, 29, approaching diverse students and/or clients, yeah, not using names, is there any specific time you can describe...

Med Subject 1: Yeah, so when I work with the trans community, I think it's a really great example of this, so I just ask patients how they preferred to be addressed and knowing that there's also a dynamic nature to that for most of my patients because they typically find me when they're seeking care in a dynamic state, as opposed to a stable state, although that's not always the case. So just always checking in with them and how we can make them more comfortable, and I think it's really important to kind of deconstruct...really understanding why they're here. And I think diversity also in terms of genre, so I feel there's a lot of patients who feel uncomfortable bringing their artistic self into the healthcare environment, like what do you hope to accomplish, you want to do your own play, and you want want to direct, but you were sent here for your singing voice. Really creating an environment where people feel comfortable bringing their whole self to the encounter and just continuing to probe probe probe probe probe. And also share, but not share in a way that it takes up more space in the room like, "Yeah I'm a performer too, help me understand how you perform though" like "I'm here to serve

you, I work for you” so those are terms that we use on a regular basis. Or “This is [omitted] she works with me,” not for me, she’s the nurse who’s in the room. Wow I look forward to working “with” you in whatever way you feel comfortable. You don’t necessarily have to sign a release form if you don’t want, to there’s a law that protects your privacy and just because people sent you doesn’t mean I ever have to tell you that you came. In fact, I could get fired for that, so you have all the power. So, it’s really deconstructing power dynamics, making sure that you understand patient’s preferences in terms of being addressed, in terms of communication, in terms of post visit follow up, you know some people never want their phone to be called for health care matter whatsoever, so we talk about how they wish to be contacted, they don’t want to identify as a patient. I don’t know if that’s because of shame or whatever else but we take that very seriously. You know, if they have a cell phone at rehearsal and you know a doctor is calling and someone picks up, that’s outing them as having a voice problem and they want to work.

Smith: Oh yeah, I’ve never thought about that, it makes sense.

Med Subject 1: Yeah, so we are very attuned to, you know, what people wish and hope to leave space for things we haven’t even considered. I’m sure there’s other stuff we haven’t considered. I also don’t wear a white coat, which is really confusing, so I’m asked on a regular basis when the doctors coming in and all that jazz, but I think for performing artist that just helps with a layer of extra crud, some people really want that as part of their therapeutic process, they want to see stereotypical white coat and suit oh no that thing and some people don’t that makes them very uncomfortable, so I’ve chosen a more casual approach to that and I think that’s worked out by and large for most folks. So just again trying to deconstruct power differentials. I have suckers in my office that help with the taste of the spray, so it’s a little comedic bit, but it does allow the patient to choose a flavor, and again, every time you have a power differential, and you allow someone to exercise choice, even if it’s a small choice, it’s important because it keeps putting them in the driver seat over and over and over again.

Smith: Right, that’s meaningful. So, I do have a few more questions, thank you again so much for your time.

Med Subject 1: Yeah!

Smith: Just to help me understand methods and motivation.

Med Subject 1: Sure.

Smith: So are there certain ways you prepare for sessions or, 31, reflect on them afterwards.

Med Subject 1: Yeah, so, if someone’s coming in same day, then our nursing staff will often ask “What is the goal? Are you in a show now?” and it’s like okay great, and I’ll look them up online to see if I can get a sense...if I’m not familiar with the rep of their

show, if it's touring production of some show I've never heard of, they'll ask for the role, I'll try to kind of fast forward through a few kind of little things between patients, is it mixed belt, just to get a sense of what the role is and look at their tour schedule, how long are they here. How much contact with I have with them, where they're going next, who do I know where they're going next, so I don't have to ask them that, because they're here for a voice problem, so we don't need to spend time on that if I've already done some homework and I can easily find that out on the web and I know they're based out of New York or Kentucky and they're on this tour, so I kind of know three or four different things that are very germane about where they may seek healthcare, they're from Tucson oh their allergies are probably awful everywhere else because nothing grows in the desert. Things like that really help make the most efficiency out of the time. So, I do look at rep, I'll listen to them, I'll try to find, so most singers have their own website and have clips now, YouTube has a lot of stuff on peoples so and also check with the singer to make sure it's an accurate reflection, like oh 5 years ago, that was horrible, that's not who I am now, that kind of stuff. Or if I haven't listened to it at least it's kind of cued up and I'm like "hey is there anything that's more." If it's a company or voice teacher they'll often give me sign out of what they're concerned about their transition, or I want to make sure that secondary to. In that sense having great relationships with singing teachers and venues, you get additional information which may be information that the person who you're seeing is unaware of or is not in a part of their life cycle where to simply tell you what technical issue is but I don't know my voice teacher heard something so having the experienced person you know who's been at this for 30 years it's like yeah there's a little duh duh duh in this part of their range and a little blah blah blah but I'm hearing something, that's helpful for me because then I can re-create that in the exam and the person themselves doesn't have that, so that prep, we train people to try to prep us like that, that's why the multi-D [disciplinary] piece is really helpful. And if they prep the student, you should check your insurance, and this says you should expect a scope and what else it's a two-way kind of pre-visit prep and then again for healthcare laws I can't really look back with those people, but they get students who are happy back, so it's kind of this weird thing of something happy and good happened, but I just can't talk about it, so the healthcare laws are really tough, unless they sign a release form. And most millennials don't sign a release form, they just forget about it, it involves printing and faxing.

Smith: So then is there really a necessity to reflect back on your sessions?

Med Subject 1: Sure yeah, and I think in large part it has to do with information overload and delivery, right, we spent about an hour, hour and a half, with someone who is totally freaked out right so we get that reflective feedback usually from the speech pathologist or the voice teacher, were their voice concerns met, was their body map totally different, were they just not in a receptive space, does the voice teacher have the same problem. Post visit kind of analysis so there's self-reflection and then co-reflection with the team, with legal so to speak just, "How'd that go?" We get immediate reflection about how the exam went and how the comfort with the diagnosis and understanding of the treatment plan, so we're checking in regularly like did we get it right, am I understanding you correctly, how is that exam for you, what was it like seeing your instrument for the first

time, do you feel comfortable with the diagnosis, do you understand what that means for you, so we're doing that all in the visit and then afterwards, kind of, we'll have a moment. And also, I have an observer in the room who is able to give me what I need to hear, not just what I do you know the real truth, we work with each other a lot. So they'll be like, "How do you think that went?" and I'll be like, "Well I think that was a lot of tough love," And that was maybe where it needed to go or maybe that was too much or man you spent a lot of time talking about exactly the same thing over and over they just weren't ready to get it maybe if they brought another person the next time so we do do a lot of that it's almost always. And I'd say the reason for that is we work in the communication business, singing is a form of communication, right, so if we are not communicating concepts appropriately, to the point of deconstructing shame, we want to make sure that people feel whole and they're empowered when they leave and if we don't do that post hoc analysis we won't really get that and then when people come back to us will say "Hey how was that visit?" So, we'll ask them directly so self and team reflection and engaging with the patient. They usually lead with that, like I had no idea what you meant last time, then I went and spent time with my speech pathologist, great life changing, I'm all better, I did all the stuff, wrote it down. If you listen very carefully, they'll tell you in the first two minutes how it went, if you shut up and listen because that's what they want to tell you, how it went, the last visit and then where they want to go next

Smith: Great! So, then the last two questions, what was your motivation for entering your line of work and do you find any continual motivation in what you do?

Med Subject 1: So, my motivation for entering this work is I'm a singer and I wanted to take care of singers, but I had no idea that was a real job. I honestly had no idea that being a voice doctor was a real gig, so that was my motivation. And then continued motivation is that it is an absolute pleasure to help people with their voices for a living. I mean, I can't believe it's a real job, pinch me, I mean it's awesome. It's very rare that you have an idea of a job and then being in the job feels better than even you thought it might, it feels awesome. And to motivate, the collaborative nature of it and the fact that I get to use my creativity to be like, "I don't know how you sing upside down, let me try and think of that, how can we do that." Because performance art is changing so much, and you know you got tunable rooms. So really thinking through the "how" of what is possible for people and their return-to-work schedules. And I have a patient who is a casino dealer, and his goal is to shout numbers and stuff, well I've never taken care of someone as a casino dealer before, but let's figure out how you can shout for a living, like you get paid a shout OK cool. I love that it's a very individualized, but also there's some really solid principles and some really great logic that can be applied to certain situations and it's a team sport, I love it. And I'm a huge nerd, so I really enjoy actually being able to contribute to the research aspect of it and also to ask patients what the research question should be, so in partnering with them to be like "Hey, we're going to do a needs assessment what's important to you? Do you want to work with us on this?" So, that kind of flat hierarchy collaborative kind of stuff is my jam and it's great to find that in surgery, surgery is not creative/collaborative sometimes, I enjoy that I kind of get to tickle all of the parts of my brain.

Smith: Is there anything else you want to talk about or have questions on?

Med Subject 1: No, this was great.

Smith: Thanks!

Med Subject 1: Good stuff!

Med Subject 1, Interview 2 Transcript

Smith: I just have a few follow-up questions. I know we talked over a year ago, and my first question is kind of related to the pandemic and why we haven't talked in so long. Did the pandemic have any effect on your interpersonal interactions with the people you see?

Med Subject 1: Yes, number one is that singers and professional voice users are often not seeking care unless they're like an extremist i.e. can't work. So, anyone who's not getting paid to see who has a voice problem is basically like dropped off and the people who are singers or are professional voice users who like need their voice to teach or sing most people, so our patient population has change slightly, and still are singers are just barely starting to come back a lot of them are facing deconditioning or I would say multiple voice demands, like care giving, like elderly parents, kids, trying to teach via zoom and all that type of stuff. So, I would say that the patient panel has changed, their presenting symptoms have changed, and then in terms of communication with our speech language pathologists, certainly like the...just trying to navigate all of those obstacles as part of treatment has affected peoples treatment courses. Just logistical obstacles: having to change insurance because of job instability, having to like go back to work instead of continuing with school, if they're a student, just stuff like that. Yes, things have changed, and I think that that's been really continuing to be part of the narrative even though we're like reopening and what not, like I'm still seeing a lot of that play through the healthcare system.

Smith: Okay, yeah. Has anything...have there been any positive changes, or no?

Med Subject 1: Yeah, telehealth and so permissions that have come through, I've been able to see people through telehealth, so it's made it more accessible in terms of care for myself and then more accessible for care during voice therapy. The difference for me is that I can practice across state lines, so they did not extend the same permissions to speech pathologist to practice across state lines, which is ridiculous. So, you can get some parts of your voice care across state lines because of Covid but not the other and I think it's ridiculous, so there we are.

Smith: Right, like why is it different?

Med Subject 1: I will also say that we have a handful of people who can practice voice, and the other change that we've seen in the state is that one of those people is now a professor at [omitted] teaching undergraduate speech pathologists, and so we've lost one full-time equivalent of the four people we have in the state who know how to practice voice so that's a huge hit in [omitted] region recently. We're really super happy that she's teaching the next generation of speech pathologists, but we lost 40 hours a week of voice care in the state.

Smith: Yeah, and when there's so few, that's hard. So, kind of shifting gears a little bit, I was wondering if you had any opinions on the value of being an expert in one or two

specific disciplines or being versed in a number of different disciplines, whether that is a specific disorder or a teaching technique, that kind of thing?

Med Subject 1: I am...I believe in expertise, and I also believe in diversification. So, I believe that you have to know enough about a technique to understand what its strengths and weaknesses are, and to know the correct people to apply it to. I've seen a lot of technique that does not necessarily, how should I say it, either the way to apply the technique or the cues for the person, their body won't do what that technique is trying to teach them to do and so, does that make sense? I'm so in that sense I have not seen one particular technique that is superior to another technique where I think people have expertise is where they can understand the pitfalls of what they know and the strengths of what they know and how to adequately apply it to a person. That said, if you have a large toolbox, you're more apt to be able to treat different peoples' bodies, different peoples' learning styles, different peoples' vocal needs, so it's a tall order for one technical school of thought to be able to address the wide span of voice needs that people have in a diverse population. Particularly when we're talking about people who perform across multiple genres or have very, very niche vocal needs, like I saw a teenage metal singer, right? So, this is someone whose instrument is still developing, has a very defined need to kind of sustainably scream, right? So, you take from different areas, yes, I think there's a need for expertise and I think there's also a need for diversification.

Smith: Okay, great, yeah. Thank you for putting that into your own words, that makes a lot of sense. And then is there any difference, I know we talked last time you saw a lot of short-term people coming in, maybe just for an emergency or they just need the quick fix. Is there any difference between how you interact with people that you see short-term versus those you might see over a long period of time?

Med Subject 1: Absolutely. So, I try to very much frame those appointments as the triage session, we're going to see what's going on now, knowing that there's a larger story. And I try to get you through your most immediate needs, which are usually within the next three days, like they're going to perform over the weekend, they have the biggest audition of their life, and they have to be leaving town for it, or whatever, or like they have a run of the show which has to be completed. And so, we know that someone's personal narrative probably extends more than just that time, and we know that we simply don't have the amount of time to unpack that because the amount of time that they're in town. And so yes, there is a different way of approaching that, and it's really more of a binary construct than I'm used to or prefer. Are you safe to sing? Yes/no, which means do you have a hemorrhage or a mucosal tear, and then secondly, do you have such severe vocal fold edema that this is really going to be a problem to get you through whatever the next one or two obligations are? And it's not so much the changes to the treatment, the treatment is really similar whether it's long-term or short-term, it's whether the patient is going to be able to actually carry through with the treatment based on logistics, so. But I'm very upfront and I tell my patients that there are limitations, or you know if you can drop off a tour and hang out in [omitted], maybe it's a cheap place to hang out and get the rest of your stuff treated. Very few people have elected to press pause, put the understudy in or just kind of hang out in [omitted] while their tour moved on, so usually what we're

doing is trying to say, “What’s your next landing point and where would you feel comfortable unpacking this?” I did have a singer who went from here to Germany to then [omitted], where she’s based in, so we said are you safe to go to Europe for you know two gigs? Yes/no, they’re coming from a show in [omitted] I cleared them to go to Germany and probably unpack in [omitted] and then they ended up I gave them recommendations in [omitted] for kind of unpacking. So, we have that yes/and approach: what do you need to get through the next two days, and then you probably need to unpack this, where can you do that? That’s where the approach is a little different.

Smith: Okay, yeah. Great, thank you.

Med Subject 1: Sure.

Smith: And then what is the role, if any, of the age of the voice use with whom you’re working?

Med Subject 1: Sure. So, age is important because, as you know, throat weakness is common in people over age 60, right? So, swallowing dysfunction is common, so why wouldn’t voice difficulty be a little bit more common? Because we know that the respiratory strength of older individuals is a little bit less, so they perform differently in pulmonary function tests. That’s why there’s age and gender norms, not just gender norms, I should say sex norms, because it’s not really gender, it’s sex, then we know that vocal folds lose muscle and fat over time and become floppy or, just like the backs of our arms. We also know that the sinonasal cavity changes, particularly post menopause, so the amount of real estate that your turbinates and things take up, the nasal tissue tends to atrophy. We also know this changes over the lifespan, so we don’t have as much lubrication as we did. Basically we tend to dry out as we age and that’s really well described, okay? So, we have decreases in vibratory function because things are less moist, we have increases in air escape, we have less air than we ever had in our whole life to try and compensate for that, and then we have a decrease in pharyngeal tone, i.e. ability to shape that air column. So, the age of the patient does have a lot of physiologically, a lot of changes, just like developing voice is going through a mismatch of all of our sub systems. We also know that if patients have something such as hearing loss, their ability to hear and their brain cognition may be affected, right? We know that hearing and brain function are related. We know that older individuals are on polypharmacy, so they often have a lot of medications, most of which have vocal side effects, whether it’s dryness or decreased stamina, or etc., or like lung function problems like COPD and things of that nature. So, an older individual is not only going to have some physiological and anatomical issues, but also some medical problems on lungs, side effects, vocal tremor, and things of that nature, so the American Society of geriatric otolaryngologist has some nice stuff on aging voice and we’re constantly looking at data and that. So, we do kind of break it down to regular voice problems, and sort of looking in the different sub systems, factoring in their goals, looking at communication. And I often screen for a hearing loss in their partner. This is something we see all day, every day, and I encourage the voice person to only have, own 50% of their communication

difficulties. Or if their partner can't hear and won't listen, that's not on them, they need to kind of own their 50% of voice problem. So, that's how we kind of think about age invoice in kind of a nutshell.

Smith: Okay, yeah thank you. Thanks for giving me so much detail on that. This next question we had already talked on, so I was just wondering if you had any other comments on the role of either the familial or the personal background of the voice user with whom you're working? So, their nationality, culture, socioeconomic status, sexual orientation, disabled status, maybe even religion, just things that the person brings in with them with their voice and how that plays out in their interactions with you?

Med Subject 1: Yeah, I think leaving space in the room, so they feel comfortable telling you about all that stuff. If you don't create an environment where they can bring their whole self to the encounter, you're going to miss all of it and that's the whole story right there. You know, there are patients who say, "Three things you need to know about me: I love to sing, I'm a talker, and I'm Italian," right? So, people will tell you about, I actually had someone tell me that in real life, in a very whispered voice, they had a problem after a surgery and they had lost their ability to [unclear], very breathy voice, the patient is telling me culturally it's important for them to talk, they identify with being a talker, and they love to sing, and they can't do it, so artistic expression is important. And so, we have to listen to what those cues might be and what people say, we need to be very attuned to the fact that there's probably a lot more meaning there. People will try to tell you about their cultural background if you leave space for it. And patients who are multilingual, asking a lot of questions, like do you prefer to talk in one language or the other? Are you around your family? Is it hard to get a word in edgewise when you're around your family? Do you sing in one language or another? What do you prefer to sing? What is your preferred name? Do you know what would you like to be called? And I think these are the things that are really helpful, whether it's gender-affirming care, just like, or person-forward care generally speaking. We do ask about family environment, we ask about different ways people present with her voice, whether it's online and gaming. whether it's online for work for voice-overs, whether it's in person, whether it's zoom, and how people identify, and want to mention if that's themselves in a variety of different circumstances, so I think there's always more that can be gleaned, but part of the person's story is that entire narrative and leaving space for it. We try to ask, again, a lot of open ended questions at the beginning of the encounter, but also as we're wrapping up: "Is there anything that I didn't ask you that I shouldn't know that could help our care? Is there anything that I can do to make you feel more comfortable today? Is there anything else that our team?" And that goes from how people preferred to be communicating with our office. People with voice disorders often don't want to make a phone call and they don't want to deal with the phone tree, and so having the ability to directly message our team and not have to use their voice, or to hate the way that they sound, they don't want to navigate healthcare in a way that they don't feel comfortable with. So, I think it's a very much, you know, whatever the – sorry I didn't realize you didn't see me, you didn't miss anything – So, I think that's part of how we try to bring the narrative in. Right now, we don't have the extra person in the room, usually the narrative is also supplemented by

a family member or a friend, but during Covid we have less people in the room, so that's how we used to do that in the past.

Smith: Okay, yeah, thanks, thank you. I just have a few more questions.

Med Subject 1: Sure.

Smith: So you were really great at explaining multidisciplinary teamwork and relationships in our last conversation, and I know we talked about PAVA and some other things working towards that, but do you have any other comments about how much teachers of singing should understand voice medicine or the practices of doctors or speech-language pathologists, or how much the medical side should understand music, if at all?

Med Subject 1: Yeah, you know it's interesting, because a lot of laryngologists have not taken the time to go observe singing teachers, whether it's in a group setting or an individual setting, and if they have maybe it's once during training, if they don't identify as a singer, which I would say is insufficient. I would also say on the other end, there are people who have graduate training in vocal pedagogy who may make associations with singers that are based on their personal experience and not necessarily the person walking in. So, the more you know, the more you might have assumption bias, the less you know, the more you might have assumption bias. And so the background any practitioner states, they still need to apply with the person in front of them is telling them and try to tease out what that particular person wants. So, I do think the idea of what PAVA is doing it's a really good idea which is having a certification for healthcare professionals that are actively involved in observing teachers of singing on a regular basis, like just because you've been in practice 20 years does it mean you know everything. I regularly go observe, now granted, it's been harder with Covid, but I've observed choirs this year like to see what it's like to sing with a mask and a face shield. Is that reflective of everyone's choral experience? Absolutely not. Have I seen a private lesson recently? No, I haven't had a chance to do that, but I think it's really helpful. And then I think it's really helpful for teachers of singing to observe in clinic setting regularly and I do think it's really important for teachers of singing to observe voice therapy, because I think the more you know about something, the more you can explain it in a way that helps us navigate each other's worlds. And all of the stuff is dynamic, and so I don't know what the right interval is, but I do think a certain amount of cultural immersion is quite helpful for everyone.

Smith: Okay, yeah, great. My next question is what is the role, if any, of gender in your field? And you mentioned the difference between gender and biological sex, are there any things that you notice as a practitioner or that you notice in voice users?

Med Subject 1: No question. So, I want to start with biological sex at birth. So, we do know that there are laryngeal, in people who have not had hormone blockers, we do know that there's a large continuum of size both male and female at birth patient. Laryngeal sizes are different, tracheal sizes are different, lung sizes are different, that's

why we have age and sex norms for pulmonary function tests. They're called age and gender norms; they should be called age and sex norms. So, there are differences. We see that with patients who are the same height, and they get a breathing tube placed, and males and females have different laryngeal confirmations. So, in terms of gross size, there is a continuum that is more sex-based and it's also height based, so height may be the primary predictor, sex may be the secondary predictor. Biomechanically, the female larynx has biomechanical trouble in the middle, and that's well documented in silica studies, we've all seen that for a long time. Epidemiologically, females get polyps and nodules, men get granulomas. Women get Reinke's edema, men get laryngeal cancer. We know that there's sex biology differences. We know females get paradoxical vocal fold motion; males rarely get that. We know that asthma hits males and females differently throughout their lifespan, so there's probably things about the lungs that change over time, there's probably things about the lyrics that change overtime that are somewhat hormonal mediated or mediated by other sex-based factors that we haven't yet outlined. The science for this actually relates to the cardiology world, where men experience heart attacks differently than women, and the heart and the lungs are both in the chest, so it's very possible that there are some sex biology things that we don't yet understand. Women have lung cancer that is not smoking-based. There are four types of lung cancer, women get two of them, men don't really get those kinds. There's probably a lot that we don't understand that sex biology driven. That said, I'm a significant advocate for gender-affirming care and gender as we know is different than sex. However, when you take anatomy with you on your journey, there may be risks that you take along with you, and we need to make sure that we counsel patients appropriately about anatomical risk factors and biological risk factors, even if they no longer identify with that gender. So, in terms of gender-affirming care, there is not a fixed phenotype that patients have to reach in order to be successful, it's whatever the patient defines as success and their best manifestation of their self. And we hope to create an environment where that's possible. As we know, gender is very much rooted in a cultural understanding and an individual expression, and those dynamics are very complex and...And essentially range quite greatly and patients' needs range quite greatly, particularly in folks who want to present as in one gender in certain activities and perhaps have multiple gender manifestations through which they wish to navigate their life. And they may wish to not have one phenotype in which they present. So, there's just a multitude of patient desires and we need to make sure that we best address those to our finest ability

Smith: Great, thank you. I know that's a complex question, so thank you for giving me so much information from your field. The last couple questions...yeah, what is the role of funding in your field, and have you ever had to pay out of pocket for additional training or to attend a conference?

Med Subject 1: Oh yeah, all the time. I would say our academic budget does not cover necessary training. If we just wanted to do voice, there's like three conferences we need to be at every year, and so we often pay out of our pockets.

Smith: Okay.

Med Subject 1: The regular stipend just doesn't cover the work and I think you'll find anyone who wants to do this area does it as a labor of love but it's just not funded, it's really hard, yeah.

Smith: That's kind of what I've come across, so I was just checking with people to see..

Med Subject 1: Yeah, I'm still in credit card debt from conferences I've attended, to try to get extra stuff that my academic budget just doesn't cover.

Smith: Yeah, and even when you present, you're the one presenting and teaching, but you're paying to attend.

Med Subject 1: To attend? Yeah, totally. Yup. Or you're choosing which conferences that you don't go to what you really need to be at for your medical life and it's just, yeah, it stinks.

Smith: Is there any factors that play into your decision which ones to prioritize?

Med Subject 1: Yeah, I would say some of the conferences are sort of more thematically similar than others, so once you kind of go to one conference, you kind of know the gist of what's going to be presented. I've been going to one conference, for example, since 19 – no I'm sorry – 2002, so that's pretty a long time. I would say some of the conferences really honor multidisciplinary care and others are very like surgeon-driven, so sometimes I find those useful, sometimes I really want more of a multidisciplinary perspective, and so for me it's where I really feel I knowledge gaps are, and that moment knowing I always have knowledge gaps, but understanding which ones are most tractable based on what I have the offerings are for conferences in that particular year. So, I think also right now for me, the thing that's driving my continuing education is, like, I have a young kid and I don't really want to travel right now, so anything that's virtual is going to get like a hit for me, plus my CME is going to go farther, so I can attend more conferences virtually that I could in person anyways and I could with those dollars, so I'm going to try to go to more conferences this year than I ever have, but not travel at all, so that sounds awesome to me.

Smith: Yeah, yeah, that's kind of a, I know we're missing the in-person stuff, but that is a benefit to more...more training.

Med Subject 1: For sure.

Smith: And then what is the role, if any, of voice user disposition? You talked a lot about, like, putting the voice user in the driver's seat and giving them power over their decisions and everything, I was just wonder if you had comments, I'm just going to make, like, some generalized statements but like, perfectionists, high achievers, high anxiety, or maybe people on the other side who are not as motivated to do the work, or that kind of thing? How the person influences your interaction?

Med Subject 1: Yeah, I think the key thing is I just tell them I work for them. And for the people who aren't as motivated, maybe they just want information, maybe they don't actually want to do anything, but they're really excited that they don't have cancer, and they really don't care that their wife can understand them. That might be their chief complaint, they might not care. And so making sure that they realize that, like, it's a judgment free zone and if they come back and they haven't complied with anything, but their real goal under all of this was to just know that they weren't going die from this, that's okay. So, just trying to meet people where they are. And maybe you don't feel comfortable saying that the first time, but that's an honest conversation that I have with, or do you want to do it? Is this the right time for you to do this? And usually, if you ask them in a few different ways, they'll be like, "You know what, honestly I don't feel like doing this right now." So, a lot of those patients we try to screen up front, and the other thing too is we try to give our colleagues the autonomy to discharge people at any time. And if they just wanted an information gathering session about what voice therapy might be, if that's part of their treatment regimen, then that's pretty clear after a session or two. It's okay, you don't really, seems like you've got a lot going on, "oh yeah, my mom's sick," okay great, this probably isn't a good time. So, I would say the person factors drive care near completely. Same thing with surgery, is this the right time to do surgery? Because you need to do surgery and voice therapy together, so is this the best time? Once we start that moving, you need to make sure that we do it in a way that's really going to get you the best outcome. Is the voice you have...I just treated someone who today who does a lot of legal testimony. Is the voice you have as, disordered as it is, you know the limits of your voice, would it be best to you know do surgery at a time where you don't have a testimony two days later? Even though your voice might be better two days later, it'll be different. And so is that wild card of getting used to something else being on the witness stand for you? So, I would say meeting the patient where they're at is everything. When the patients are really motivated and their perfectionists, sometimes they totally lose the ability to feel and hear and understand the differences about their body. They're so focused on achieving, they've completely lost their framework. And so sometimes it's about...And usually that's manifested by people who say I did the exercises 46 times, and I did this that and the other thing, and we say because they're called exercises, maybe we've given you the wrong language. Maybe we need to work more efficiently rather than harder and sometimes that means working less and so we give patients permission to actually scale back, do less, have the partner read the bedtime stories, have the junior coworker run the meeting. To really figure out where we can best deploy the voice in the safest environment, but also have the patient retain some power, some autonomy, and some decision making about delegation, and get them into their bodies, so that when they're doing something like that in the mechanics the best serve them, and they're not just sort of doing repetitive motion without thought. And that comes a lot from our voice therapists, and sometimes they just need us to reinforce that, so that they hear that in a bunch of different ways. Which is similar to what our singing voice folks, like yourself, right? So sometimes they just need to all kind of say exactly the same thing in different ways, and then it starts to resonate with people the fourth time they've heard it, you know?

Smith: Right, great. And then my last question is what is the role, if any, of scheduling demands? Like your personal schedule, is it working well for you, are you in control of it, that kind of thing?

Med Subject 1: I am in control of very little. I see patients as much as I possibly can. We have to have staff to be able to staff the clinic, and I can tell you Covid has been a staffing issue, the Covid pandemic, just because there's been a lot of job fluctuation for people and their families. So, there are days when we don't have sufficient staff and clinic and that does somewhat drive the amount of volume that we're able to see. I feel like I have a lot of personal clinical autonomy and support where I work and so for the things that I, you know, can affect change on I feel like I have a lovely partnership. I get to work with amazing colleagues and have incentives to just do the right thing for patients and I feel like that's fantastic. In terms of the degree of clinic versus operating room, and this past year we have basically been busier than we ever have, and so we just try to fit people in whatever we can to try and meet their clinical needs. I have people who need their boys to work and we're getting them scheduled within 10 days or so to for surgery and things like that, which is Covid fast. You know, pre-Covid, that would be within a week or 10 days or so, the operating rooms are booking out with all these backlog cases right now that that's fast for us. So it's a kind of complex answer, but every day that there's open rooms and equipment, I'm seeing patients and then I'm seeing patients via Tele health on days when the clinic rooms are taken by my partner doing clinic, and so telehealth's been a wonderful addition to be able to add access to patients who would have to have prior waited for a clinic visit. And my clinical partner doing exactly the same thing we're just flip-flopping each other.

Smith: Okay, smart.

Med Subject 1: Yeah, so we've been able to increase access also which has been good.

Smith: Yeah, great. And for you personally, is there, this a personal question, but a lot of burnout? A lot of emotional/physical exhaustion? Is there anything you do to address that?

Med Subject 1: Yeah, so I would say absolutely, and I think in large part just because the complexity of patients that were taken care of has massively increased, whether it's because people have had to delay their healthcare because of Covid or whether it's related to Covid frankly, because we do see, in voice, airway, and swallowing, people who've had all the bad stuff happen. I'd say, also, my teaching schedule has increased quite a lot. So, I guess if I think, I am giving five talks within five months or something like that, plus the regular teaching stuff that I do for the residents and things. So, I think for me when the Covid cases spiked in November, December here, that was kind of my highest level of burnout because we were already dealing with having to reschedule people because our computers got hacked at [omitted] so, and we didn't have any OR time to put people and then people had to cancel their clinical appointments, other people couldn't get in, so that was the worst part to me of our Covid pandemic, because we were kind of open for business fully, but yet our healthcare system really couldn't quite handle

all of it. So, January on has been much better. In order to combat burnout, I try to work out about 45 minutes six days a week. I try to make sure that I don't do emails on evenings, and I try to reserve weekends for family time. And I try to just do the extra administrative and research and education stuff early on weekdays, so I've just tried to have some demarcation of, like, what time is whose time and I find that the regular exercise really helps me process stuff. And having family time and some time away to kind of reflect about the, you know, personhood and smell the air, and feel the breeze, and be out in sunlight is really, like, nature is very healing for me, and I quite like that, and I come back refreshed, it's great.

Smith: Great! Well those were all the follow-up questions I had, did anything else come to mind that you wanted to talk about or that you had questions or comments on?

Med Subject 1: Well, I'll just say one thing is that we've recently re-initiated our talks with the undergraduate speech pathology programs to see how can we more effectively bolster voice in a curriculum. So, voice gets a very small real estate nationally and so we're kind of trying to explore what might be feasible because there are roughly 1000 speech pathologist in the state of [omitted], but less than a handful full-time practice in voice. And so, how do we reconcile that and figure out appropriate resourcing? And so we're really excited to partner in the same way, too, we're really excited to partner with any of the [omitted] programs for vocal ped or voice health programs. I did, let's see, three talks for [omitted] this year, their graduate vocal ped class, the music school convocation, and then their choral studies. So, if there's any way that you can think of [omitted] that would benefit from closer cooperation, we'd be happy to help. The more we know about you and the more you know about us, the more we can learn from each other and you know we can figure stuff out.

Smith: Yeah, yeah, I completely agree. That would be great. And yeah, I'll, if you don't mind, since I'm working with my advisor, I'll let him know that.

Med Subject 1: Totally happy to help.

Smith: Since he's the vocal ped everything.

Med Subject 1: Sounds good. Yeah, we just had like a discussion for like an hour and a half on an evening as part of the the evening class over zoom for [omitted] at [omitted].

Smith: Okay, yeah, I know him.

Med Subject 1: Yeah, it was really fun, and I think basically we ended up saying, I probably said the same things that he was giving to them, just in a completely different way from a completely different framework. So, it was really fun, so that's the kind of stuff that we love doing and so if that's at all useful, I'd be happy to help. But we just feel like the more we can gather the voice people and the voice health people in the state, the better cool things can happen.

Smith: Yeah, and like you said, that's what sometimes makes people, it registers, or it clicks when they hear it from your perspective or from a different person.

Med Subject 1: Yeah, or they've been working and they got their masters and voice 20 years ago and they haven't you know connected with the teacher and they say, "Oh my God, I'm so glad you had me see a singing teacher, because I thought I knew everything, but like my instrument changed." And I'm like, "Exactly, it's time for a tune up, and also there's probably some new techniques that, like, in the last 20 years, you know, people have learned how to teach differently or learn different techniques you haven't been exposed to yet. Thank you so much for being open." I think the other thing I'll leave you with is that as I've taught more this year voice health, there's really that, I usually start the talk by saying how many of you think that your voice, how many of you experience voice problems? Most people. You know, how many of you think that your voice problems are technical issues? Everybody raises their hand. I said, "What happens if you had gallbladder surgery and you couldn't sing after? What happens if you delivered a baby and you had trouble singing after? Do you think that's still a technical problem?" "Oh yeah, oh yeah, oh yeah." So that concept, do some technical issues lead to vocal harm? It's possible. Is it also possible that something else could be happening? Do we need to accept all that personal responsibility, and I would argue, shame? What if people get adult onset asthma? What if people are prescribed a medication from their doctor for their blood pressure that totally changes their voice? And these are not things that are vocal teachers, teachers of singing, and singers are aware of because they're the first person to take total responsibility for their voice issue. And I think there is a role for personal responsibility, but there's also a role to be gentle and to deconstruct to shame for a vocal injury. And I think that's really important particularly for training people who have the highest rate of voice injury, as professionals, teachers have a high rate of vocal injury, and teachers of music, right, which include teachers of singing, you're going to have a voice problem, statistically speaking, we know that from the literature. So, why don't we talk about that and deconstruct it? Because the vocal load you're going to have exceed human capacity. So, if we're stuck on technique equals vocal problem, we can't get past shame and voice use. And so, I think we've got a lot of work to understand that complexity, but I think it kind of starts with deconstructing that it might be more complicated than just technique. Or maybe as a teacher, you're not responsible for that voice issue. Maybe your student isn't disclosing things. Maybe your student, you know, got assaulted and had to scream to save their life, and they feel uncomfortable about telling you that they were in that situation. There's so much that happens to these bodies and these instruments, that perhaps people don't disclose or don't feel comfortable disclosing, not because they're afraid, but because they're scared of disappointing you and they're scared of disappointing themselves. So, I do think there's work around shame and causality of voice issues, and I think it is complex, and I think the more we have these tough conversations, the more we can arrive at a happy medium ground of understanding that it's just complicated.

Smith: Yeah, great, thanks. There was so much wisdom in that. I just got so much for my own singing and teaching out of that, so, thank you so much!

Med Subject 1: Absolutely, I'm so happy to help. And if you need anything follow-up information or things like that...I will also tell you the most recent addition to our voice team is actually a physical therapist named [omitted], who does myofascial release. So, it's hard to find these practitioners who do anterior, or front of the neck, work and so I think you're going to see physical hands-on work more incorporated past, you know, more than laryngeal massage, incorporated into therapy. I think there's going to be more data behind that. So, if I had to tell you where I think the field is going, I would say it's probably toward acceptance of more body work. Now have singers been doing that forever and ever and ever outside the medical sphere? Absolutely, but it's been so crazy to get this stuff covered by insurance for people, it's been like life-changing so sometimes when you're going to a practitioner's office, being billed to your insurance as supposed to go somewhere, it's just a lot easier to get people to try different things so accessibilities been kind of neat.

Med Subject 2, Interview 1 Transcript

Smith: So, this is Brianna Smith on February 24, 2020, at 2:17 p.m. and could you just verbally confirm that I have your permission to record this conversation?

Med Subject 2: Yes, you may record.

Smith: Thank you so much. Okay, so, thanks again for being willing to meet with me and answer some of my questions. This interview is part of a pilot study, just so that I can better understand the experiences of teachers of singing and speech language pathologist and some other voice experts to hopefully compare and contrast your practices and some of your training and methods to better understand the fields. And eventually, I'm hoping to design a surveying tool to get some broader understanding of the fields. So, you have these questions in front of you, but we don't have to strictly stick to these topics and if we don't get to all the questions that's fine too. I just want it to be, like, an open conversation and just hear a lot from you. So yeah, in regard to how you either interact with clients or people that you see on a regular basis, how would you define interpersonal?

Med Subject 2: Well for me, my favorite way to work with patients and clients is face-to-face. Telehealth is big and I'm interested in going into telehealth with patients who are 200 miles away, but interpersonal builds trust. And a patient or a client has to have your trust in your skills. Sometimes I have patients show up who are very skeptical, why am I here, and it's my job to build that relationship and listen to what they have to say. It's a listener not a talker be, and respond to what concerns them, not necessarily what concerns you. until you've built that relationship and you have that easy give-and-take.

Smith: Okay, yeah great. So that kind of goes into number two, these all kind of play off each other, but some of the things you've mentioned, do you consider to be necessary skills in your line of work and are there any others that you consider to be necessary?

Med Subject 2: Well, the interpersonal is important and you need to be a people person. You know there are teachers and there are teachers. What you want to be and what you want to model is the natural teacher who just naturally knows how to listen, how to respond to concerns, how not to brush off concerns, even if you don't see them as critical to their voice, but to address and listen to everything they say, which can make some of my sessions very long because I am listening, but I'm also building trust in a relationship. So, and then by the second visit, you want to lay the framework for what needs to be accomplished, because you've listened to their concerns, and you've addressed their concerns. So yes, the interpersonal, but some of it is personality, and you just have to be a service person, a giving person, be willing to give and take, and be a good listener.

Smith: Right, so for number 3, could you give an example of how you would incorporate some of these, not giving a name, but if you had a patient or a client with you here, how some of these skills would play out?

Med Subject 2: Well, I built my own template for voice evaluations and voice treatments, and way up at the top are: what are your goals, what do you want, and I also may prompt with questions: what do you want for your voice, what do you want, is breathing a concern, is technique a concern, what's important to you? If they go, "Well I just want to go back to being normal," OK so does being normal involve your pitch, your voice quality, your breathing, so I prompt them as well so they know I'm listening and they know that what's important to them will be a goal that I will address, so asking them what their goals is important. I also go over their medical diagnosis and say, "Did the doctor explain vocal cord dysfunction to you, did the doctor explain muscle tension dysphonia? Do you have any questions?" Of course, the doctor explained it, but it's my job to make sure their concerns, that they're not worried about their diagnosis, that something can be done and that they can reach their goals

Smith: That's awesome, thank you, yeah, we're going to talk more about goals, I think that's wonderful, thank you. To kind of pivot towards the people that you're interacting with, for number 4, do you teach or encourage interpersonal skills from their perspective? Like an example might be punctuality, or something from your, it's just an example, but are there skills you expect from the people you are interacting with?

Med Subject 2: I generally don't have any problems with punctuality, unless they're lost, and on occasion I've had to go rescue a patient or two. Most often they're early because - they don't want - they want to make sure they find my interesting home office location, so then they sit in my living room and listen to music.

Smith: Yeah.

Med Subject 2: So, expectations, is there where we talk about expectations, beyond punctuality?

Smith: Yeah, that'd be great.

Med Subject 2: What I do is I give assignments every visit, I tell them what their assignment is every visit. When they come back for the next visit, that's the first thing we address: were you able to do this, was this exercise difficult for you, do you have any questions, do you like this app, is this helping you? And then, I like to double check and make sure technique is correct. I'm very picky on correct technique. You're not going to get the benefit of the exercise unless the technique is correct. So that's one thing I do, they get assignments. And I avoid the word homework, because you're not in school, you're an adult, so it's assignments, and they know every time when they come back, that's the first place I go is their assignments.

Smith: Are most of your clients adults?

Med Subject 2: Yes, I do work with children, most of the children I work with are vocal cord dysfunction and that's a breathing disorder, but I work with high school students, junior high students, if singing is an issue and they've been to the ENT. I do not see any

patients who have not been seen by an ENT or a laryngologist or a pulmonologist. They all have doctors' orders; I know what their medical diagnosis is. My plan of care goes to the physician, so they know exactly what I'm working on. So, I have a few clients and they're private pay, the majority of my patients are children with breathing disorders or school students who have vocal nodules or polyps from pushing their voices in an unhealthy way.

Smith: Right. And do you find there's a certain, I'll rephrase that. Is there something that drew you to having a home office? To practicing out of your home?

Med Subject 2: Well actually, I retired in March. I was on the voice team at [omitted] for nine years, and I retired in March and then my quartet was auditioning to sing the national anthem and I turn around and there's one of the doctors whose patients I have treated, and she was auditioning for the national anthem. So afterwards I said, "Can we talk?" and she said, "Yes" and I said, "Well I'm retiring, but part of me does not want to give up singing" and she said, "Okay," so now I'm up to 10 physicians referring patients to me in at my office. So, this, I got to be retired for about two weeks, and I took a lot of rocks and planted flowers, and enjoyed fresh air, and then got back to it. So, this was not my intent, but this is what happened. And I've had a home office for six years because as a speech pathologist who specializes in voice, under the umbrella of voice is accent reduction, so I am certified in accent reduction for people who want to be more clearly understood in English, because their primary language is from another country and that can involve physicians, therapists, people who just want to be more social, and be understood. So, I've had this accent reduction home office and business for six years so I added voice. That's why you see the American flag along with my chorus singing in Korea, and the symphony, and the Broadway series, so I had to combine everything.

Smith: No, it's great, it's very welcoming. So, for the ways that you work with clients or patients, for number 5, are there any of those, sorry if the print's too small, are there any of those approaches to individualized instruction that you use on a regular basis, or that are familiar to you?

Med Subject 2: All right, so the body kinesthetic is important, musical, obviously, interpersonal. I believe in a holistic natural approach head to toe, because you cannot dissect the voice and fix it, it's a head-to-toe natural approach, so of the ones listed those are the ones I would use the most.

Smith: Okay, and is there anything else going into number 6?

Med Subject 2: Oh no, I'm sorry, that was part A. Part B. Yes, auditory, visual, and, kinesthetic because people are auditory learners, visual learners, a combination of auditory-visual, and then there's the kinesthetic learning, so ideally you would combine all three, but you also need to know how that patient learns. Just because I am an auditory learner doesn't mean...

Smith: Right, that everybody is.

Med Subject 2: Right.

Smith: Is there a certain way that you, do you just ask patients outright, or?

Med Subject 2: Yes, I ask them about their ear training if they can naturally, if they can match pitch, do they have to see the keyboard, so what is their best way to learn. And which, if they're auditory learners, I will have them record on their smart phones, if their visual learners they will get handouts, chances are they'll get both, so they can go from ear training to visual learning. And then of course, they have to be aware of what they're feeling and where they're feeling it. So, then personality tests well, no, but there is a cute saying I saw in my doctor's office, and as far as personality goes, it's a little plaque that says, "Keep talking, I'm diagnosing you." So, I find, and it's not across the board, but personality is very involved in voice disorders. It's the perfectionist, high achiever, I sang this way 50 years ago without warm ups, so why can't I do it now, give me a pill I just fix it. And again, that's why the interpersonal relationship is so strong, you are the cheerleader, you are the motivator because they, I cannot fix it for them, I can guide them, I can coach them, I can tweak their technique, but it's 100% on their shoulders. So again, you have to build that trust, you have to build that relationship, and personality types, Type A, we see a lot.

Smith: Okay, that's very interesting. That's good to know.

Med Subject 2: And as far as tests go, the test that I use are more related to acid reflux and that kind of test. I do a lot of perceptual testing because I've done this for so long my ears are fairly well trained. Now at, I would tell anyone who's interested in voice do the acoustic testing, use Visipitch, use Sonaspeech, use those, use the formal tests. And you're measuring shimmer and glitter, and what I use, well and I can give you a copy of my evaluation and my daily visit report.

Smith: Oh, that'd be great.

Med Subject 2: A lot of what I do is matching pitch, finding it on the keyboard, and knowing the mid-range of the female voice, the mid-range of the male voice, starting there, and that comes with experience. My problem with formal testing, and I think it's very important to be comfortable with that, is that sometimes in voice, you may only see the patient once, or they may stop, and you don't know why. Now I'm finding in my home practice that patients are coming back, and patients are telling me I can't afford this, maybe because they just feel more comfortable than when I was in an outpatient clinic for 10 years treating voice in a hospital setting, so for me to do pre-and post-test spend the session doing a Visipitch and then you don't know if it's going to be an unplanned discharge or a planned discharge. On a planned discharge, you can repeat the formal test, but what good is a formal test if you can't do the exit formal test? So, what I prefer to do is I spent half of the visit on, on my own evaluation template that I created, and then the second half of the visit and the reason why they're there. We go straight into treatment.

Smith: Okay. Right, that's great and that kind of leads into some of these other questions that we've kind of already touched on. Yeah number 6, we've kind of talked about, so maybe let's move to number 7, how do you measure success in yourself or in your clients or patients?

Med Subject 2: Well, the biggest measure of success is when the patient goes back to the follow-up visit with their ENT or their laryngologist and the vocal folds paresis has resolved, or the polyp is 50% reduced, or the nodule is soft and resolving and they won't require surgery. The measure of success is in the follow up visit with the physician who looks at the vocal folds. So, I'm always happy when my patients have had a video stroboscopy from an ENT or laryngologist who specialize in voice, since most ENTs do not specialize in voice, so those who do video stroboscopies, and I know who they are, and then I get copies of the doctor's report. And a lot of times, and my patients taught me this, now they are videotaping the stroboscopy on their phones, and they are taking pictures of the vocal folds. And that is what I tell my patients, you will teach me more than I will teach you, I am in this, I'm working with you to learn, and you are my teacher, and that's a great idea, I'm stealing it. I do the same thing with their humor. Oh, that's a good one, I'm stealing it. And humor it is critical to helping someone heal, because a lot of times when a patient goes to a doctor, they're afraid they have cancer.

Smith: Right, right, that's scary.

Med Subject 2: And that one of the reasons why I and I don't get very many again in my home practice, but I had some in an outpatient clinic, was there's a relief that they don't have cancer that they're willing to put up with a lousy voice and then they don't show up for their evaluation, which makes me sad. But I always do follow-up calls, number one to find out are you lost and number two would you like to reschedule. And sometimes they're saying no I'm running a half an hour late can you still see me and if I can, I will, and I try to be flexible with patients and that's not always convenient for me.

Smith: Right, I've been there, I get that, right. So then we kind of already talked about some goals, and you mentioned that you involve them in the goal setting process because it's just understanding where they are or where they want to be or what they want to accomplish, but for number 8, do you set any of the following types of goals, or all of them, or would you like to explain?

Med Subject 2: Oh yes. Yes, I do short term and long-term goals, and my professional goals are related to their medical diagnosis and personal goals are their personal goals. I'm not happy unless they're happy, it's not about me. And a short-term goal would be the patient will use amplification with correct technique; long-term goal would be this patient will exhibit a voice quality, effective communication skills, and singing skills, within normal limits, with no signs or symptoms of a vocal pathology, so that's a long-term goal, so I have many short-term goals. But again, they are customized to that patient, there's no cookie cutter.

Smith: Right. So then, that sort of answers number nine, I guess, about how you form them and also kind of number 10, so I guess we could flip over to number 11, unless you have anything else you'd like to say about goals?

Med Subject 2: Well, I do ask for continual feedback from the patient and I give them permission to not like something, for example, lip trills.

Smith: Yes, I have singers who do not want to do that.

Med Subject 2: Right, but sometimes, for example, I am currently working with a patient who was a bilateral cleft lip and palate and it's physically not possible for her to do lip trills, so I give them permission to say "I gave it my best shot, I can't do it," and I'm going, "you know what that's OK." Or if they look at, if they download an app I've given them and they come back say I don't like this that's OK so I always ask for their feedback do you like it and by the way it's OK to say you don't. So, I give them permission to be totally honest with me and I think that honesty is critical, and on a regular basis asking for their feedback. I can't assume they're happy with everything I do with them, never assume.

Smith: Right. So, what are some of these, you mentioned a couple times, the apps, things like on your phone that are specifically designed? Things like that? Could you talk a little bit more about that? I think that's very interesting.

Med Subject 2: Well, it depends on, again, what their diagnosis is. A lot of times if there's injury to the vocal folds, they have decreased range and sometimes it's breath support, so when I work with singers I always try to find them on YouTube. So that when they, because I work with singers at all levels, I work with praise team singers, I work with show choir singers, I work with a community theater, I've had the pleasure of working with a Broadway singer, and singer songwriters, so I looked them up on YouTube before they get here and I'll also ask them are you on YouTube, but I always look to see if they're on YouTube before they walk in the door. So, I've looked at their technique, I've looked at their breathing, I've looked at any upper body muscle tension, I've looked at their alignment, if they do choreography. So, how did I get off on that tangent?

Smith: Oh, this isn't even on there, I went off on the apps.

Med Subject 2: Oh, the apps, the apps, they come with a toolbox of vocal warm-ups, but I will add to their toolbox, and say now you have a choice. So, there are some apps that I really like, but I never just hand them something: I explain the purpose, the reason why, and we do them before, I don't just say download this app and come back and tell me about it. So, I always tell them what the purpose of the app is, and we do it with correct technique, or if it's a CD or if it's YouTube. So again, not everyone gets every app I have. But I like to add to their toolbox and it kind of revitalizes them when they have something new and different to try to get to their goal. It's all about having choices and being able to say yes or no. And then I'll have them prioritize it, because they'll get so

many things to do or I'll look at the calendar and say, "Okay, now you have all these exercises and apps and CDs and I want you to come up with a 15 minute warm-up schedule every day because, your list, you'd be warming up for 2 hours, so let's put some variety," and they kind of like that too. And if they don't like it, we don't do it. But when they wake up in the morning, you know they can do lip trills in bed, to see if they have sound when they're in the shower they're humming. When they're in front of the mirror, they're checking their face and their breathing you can't fool a mirror and if any time I can make it part of their daily routine and not say, "Okay, you have to find 15 minutes twice a day to do these exercises or you're going to get a negative checkmark," that won't work. I have them do them at red lights, because they're not allowed to be a distracted driver, not on my shift, but at the red light if you can focus, you can do your prosody exercises or your straw exercises, but only at red lights. So if I can build it into their daily routine because I also see a lot of teachers. Teachers are the number one vocal abusers in the country, and music teachers are the worst, because they're teaching all day, they're singing all day, they're in community theatre, they sing at church, and they sing because they love to, and it's extremely hard on their voices. And they're already doing a show choir and musicals. You can't tell a teacher, "Okay, now carve out more time for warm-ups and cool downs and everything else you need to do," so the more you can fit into their daily routine the more buy in, it's critical for them to buy in to what they're doing for them and for them to feel and hear the difference, if they can hear and feel the difference. Another way to get there is to record their voice on their phones and mine their first session, their last session, or in between because that's how you can, perceptually, judge progress. But the progress is completely judged, well not only by the patient, but by the follow up visit with the physician and I am highly motivated for them to do better when we get to that follow up visit. I want that vocal fold paresis to resolve so that motivates me and hopefully the patient as well.

Smith: Right. That also kind of answered number 11. I was wondering about your process for selecting student exercises or sung repertoire, so is there anything else you want to say?

Med Subject 2: Yes, so depending on the physician, I pretty much know all of their protocols and I tell the patient, "I follow your doctor's protocol." There's one laryngologist that I work with who sends every patient home with an after-visit report with what she wants, and guess what we do have you done this, have you done that, have you done this, and it's not done in a threatening way. I have everything that physician recommends. So, the patient can take a picture of it, so the patient can order it on Amazon prime, or Walmart, but everything that doctor recommends I have. Now I also asked the patient, I tell them I work with several different physicians, and I can share those protocols with you if you're interested. So, I will share with them, but number one is following that particular doctor's protocol.

Smith: Okay, great, thanks.

Med Subject 2: There's also pre-and post-surgery protocols, because I do pre-and post-surgical teaching. So, I have my own pre-and post-surgical exercises and warm-ups, and

what they can do after they're finished with total vocal rest, if that's what the doctor chooses, but I also follow the physicians. One of my patients had his surgery at the [omitted] and that physician called the laryngologist in [omitted], and said, "Who do I send my voice patient to?" So, that physician gave the doctor my name. He called and interviewed me over the phone, and I said, "What is your protocol? Because I'm going to follow it." And then he said, "What is your protocol?" So, that, you know, measure of success is when you have you retire, and 10 physicians are still referring you.

Smith: Right, definitely successful. So, we had talked, you had mentioned earlier about feedback and I have some examples of feedback on a spectrum of never being used, or sometimes being used, or always being used and I was wondering which types of feedback do you provide in a session? And if you could provide a notch on the line I'm, I'm just trying to gather a little bit of quantitative data in my qualitative.

Med Subject 2: So, this would come under what I have on my documentation as subjective. So, at the evaluation, we determine their goals and the doctor's goals. But every time they walk in the door, we start with: how are you today? How is your voice? What's new? What's different? Is your voice better, different, no change, or worse? And it's okay if you tell me your voice is worse, it's okay. So, that comes under my subjective, how are you today? What do you think of your voice? and they will tell me, so that is hopefully always concurrent feedback from the patient. And yes, active coaching you are literally their cheerleader. You are their motivator, because they have to do all the work and if you don't motivate them, if you're not a cheerleader, saying, you know, this can be done, I'm on your team, I know this is really hard, how can we tweak it to make it easier for you, so, hopefully that's part of every session.

Smith: And then, for the letters C, D, or E, are there ways that you handle...we could also skip to number 13.

Med Subject 2: The negative criticism? Is that coming from me or them?

Smith: Yeah, from you to them, how do you interpret that?

Med Subject 2: Because I'm perfectly okay with negative criticism coming from the patient. if the patient comes in and sits in that chair and they're angry, and they're angry with me or with whatever, I'm perfectly OK with that. The one thing you have to have are strong shoulders, you have to be able to take the burden of that person, the weight of their world, they will throw it at you, they will put it on your shoulders, because they're angry and it may not even be their voice, they may be angry at the world, and it shows in their voice if they're pushing their voice and now, they're just angry. So and the way I handle negative criticism it's just let them vent and I am the punching bag and it's okay. You cannot take things personally. So negative criticism, for me, I try to use humor. And I also bring out, I am very good at pointing out my own mistakes.

Smith: Yes, me too.

Med Subject 2: And I also tell them especially the type A personalities, “You know Mary Poppins was only practically perfect, if perfection is your goal, it’s not going to happen.” And I also bring up Beverly Sills, so this a way to get negative or constructive criticism into the picture. Beverly Sills said, and this is a quote from her, that in her 40 years of singing in every opera house in here and abroad, six times she sang the way she wanted to. In 40 years. And my patients just go, “But she’s perfect.” And in my opinion, yes, she is. But in her opinion, only six times. The other times she did her very best and she was okay with that. So negative criticism, I just look at technique and I do it with them and I smooth out the technique and I tweak it, but it’s constructive, it’s done with humor. And yes, that was my, I hated lip trills not only that, but I taught myself how to do them incorrectly with lots of jaw and muscle tension, and then I had to unlearn and relearn. So hey, I am there with you.

Smith: Right. So then is that how you, for number 13, how you balance, or manage the balance between encouragement and constructive critique? You kind of answered you use humor, honest about your own...

Med Subject 2: But what’s different for me versus a singing teacher is I’m not getting them ready for competition. I do get them ready for performances, but I don’t have to get to the level of critiques that someone, I just want them to heal, stay healed, and go back to what they love to do, or send them back to their singing teacher. But I’m also used to, as a [omitted] we are competitive, and I’m also in a quartet. So, we are judged on showmanship, we’re judged on sound, we’re judged we have four different categories and there’s up to 8 judges so I also understand on, the importance of being the best you can be. But I don’t have to be the disciplinarian the poor singing teacher has to be.

Smith: Right, right, it’s kind of different. So, great, thank you. So then, due to, sometimes, the amount of time spent with clients or patients over long portions of time, some may come to see their role as more than just related to the voice, but to the person as well. So for number 14, do you see yourself as a life coach or therapist in any way? Or do you see yourself as someone who helps with emotional or personal concerns? And how much of that role do you take on as friend or nurture or mentor?

Med Subject 2: Right, and there’s where you are involved in being their coach, being their mentor, and then if you need to draw a line, with. I am invited to performances all the time and I try to go to as many performances as I can and I’m happy to do that. I’ve been invited to birthday parties I’ve gone to funerals, so I like to be considered their professional coach, mentor, and friendship does enter into it, but you cannot be a friend to hundreds of patients and you also kind of sometimes need to draw that line.

Smith: Exactly, right. So then, you kind of listed some of these things, but at the bottom of the page, number 15, are there any methods, either listed here or some others, that you used to create report or healthy relationships? So, like, B. sometimes you would attend performances or other...

Med Subject 2: Yes and a lot of times when I go to like a show choir performance, I had four high school singers from the same high school, all four of them had vocal cord nodules, so I went to their show choir performance because I wanted to see why. Is there a pattern? Is there, because a lot of what I tell my patients is you and I are detectives, we are a team, we have to holistically look at anything and everything that could have affected your voice to result in this lesion. And I tell them that voice is a puzzle, no one thing is going to fix your voice, warmups and cool downs are not going to fix your voice, water is not going to fix your voice, using correct technique alignment is not going to fix your voice, but if we find all of your puzzle pieces and put them together, that's when you get the big picture. So, I very seldom tell them I'm going to their performance, they have figured out I show up, and then I give them big hugs and support after the performance, but those show choir students did not know I attended their performance. I wanted to, I needed more information and if there was a pattern, we needed to address that pattern.

Smith: So then, one more question about your methods and kind of how you interact. This is number 16, do you take any specific steps to create a safe environment? There's some suggestions below, but you could also speak to anything that you'd like to say.

Med Subject 2: Safe environment. Well, the one thing I ask every patient, and I asked a patient this morning, if you're having difficulty with your voice, I always ask them: "Do you feel safe? If you were in an unsafe situation, can you scream?" And then I have them do "hey" can you do that, show me, do you feel safe? And if you don't, I'm going to suggest a screamer, pepper, mace, and I show them what I have to make sure that they are safe. And I've had multiple patients say if something happened to me I can't scream. And a patient this morning fell and her husband, in her home, and her husband was downstairs, is your voice strong enough she said, "Now it is" and she said, "But when we started, no. I could've been there all day until he came upstairs and found me." So, but I showed her a screamer and I said I always tell them, "You do not have to buy this, this is all strictly choice, and you don't have to buy this model, this brand. I'm not on anyone's payroll. You can go on Amazon prime, you can go on eBay, or whatever you like to shop, because you will have lots of choices of safety things." But I think it's critical that they know they can be safe with their voice. So, I also when I became more aware that I was going to have a home office I had an extra guard rail put outside so I have a guard rail outside but now there's two guard rails outside, there's a banister going up my step. I do ask them if they have COPD or emphysema, "Are you okay with steps?" And I walk beside them if they need my arm and they frequently, when they are having difficulty, they will often come with a spouse or a friend. And the spouse or friend is always invited to be here, if the patient wants them, the patient has to give permission. Now my husband my wife can sit out there and read a book or then they listen to music. Or no, I really want you in here with me. So that if there's any safety instructions but I have had to work on safety. Also, in the restroom I use germicidal wipes to wipe it down, so the spread of germs is less likely. And I do doorhandles, but the germicidal wipes and the gloves are behind me, there's lots of Purell. I come from a hospital environment hand washing's critical, so that's part of the safety. So, and the other thing is if my personal safety and I've had all kinds, makes, sizes, shapes of people as patients. Only once, did I call the

doctor and say I am not safe having this patient in my home, because I get their reports. And I said, "I am alone, and I've read your report." And I personally feel terrible, but if I were in an outpatient setting like I used to be.

Smith: Right, it's different.

Med Subject 2: With lots of people around and security, all I have to do is the 711 and then the hospital security comes, I can keep my door open. With this particular type of patient, I've only had to do that once. And I felt very badly about it, but my own personal safety is an issue too. But I have never ever felt, and I have a huge variety of patients, and I have felt very safe. I tried to help them feel safe and comfortable and, in a home, you can sort of do that. And I offer them water listen to music they. So, there was one patient I had to call the doctor and say I feel really badly because I read your report.

Smith: Right, but you have to protect yourself as well. Great, so then, it is 3 o'clock. I do have some more questions, but I want to be respectful of your time.

Med Subject 2: Oh, my 3 o'clock cancelled.

Smith: Oh, okay, do you mind if I ask some more questions?

Med Subject 2: If you have the time, I have the time.

Smith: Great, because the next set of questions, I want to identify some types of training in your practice, how teachers of singing and others are trained. So, I wondered if you belong to any associations or held any memberships? There's a list, but you might have some outside of that.

Med Subject 2: Well I am a member of the voice care network through [omitted] and PAVA, I'm from [omitted] and PAVA going to be in [omitted] and my intent is to join PAVA, which was initiated by Dr. Ingo Titze. And ASHA, of course. So what I have done, oh, are you talking about belong to what associations, what memberships do you hold? I also have a [omitted] license, I have to have CEUs for that. I have to have CEUs for my ASHA, and I have received the, what do they call it award, the ASHA award for over achiever and continued education. I want to say it's the star award, but it's not, but I've had that award for seven years in a row. I am very big on, I am a lifetime learner, maybe just because I can't learn, but I also have a current [omitted] teaching certificate and a current [omitted] teaching certificate. So, what I have to do in [omitted] is every five years I have to go back to college, they will not take CEUs. I have to have post grad work. So, this past summer for the second time in July I went to the Contemporary Commercial Music Vocal Pedagogy Institute.

Smith: Oh yeah, I want to do that this summer.

Med Subject 2: Oh yeah, you'll love it. And I was there three years ago, and I did the post-grad credit, you don't have to take it for a post grad credit, but I did because I have to have six post grad hours every five years. So, I just get finished and then I have to go

back again. And I was there three years ago, as well. So, who you will meet in Winchester, Virginia are the vocal athletes, Wendy and Marci, the authors of those books. So, sometimes I see who the speakers are, last time I went in July because Dr. Ingo Titze, I was there and three years ago I wanted to meet Marci and Wendy because they already had their program. Alisa Bobile was there, I already had her program. And what's really nice is you can talk with them, you can have private voice lessons, it's. And one of the laryngologist here in [omitted] just loves that group because she was recruited here from the East Coast, so she knows Matt Edwards, all the people from. And you'll have 11 instructors from Berkeley School Music, from Catholic University, well that was one year, LA, Illinois, all over the country.

Smith: Yeah, that sounds amazing, I'm very excited for that. So okay, great. Are there any personal or professional guides that influence your practice? So maybe guide set up by ASHA or...

Med Subject 2: Well, I'm happy anytime I'm involved in continuing education. If I learned one thing, I'm happy. I also spent seven years traveling the country and I go to conferences that are for not just speech path and voice, I go to ENT speech path voice conferences, so it's physicians and speech pathologists, and I've been to Sin City laryngology, San Antonio I've been all over the country on doing conferences and that's how I learn.

Smith: That's great, that's amazing. So, then I just want to better understand briefly what it took for you, kind of playing off what you said about learning and taking classes, can you briefly describe your training? And how your past training influences your current practice?

Med Subject 2: I think it's incredibly important, while experience is the best teacher, what do you do when you don't have experience and this is your passion? I was a traditional speech path for way too many years I tell people I've been around the block so many times people need to put me to pasture, but I did the schools, I've done private practice, I've done for profit, non-for profit, I've spent 13 years in management, I traveled the state as a manager for PTOT and speech, I've been the director of rehab for PTOT and speech. So, it's everything I have learned for many years has led me to where I am now. So, 10 years ago, because I love to sing, I decided to follow my passion. And that's when I said, I am not going to do strokes, I'm not going to do swallowing, I'm not going to do progressive diseases, because I have lots of experience in those areas, it's time for me to follow my passion. And I am a music addict. It's a very expensive passion, but because I love to sing. And now what's interesting is, if you continue to follow me or if you never come back again, I have, because of Marci, the vocal athlete, I had a private lesson with her, so this last time I had a private lesson with Edrie Means at Shenandoah, and this last time I had a lesson with Marci, the vocal athlete. And I said, "It's now or never [omitted], you chicken, you set up private lessons with these two. So, it took all the courage I had because I sing in a chorus and I sing in a quartet, and Marci made me cry. She said, after my lesson, she said, "You can do more than [omitted], you can do more

than a quartet, when you come back to Shenandoah, I want you singing and performing a solo.” So, then so I always thought of my voice as a blending voice, as opposed to a solo voice. So, I came back, I finally, that’s from July till now, I had my first private voice lessons from a singing teacher last week. So again, you ask where is the overlap between, I’ll be able to tell you more and how we work together. And this particular singing teacher I chose has sent some of her students to the doctor and she doesn’t know it, but I’ve worked with those students you have to follow HIPAA, you have to follow privacy, so I know she’s good, if she hears a voice in trouble, she knows to go to the next level. She also knows she’ll get that student back. So, that’s basically, the last 10 years, I am following my passion.

Smith: Yeah, that’s amazing. So then, with that in mind, is there any specific training you wish you would have received in the past?

Med Subject 2: No, well more. More of the same, because I always learn something, but it would have been nice if someone else had paid for it. I paid for Shenandoah, I paid for Saint John’s, I pay for every conference. And when I started as a speech path, we were sent to ASHA every year and now I have to pay, our licenses were paid for, now we have to pay for our own, So, it’s a good thing, it’s a passion, I don’t know how many other speech paths with my, I think part of me is defective, who’d be willing to spend their own money for their own training. I decided independently to do that. I also became certified in the Parkinson’s voice, because that comes under the umbrella. So, I am certified in LSVT Loud, I’m certified in accent reduction, it all comes under the umbrella voice. Voice is a huge umbrella, huge, but that’s all I’ve done for the last 10 years and I’m busy.

Smith: We’ve already talked about, sorry we’ve already talked about a bunch of these things, but jumping All the way ahead to number 24

Med Subject 2: Oh, maybe I should add, BA in speech path is from [omitted], I grew up in [omitted]. My masters is from [omitted], and I’ve been in college ever sense. So, I do not have a music degree, I have a Music passion.

Smith: Right, awesome. And I guess I kind of skipped over 22 and 23, you kind of talked already about workshops and clinics, is there anything else you want to say about...

Med Subject 2: The influence of workshops in general? Well, I sort of touched on it earlier, if I learned one thing, I’m happy. So, I go to all these conferences and these post grad courses with an open mind. I don’t have a goal when I walk in the door. And that way, I am open to learn.

Smith: Yeah, I love that. That’s great.

Med Subject 2: So, I would never say, “I spent all that money, I learned one thing.” No, I would say, “I learned one thing that I can use, that I will share with my patients.” And that’s what I also tell my patients, what I learned from you is you’re making me a better voice therapist, and I will share with my other patients, but you get the credit.

Smith: Yeah, I love that. So then for number 24, I think it's on the next page, do you use research-based practices? And can you describe any current practices you use? So, that might be like reading publications, or conducting your own research, that sort of thing.

Med Subject 2: No, I don't conduct research. I must prefer, I'm not interested, that's what's different about me. I'm not interested in diagnosing the problem. A lot of speech paths will do this video stroboscopy and work side-by-side with the laryngologist and ENT, I'm not interested in this, and this just personal, 100% me and I'm old enough to say, "This is what I am going to do." And I'm not interested, I'm not. And a lot of speech paths love the diagnosing part, they love doing the video stroboscopy. For me, just give me the voice. I'm a treating voice therapist. So, research wise, I am certified LSVT loud, which has 25 years of research behind it. And I read every day faithfully. I am on the voice and voice disorders, although it now has a new name, section of ASHA. And it's where there's questions and answers from all over the country from the top dog down to the new voice therapist, and that's how I got one of my patients she just had surgery in Boston singer songwriter moving to [omitted], the day after her surgery: is there anyone who can treat her? And I answered the blog and said, "Okay, I'll take her." And her post op visit will be done by this physician. So, I learn on a daily basis, plus I also get the ASHA journal. But the daily blog of voice and voice disorders is called SIG three, special interest group 3, is what I read every day. And I have a voice folder on my laptop, so if it's something pertinent to patients, something I can use with patients, I will slide it over to that folder.

Smith: Okay, that's awesome. So then, do you still have time, are you good on time?

Med Subject 2: Yes, I do have a three-hour rehearsal tonight, so I'll need to rest my voice at some point.

Smith: Right, so, you kind of touched on number 25 already, so if you don't have anything else to say about that, that's fine. But I'm just wondering kind of about how students or clients come to you, and more collaboration between the fields. It sounds like a lot of times they are recommended to you from a doctor. And then are there any factors that play a part in matching those clients with you or is it mainly just the recommendation?

Med Subject 2: It's actually a doctor's order. So, when I started out my private practice, I started out private pay, but it got big so quickly and people would ask, "Will my insurance pay for this?" so I contracted with [omitted] to do my payment and billing. So, all of my referrals go to them. All the doctors I work with know to fax to the referral, fax the doctors order, fax the doctors report to [omitted], [omitted] schedules the evaluation visit and we have an interactive calendar, and I schedule follow up visits, she schedules, because I'm with a patient. But then and then you know it's word of mouth, you know there was an ENT who called one of the laryngologists and said, well this is a singer, this is a voice patient, who do I send them to? So sometimes it's word-of-mouth. So, a lot of times they will already be connected with a singing teacher or singing studio, so then it's

important to communicate with her singing teacher and give positive feedback because you don't want the teacher to think this was their fault, even if it was. I mean you never ever go there. And I also stress, if you're not happy with your doctor, if you're not happy with your singing teacher, you need to change. It has to be a good fit. And if you're not happy with me, you need to tell your doctor it's not a good fit. So, all of my patients, they're all doctor's orders, they're faxed to [omitted]'s office. I see her schedule and now I either scan or fax my evaluation back to the doctor, because some of them have to be signed if their Medicare or Medicaid, the physician has to sign them. Otherwise, they get a copy of it and then anytime they have a follow up visit with the doctor, I send their most current visit report. And the doctors' offices are very comfortable with, "We're going to see Susie Q next Friday, can you send us your most current report?" And I always ask the patient, "When do, do you have a follow up visit with your physician?" And I always write down that date and I highlight it, because if the office doesn't call me, then I know to send it. And that's customer service, customer service is huge, especially with these doctors, especially with the patient. If you don't have that customer service, you're going to lose business and you're going to lose the confidence the doctor has in you.

Smith: Right. So then, you already answered number 26 and kind of, is there anything that keep you from taking certain students...

Med Subject 2: Just the one, and it was strictly safety just because I'm alone in my home.

Smith: Right, exactly, and then 27, Is there anything that draws you towards certain clients?

Med Subject 2: Oh, my voice patients, and of course I love singers, and again many of them are. And I have to admit, I've always loved whatever setting I was in. When I was in the schools, I had 100 birthdays and 100 Christmases. When I traveled from nursing home to nursing home, I've always found that I loved wherever I am and what I'm doing. But in voice, obviously any voice patient, and there's functional voice disorders, there's a certain amount of psych issues, there's conversion disorders in voice, so they're all challenging, they all keep your creative wheels going.

Smith: Right, that's for sure.

Med Subject 2: And you can see I have Dr. Ingo Titze book and he autographed it for me, and you can see that it gets well used. I told him, I've seen him more than once, I saw him in Salt Lake City, because he also runs the vocology institute, he's also the director of the National Center for Voice and speech in Denver, he was also teaching once a year in Iowa and six months at University of Iowa, I don't know where he lives because he's never in the same place. But when I saw him in Atlanta, he autographed my book for me. So, when I saw him at Shenandoah University, I said you are my claim to fame I am a very important person because you autographed my book.

Smith: That's great. So, I just have a couple more questions.

Med Subject 2: That's okay.

Smith: Okay, thank you. So, we could look kind of skip down to number 29 about approaching diverse students and clients with understanding and respect. Not using names, could you describe a specific time in which this was difficult to do or easy to do?

Med Subject 2: It's never been difficult for me, and I have worked with Caucasians, Muslims, black, white, transgender, gay, male and female. It doesn't matter. I don't seem to have a problem connecting with, and I hope it's because I make them comfortable because I am comfortable

Smith: Good, right.

Med Subject 2: So, and I've had all kinds in my home, and I've treated all of them. No judging. They can judge me; I would never judge them.

Smith: Good. So, then my last couple questions just help me better understand your methods and a bit about your motivation. So, for number 30, how do you prepare for sessions?

Med Subject 2: Excellent question, because I prepare for every session. And what I'm doing is I have notes, I have a sheet that I call my lesson plan, so when I have my treatment document where I put down what we have done, their assignments, but I also have a sheet of paper that has were working together, I'm always thinking about what do we need to do next time, depending on what they've said, what they need, or how they did. So, I am doing my lesson plan for the next session during the current session.

Smith: Okay, right. And then how do you reflect on sessions? Is that part of it? Or do you?

Med Subject 2: Yes, I can tell you right now, I don't sleep at night. If I can't get a patient out of my head. Because I definitely don't help everybody. I try to help everybody, I give it my best shot, but there are patients that will keep me awake all night because I am worried, you know, that they're unhappy, they're still angry, there still needing to vent, their voice is still terrible, and I haven't found the key yet. But you don't ever take it personally, you never take it personally. What keeps me awake at night is I haven't, with a patient, because it's teamwork, it's not me to figure out, it's the team, the doctor, the patient, and I, but if I don't feel that there is progress and they're still very unhappy, that bothers me.

Smith: So then, for number 32, does reflective teaching influence your methods?

Med Subject 2: Mmhmm, because when I reflect, are they meeting their goals, are they meeting their doctors goals, that's what I reflect on, and then what's missing.

Smith: And then, the last couple questions, thank you so much for your time.

Med Subject 2: It's okay.

Smith: What was your motivation for entering this line of work?

Med Subject 2: Excellent, well back a [omitted], when I was 18, and left [omitted], I wanted to go into teaching and I was going to be a high school teacher and, believe it or not, this was many years ago. It became apparent to me that teaching I didn't want to force things on, I didn't want to have to teach values, right from wrong, consequences of actions, morals, and discipline, I did not want that to be my job as a high school teacher. So, at [omitted], in my sophomore year, I stumbled across speech pathology, which answered my career goal. In speech path, people come to you because they need you, they want you, they need to know how to help themselves. So, I went from teaching to choosing a service career that was helping people, but people came to you because they needed and wanted your help, and I wasn't jamming it down their throats.

Smith: And then what continual motivation do you find in your work?

Med Subject 2: The people I work with, I just love my patients and I think they kind of get that feeling too. They energize me, I get my energy from them, and the problem-solving the back-and-forth of that was a really good idea, that was a really good idea, how can we make that fit what you need? How can we modify this program to meet your needs? Because there are programs that I use, I use a Parkinson's program with my singers, but I tweak it to meet their needs because it's a great way to build breath support and a stronger voice if that's what they need. For example, the lady that just left one of her diagnoses is presbylarynx, what that means is as we add years of wisdom and go through menopause, we are less hydrated, everything gets dry, vocal folds are thinner, so and the vocal folds, because they have empty nest syndrome, their children are grown and gone, they don't have to talk to their spouse because they can read each other's minds...so their voices aren't in condition. And so, I tell them they're on the use it or lose a program. If you don't use your legs, you lose them. If you don't use your voice...So, a lot of times, I do strengthening programs with that particular population. So, what continues to motivate me is there's always a challenge when it comes to voice. I'm going to be evaluating a patient later this week that will be a huge challenge for me and my brain, help.

Smith: Right. Yeah, well thank you so much. Is there anything else you'd like me to know?

Med Subject 2: No, if I'm just going in the direction, you're going in and how singing teachers and speech paths who work with voice we complement each other. We help each other. I'll ask them, "What are your goals for the singer?" and they'll say, "What do you want me to work on?" when I discharge them back to the singer, you know, what do you want me to watch for? And that goes back-and-forth. So, the singing teacher is a huge part of the team, it's not just the doctor, the patient, the speech path, but part of that team is the singing teacher, and communicating with the team.

Smith: Right, great. Yeah, thank you so much.

Med Subject 2: You're welcome.

Smith: Yeah, this was wonderful.

Med Subject 2, Interview 2 Transcript

Smith: Do you mind if I hand you some of those questions that I sent in the email?

Med Subject 2: These?

Smith: Perfect.

Med Subject 2: I should have done my homework.

Smith: Oh no. Cause one of the things you mentioned in our last talk was paying for continuing education. And some other participants expressed that being a barrier to getting more education either because of funding, or yeah. But you said that even if you learned one thing, it was worthwhile.

Med Subject 2: It was worth my money and time.

Smith: Okay, okay. So that was one question I just wanted to follow up with people about, about funding. Have you ever, like, applied for a grant or any sorts of outside funding for those things?

Med Subject 2: No, when I started my profession, we could go to the American Speech and Hearing Association annual convention, our state license was paid for, our ASHA certificate that we had to renew certification every year was paid for, and we could go to continuing education and it was paid for. That has ended. Everything I have done for the last 10+ years has been my own dime. And there are very few people who are willing to spend a penny of their own on continuing education, they all look for the free stuff. And I traveled. To be on [omitted]'s voice team 10 years ago at [omitted], as soon as he said, "Is anyone interested in being on a voice team?" And it was that voice team, I immediately started booking flights and the first thing I did was to get certified in LSVT loud for the Parkinson's voice. I went to Scottsdale, Arizona for that and never stopped traveling for seven years. And I don't know of anybody else who is willing to do that.

Smith: Cause you're paying for the flights...

Med Subject 2: Flights, hotel, food, everything. I do tax deduct it, but you don't get much.

Smith: Speaking of taxes.

Med Subject 2: Yeah, right.

Smith: Okay, okay.

Med Subject 2: And through my employer I might want to add I asked because I got post grad credit both times at Shenandoah University, and the three summers I went for voice

care network at Saint John's University in Minnesota, I got post-voice credit. So I applied through education, but they still wouldn't pay for it because I wasn't going for a degree and I said, "Well, I already have a masters degree and I have enough continuing ed and post grad hours to have several masters degrees," so they wouldn't pay for it because it wasn't. But to keep my [omitted] teaching certificate, so I have a [omitted] license, a [omitted] teaching certificate, a permanent professional [omitted] teaching certificate, and an ASHA certification and you have to pay all of the money, which in the good old days it was paid for you. For me to keep my teaching certificate in [omitted], I have to have 6 post grad hours every 5 years. So, I just got out of college and I'm back in college. But being on the voice team in a hospital for 10 years, they didn't care about my teaching certificate.

Smith: Right, that's what I was going to ask is what benefit does the teaching certificate provide you?

Med Subject 2: Well, if the sky falls or a pandemic happens, and, you know, you lose your job, I have, I live right behind a school. aAnd my teaching certificate in [omitted] is a permanent professional, I never have to do continuing ed, but I do it on my own anyhow. So, I could go back to [omitted] and teach, but I have a school right behind my house. So, I keep my, and by next summer, I have three post grad hours to get so if you hear of any good programs.

Smith: Yeah, I'll let you know.

Med Subject 2: And they won't except CEUs.

Smith: Okay, wait, what's a CEU?

Med Subject 2: Continuing education unit.

Smith: Oh, okay.

Med Subject 2: So, it has to be post grad hours to keep your teaching certificate. You use continuing education to keep your [omitted] license and your ASHA certificate of competence, so. But the state won't except CEUs for your teaching certificate.

Smith: Got it, thanks.

Med Subject 2: Are we having fun yet?

Smith: Right. So, could we talk about the pandemic a little bit?

Med Subject 2: Sure.

Smith: And how that has affected, cause my whole focus is on interpersonal relation in these one-on-one settings, how has that been impacted by everything going on.

Med Subject 2: Oh, I thought you were going to ask me financially.

Smith: Oh, you can talk about that, too.

Med Subject 2: No, what I've gone through financially, yes, it has cost me to get, to purchase medical masks, and I use hospital grade wipes that we used at [omitted], so yes, that has cost me, but it has cost other people far more than it has me, so I've never pursued any kind of business assistance because I own two businesses and they're both related to speech path and voice.

Smith: Right.

Med Subject 2: So, the pandemic. Well, I had to learn Zoom and I use a HIPAA-protected zoom for both my accent reduction clients and for my voice patients. I still do have patients come to the house and we do what you're doing now, you know, everything is wiped down before they come and gloves and masks. I am right now wearing a singer's mask, I'm not wearing a surgical mask, if you want me to switch, I will.

Smith: No, that's fine.

Med Subject 2: So, I am finding that I am having, I'm surprised by the bonding I've been able to achieve through Zoom. And as a voice specialist, much of what I do with patients is super-spreading. You know, I can't do the straw exercise, I can't do the breather, I can't do the EMST 150, I can't do warm-ups, I can't work on technique that is contributing to their voice disorder, can't sing with patients because it's all super spreaders. In nice weather what I used to do with singers is take them outside. Can't do that right now, well maybe today. So, but I have been able to make some nice bonding with people I've never met personally.

Smith: Right, I have a student who started over the summer, fully Zoom, never seen her in person. Is there anything that you can put your finger on that helped form those bonds over Zoom?

Med Subject 2: Well it's important to know. They always say, "Hi, how are you [omitted]," and I answer that, but I, you have to build some personal questions into it. How was your week? How was work this week? Oh, I'm really tired. I was up all night with the baby, or my boss is just being impossible. So, you start out being a good listener, but one thing I do and this is accountability but I don't know if this helps with bonding, is I write down their assignments and I don't say homework because these are adults. So, I write down their assignments every week, so before the session ends, I said, "Okay, this week, you're going to work on this and this and this." The next time I see them I say, "Well, how was your week? Were you able to spend any time working on your voice? All right let's talk about the things we talked about last time." So, it's not only accountability, but they should, in ways because I also write down subjective: how they're feeling that day? Is their cough worse? Are they having reactions to their vaccine?

So, they know that I've connected with them, I've listened into them, and I come back and review at each session, and then I review at the next session. "So last week, you told me that..." and so then we talk about, so it shows hopefully that I listen and respond to, you know, "I understand last week was really a bad week, I'm sorry, was this week any better?"

Smith: Right, right, yeah, yeah, that's awesome.

Med Subject 2: And it's all in my notes.

Smith: Right, that's great. Cause yeah, last time we talked, you talked about, yeah, I was just impressed by your note-taking system and attention to detail and making sure you were meeting their goals or their desired outcomes. If I could kind of go in a different direction. Back to what you said about the LVST-Loud, I was wondering if you had any comments on, this is kind of difficult to word, but being an expert in one or two specific disciplines versus being versed...I guess I feel a lot of singers expressed "I need to know classical technique and musical theater technique and all these different styles of music and styles of teaching." And then I had people like you express the different things you were certified in. So, does that question make sense? And do you lean one way or the other? Like focusing on like accent reduction or focusing on multiple things, or something like that?

Med Subject 2: I remember the day that I got my master's degree at [omitted] and when I showed my mother my diploma, she was standing right there, her only comment was, "When are you getting your PhD?" So, and what I try to explain to her was it's important to me to be skilled in all areas of speech path before I decide what I want to specialize in. However, when I look at my experience at [omitted], it was loud and clear that voice was where I needed to be after some of my experiences working with patients there. But it was important to me because I use everything that I've learned in these 8 million years in my voice practice. My voice specialization in accent reduction. I was in the schools. I've been a director of rehab, PT, OT, and speech. I've been a manager of rehab, PT, OT, and speech. I've traveled to the east coast of [omitted], got on the nine-seater plane to go to the west coast of [omitted] to visit nursing homes. I manage nursing homes all over [omitted] and I've worked for profit, I've works for nonprofit, in multiple schools, but all of that experience affects, how I, my specialization in voice. So now, I am very particular about voice is all I do. And if you want, I no longer do the strokes, and now Parkinson's, yes, and Traumatic brain injuries, but I've done all that, I've done, I've done modified barium swallowed studies. I spent a lot of time in education on swallowing, but now I'm just voice, so is that answering your question?

Smith: Yes, yes, thank you.

Med Subject 2: I think it's important to be well rounded.

Smith: Okay, yes.

Med Subject 2: But then specialize in where your passion is.

Smith: Okay. Yeah, yeah. And you bringing up schools and nursing homes, because I talked to a variety of different people who serve different age groups, one of my questions relating to these interpersonal interactions: what is the role, if any, of the age of the voice user with whom you're working?

Med Subject 2: Okay, the age range I am working with are 18 and sometimes younger. I mean the youngest voice patient I've had was five. But generally, I run 18 to 80.

Smith: Okay yeah, so like you said, all adults.

Med Subject 2: I do work with children if they have a vocal cord dysfunction disorder, which is a breathing disorder, and I do work with children.

Smith: Okay, so is there anything you could put into words about how, if, relating to children is different than relating to adults in your practice?

Med Subject 2: Well, after 11 years in the schools I decided that, after working with very challenging difficult children for 11 years, that I would move onto adults. And I just found out that they are very challenging difficult adults, they just wear bigger shoes. So, but again, you learn from all of them. And, you know, customer service is what it's all about. I've had some really cranky adults to work with, but if I just listen, sometimes they calm down, and then they can become your best patient. They needed somebody to beat on, they needed a punching bag and here I am, and then the next time you see them they're just as sweet as pie.

Smith: That's funny, but yeah, yeah, thanks for talking through that. And then another question that popped up based on interviews, is there a difference between how you interact with the voice users you see long term versus voice users you might see once or twice or over a short amount of time?

Med Subject 2: Well voice, and it was just on my SIG 3, again through ASHA, which is the voice disorders upper airway disorders that I read every day, for some reason with voice, and this has been studied before, people will come once and never show up again or they don't show up at all. So, my philosophy is I have to get in as much as I can that first visit, that's why my first visit run 2-2 ½ hours and nobody else does that, but if I don't give the patient as much as I can or as many tools as I can, I have to assume I may never see that patient again. And they may come back long-term, I may be seeing them for a very long time, but I don't know that when I meet them. So, every patient is treated the same, because in my head, I feel that I have to do my best for that patient, assuming I'll never see them again. And I may end up seeing them 40 times.

Smith: Great, thanks! And this, it wasn't written down anywhere, some, how does that affect, how does your schedule affect your day-to-day focus? I'll just give an example, some of my voice, singing teacher, voice teachers said that, like, seeing voice students

back-to-back can be very draining and they don't have time to, like, process and think. So, when you're doing these long sessions, how does that affect your practice? Does that make sense?

Med Subject 2: Okay, right, well, if you, that's the joy, there's pros and cons to having a private practice. If you're in it to make money, well, because if you work for nonprofit or profit, whether it's a nursing home, oh I also spent 8 ½ years in home care, nonprofit, profit situation, productivity is a word you hear every day. and the PTs for example, they're seeing 12-15 patients a day for half an hour, and I'm going excuse me. So, I fought that bumpy road for years. But no one that I'm aware of does two hour evals and every visit's an hour. And the nice thing is, I have an interactive calendar with [omitted], who schedules my eval's, I schedule all of the follow up visit, so she can see what I'm doing, I can do see what she's doing. So, the nice thing is that I have total control over, well not total, because if the doctor says ASAP, so I have largely have control over my schedule like I never have before, but it is draining on me to do like 4 2-hour evals in a day. So, I've told [omitted], my voice can't handle that and she used to schedule, bless her heart, patients and evals over lunch so I would be talking nonstop, for 4-6 hours without a break. And so, we I got all that worked out so did that answer your ?

Smith: Yeah.

Med Subject 2: So, now I have control, but if you work for for-profit, nonprofit, productivity, and you're right it can be very frustrating.

Smith: Okay, yeah, yeah. That reminded me of another question. I don't know where that was.

Med Subject 2: So, what I used to tell my boss is, when I heard that productivity word, was I am all about outcomes, and if I can't get outcomes, I'm not a good therapist. I have to have time. I have to actually work with that patient to get outcomes. Can't do it in half an hour, especially if I only see them once. So, we had that conversation multiple times. So, I'm very, very outcome driven I don't look at the clock that'll get you in trouble in just about any productivity driven job.

Smith: Thanks, that helps a lot. That answers, kind of, my question on that. So, when i first came in, you were talking about your singing experiences, you taking voice lessons, you performing, and I was wondering what is the role, if any, of multidisciplinary training in educating voice experts. So, for example, how much should teachers of singing understand voice medicine or, like, practices of people such as yourself, or how much should the medical/therapy side understand music and singing? Do you have any opinions on that?

Med Subject 2: Well, I'm blessed in that I work with two laryngologists, as you know, [omitted] and [omitted] who are musicians and he's [omitted] and she's [omitted], and I've heard them both perform, so. But I have worked with patients of ENTs who are not performers, who are not singers. But as you develop a relationship, you end up with all of

their singers because you have that back-and-forth. So, the other wonderful things about the ENTs I work with, I have their cell phone numbers, I can text them, they call me back, I mean they're incredible to work with. I don't think that answered your question, run that by me again.

Smith: another way I could phrase it...

Med Subject 2: Oh, like CCM. Commercial Contemporary Music, and you mentioned this earlier, now to be a successful performer, you have to be able to perform in more than one genre. Which is what they really stressed at Shenandoah University. And so, the first night there, the instructors entertained us. So, Matt Edwards two of the instructors sang with him, they sang this beautiful operatic aria, three of the instructors and Matt was one of them. Well, after they finished, he got out his guitar and started singing hard rock. So, they showed us how they have to, and Marci is a riot in musical theater, when she performed. So, it's important, again, to be not only well-rounded as a voice therapist, but well-rounded as a singing teacher and Shenandoah University was for singers, performing singers, I was a speech path, Marci and Wendy are speech paths, but they were 120 performing singers, singers of teaching from Ireland and all over the world, so I was definitely a minority. And Marci and Wendy, they get up and teach from a speech path perspective in voice. So yes, there's a lot of interaction. And I think it's important, and I also think it's important that I don't step on a singing teacher's toes and vice versa. Nothing irritates me more than when I look up vocal coaches on the Internet and the vocal coach says, well number one you don't even know if they can sing. I look into their backgrounds, and there's one out there and making a ton of money, a ton of money, and her background is well I started singing when I was eight and I went to New York when I was 18. Okay, fine. That vocal, I see vocal coaches advertise and talk about, "Oh yesm I work with singers who have nodules and lesions and hoarseness, I can fix you." And that is unethical. Now, there, if you have a singer who has lesions and you're ready to pass them back to their singing teacher, because their singing teacher sent them to an ENT, which is ethical, that's how it works, the ENT laryngologist sends them to a speech path who specializes in voice, then you send them back to the singing teacher, and then the communication starts. And then the singing teacher will ask me, "What can they do? What can't they do? What range? Do they need to sing at half voice?" So, then the collaboration starts. But to say, to advertise, oh yeah I work with injured voices, I can fix you.

Smith: Yeah, thanks for explaining that in your own words.

Med Subject 2: I have a real problem with vocal coaches on the internet.

Smith: Yeah, it's dangerous.

Med Subject 2: Oh, they caused injury. I worked with an opera singer who ended up having to have surgery and his surgeon was in [omitted], my alma mater, [omitted] and his physician he contacted [omitted] and he said do you have a speech path? I have this opera singer who has to have surgery. He called me and interviewed me to see if I, in his

mind, if I was appropriate to work with his post-surgical patient. Actually I saw him pre, I do pre-and post-surgical teaching. He's one I ended up seeing 40 times. And he apparently liked my approach to pre-and post-surgical teaching and what I would do, and pretty much, I can. I also ask him the question, what is your protocol? Because I work with, you know, well 10, my first six months in private practice, I had 10 physicians refer to me. And I said I will follow your protocol. What is your surgical protocol? And so, the doctor needs to know that I support them, versus what some other doctor, their protocol. The other nice thing about working with multiple physicians is you can share with patients nuggets from other physicians and so everyone benefits. There's not just one way, so it's really nice having, building relationships with the physician and then you can share their protocols with patients when appropriate.

Smith: Great, yeah, thanks. That was such a thorough answer.

Med Subject 2: Sorry.

Smith: No, cause a lot of, don't be sorry at all, a lot of the feedback that I've gotten is wanting more of that collaboration, but not knowing how to do it well. And I think you just explained how we can do that better and respect the fields and not do the stepping on each other's toes, like you said.

Med Subject 2: Right, the other thing, I can tell you one thing doctors don't like, because they tell me, well I'd rather use you because so-and-so calls me all the time and says doctor, what do you want me to do with your patient? That does not go over well. They have to know that you know what you're talking about, but on the other hand, and be independent as a voice therapist, but on the other hand, they know that you will do it their way.

Smith: Okay, yeah, that makes sense. Great. So, we briefly talked about this last time we talked, but I was wondering, what is the role, if any, of the familial or personal background of the voice user with whom you're working? Like what they bring in as their unique selves? And then also, if there's any role of the voice user's disposition? So, you had mentioned, like, seeing a lot of people who are high achievers or perfectionists. I know that's kind of a broad question, how does the individual that you're working with influence how you approach them/

Med Subject 2: Well, it's always a challenge when you have that type a, high achiever, who is very hard on themselves. All they can focus on is what's wrong with their voice. So, you turn that around and say, "What's right with your voice? do you hear that clearer quality? Do you hear that better pitch (in their speaking voice)? And do you see you have to tune into the baby steps?" And if they are not tuning in because all they can do, and every time they shake their head, I go, "No, you're not allowed to shake your head if there something you don't like. No, you're not allowed to judge." And that's one thing that my singing teacher really helped me with. When I was singing in ranges my voice had no business being in and my voice would crack and crack and crack, and she'd say. "I don't care, I don't care, I don't care, sing it again." My voice would crack, she'd go, "I

don't care if your voice cracks." Well, I care but it's. And now, I can sing that range and my voice doesn't crack. And there are some energizer bunny's that are their own worst enemies when it comes to their voice, and for them, "I've been this way all my life," and you just go "Oh hell, I will share with you what I know." And, but I ask them every time, "Were you able to do this? Were you able to take a voice nap, ever?" And sometimes that personality is so strong, you just share everything, you build that bond, you support them if they make a baby step that they haven't seen, you have to know, you have to find in that person's voice what they're doing right, because all they can do is judge what's wrong. So if that helps. But so, personality is huge. And not only that, but in voice there's a lot of psych.

Smith: Could you expand on that a little more?

Med Subject 2: A lot of psych patients. There was a time when all of my patients were psych patients. Well there is a functional, it's called functional voice disorder, so there's no physical reason for the voice that they have. Sometimes, when it's psych, and you never judge as a speech path, you never judge, but it can be to get attention. It can be because they're hurting so badly. It's because, it could be because they don't want to go back to work. It could be because they want disability. There is a lot of psych and so. But I have a minor in psych and, again, you look for the positive and you don't judge. But there, you deal with psych. And a functional disorder is a person whose voice is high and squeaky and squeezing, and they can't even get a word out. If it's functional, that means there's nothing physically wrong and their muscles, their vocal folds have learned a new normal and you can never blame them, but you have to get them out of, you have to, and one of the techniques is re-positioning the larynx so they can get rid of that tension. But they don't realize that they're doing it to themselves, and you don't tell him that. You just work to get the voice but some, I can remember [omitted] at [omitted] saying to me, "[omitted], you can't help everybody." Because we had voice team meetings every month, and we went over caseload and the other ENTs at [omitted] and I beat myself up if I can't get outcomes. That's my personality disorder, talk about psych. And he'd just say, "You can't help everybody." And that's why, which is a sign of a really good physician if [omitted], is stamped he'll have [omitted] take a look at the patient. And what he told me was they never read each other's evals because they don't want to be influenced by what the other doctor saw. And [omitted] do the same thing. And ENTs will refer to a laryngologist when they are stumped and go, "Well, I don't know what to do with this voice problem, can you take a look at them?" So there's nothing wrong with saying, "I'm beating my head against a brick wall" and bringing in that multidisciplinary team. And I do, part of voice is recommending counseling, that's part of the picture with the psych.

Smith: Okay, yeah, yeah, thanks. So, I just had a couple more questions. What is the role if any of gender in your field? I had a few participants express, I guess this was more on like the teachers of singing side, that certain students would be given to male teachers, just some, like, interesting interactions. And then I was also wondering if you had any comment on why speech-language pathology is so female-dominated? Do you have any insights on that?

Med Subject 2: Well, okay. That's a can of worms that you just opened up. Yes, speech path is a female profession, PT is a male profession. PT gets paid more than speech path. The very first therapy, 1920, University of Iowa, that's where his speech path was born, so speech path has been around longer than PT and OT, and we're the lowest paid. We're a female profession, like I said this is a can of worms. And the PTs, I mean they took the bull by the horns and they are taught in school, you do not except a job anything less than this. And not only that, but they controlled how many people were able to get into PT school, so there was always a shortage and then the salary goes up and then the bonus goes up, the hiring bonus, so they got that figured out real fast. And but now there's almost as many women in physical therapy as there are men. And you will notice that in my own association, the American Speech Language and Hearing Association, there are a lot of men at the top, but there are also a lot of women at the top. It's possible that if you're a male speech path, you will go into management faster than someone who isn't male, like I said it's a can of worms. I don't have, you know, any, I've never been in this profession for the money, which is probably not real smart, but if I were in it for the money, I would that would bother me probably more. Does that make sense?

Smith: Yes, yes. And for you, in your day-to-day practice, this is also a loaded question, does gender play into your interactions with your voice users.

Med Subject 2: Well, I also work with transgenders, so I would hope they would treat everyone the same, because I obviously work with men and women. With some voice disorders, you will see more female patients than male patients, but every voice disorder can involve both. So, I would hope that, and you could ask my patients, that I treat everyone the same. I don't care if you're pink, purple, or orange. I don't care if you're male or female or transgender, hopefully you get the same thing from me. And that's another thing that's interesting about voice, there's a lot of insurance companies like the one I just got is Edna, Edna doesn't pay for voice and now deductibles are so high, and that's another reason why voice patients don't come back. And the way physicians see it is they're just so happy they don't have cancer, and they say, "You need to see speech path," but they are so happy they don't have cancer. That's another reason why they don't show up or come once or. And so insurance is a huge issue in voice and getting people to return. United Health Care's another one that's terrible with voice.

Smith: Yeah, yeah, that's what I have through the university.

Med Subject 2: But now there's so many different policies, but it depends on the policy you have so it might be okay, your United healthcare.

Smith: Right, yeah. Okay, thanks, thanks for answering that, I know that was an interesting question.

Med Subject 2: So, the other thing the doctors don't know, oh and Medicaid patients, being in private practice, and as you know, I contract with [omitted] to do my billing and my taxes, not my forte, they get a third of what I make. And Medicaid patients, you get

next to nothing, but I still see them for two hours and one-hour visits as often as they need. The other thing I do is I do follow up. If a patient doesn't show up, I call them, and I tell them, "I just want to make sure, we had an appointment today at 1 o'clock I just wanted to make sure that you're okay, and would you like to reschedule?" if they don't answer the phone, call my cell, so I follow up.

Smith: Yeah, thanks. I think that was the main, those were all the questions I had based on our last conversation. Is there anything else?

Med Subject 2: Well, one thing I didn't finish, and I apologize for the long answers, on bonding through Zoom is I have a very extensive telehealth handout, and what I do when I screen-share is I pull up the handout on whatever it is we're working on. Because I plan every session, I plan every eval, I read the doctors, and that's the nice thing about being a medical speech path, I look at their medication, and I do a lot of medication teaching. I look for reflux, and chronic cough, and I will ask them how do they sleep at night: left side, right side, tummy, back, you know, it's very holistic. Voice is not just here, it's head to toe and that's one nice thing about having the doctor's, about having the medical history, the meds, so how, at every session I mark what handouts and what topics that I need to send that patient. I don't do it during the session because I haven't figured out how to do that. after the session I go through every patient I saw that day and I email them their handouts and what we worked on. And then I always put something in the email to help that bonding with like, "Great session today," and "I hope next week is better at work," "I know you're trying, keep up the good work." So, I always, so that increases the bonding. And so it consumes a lot of my time, but I am outcome driven, darn it.

Smith: And so it's more, like, clerical work sometimes, too? The writing, the paperwork, emails.

Med Subject 2: And doctors dictate. Just when I got dictation down really well at [omitted], they took it away from us. The doctors were still dictating, but it was taken away from us. And we had to and so life is interesting. But you learn what to do, you learn what not to do. There's patients I still kick myself about and it happened five years ago and I'm still kicking myself, but you learn, that's how you learn. You learn what to do, you learn what not to do, and then you learned that you need to learn more. You will never know everything you need to know to help people.

Smith: Yeah, yeah, back to what you said about emails, do your voice users ever email you during the week with questions?

Med Subject 2: Mmhmm.

Smith: Okay.

Med Subject2: On Christmas day, I get texts from my patients. They text me, they call me, they email me, and I answer every one of them because that's my job.

Smith: Yeah, yeah, that's amazing.

Med Subject 2: And I call them, if they don't show up. I call them to make sure they're okay, that also helps with the bonding: "she cares."

Smith: Great, thank you so much! Yeah, is there anything else that came to mind or anything else you'd like me to know about your practice?

Med Subject 2: Well, if you think of anything, if you email me or call me...

Smith: I know you'll answer.

[omitted conversation about names and locations]

Med Subject 2: So, one good thing, and I kind of wish other physicians would do this in one area, is one of the physicians who is patients I see, if the person snores at night and wakes up with a dry mouth, because I also ask them that, you know, because we hydration is huge and if you're snoring all night and your mouth is open, you're drying out your voice all night long. I don't care if you drink 96 ounces of water during the day it's just, at night, it all goes down the drain. So, if the person snores, one of the physicians will order a sleep study and I wish, and then if they're put on CPAP, that's hydrated air instead of dry air. And then, of course, one of them wants a, even though there's 44% humidity in this room, that's why I ended up buying a new furnace and a whole house humidifier, I also have the one room humidifier in my bedroom at night and I am not an open mouth breather, I do not wake up with dry mouth, but if there's not enough humidity, I'm dry and crunchy where I don't want to be dry and crunchy. So, that's something, some of the patients I see of other physicians who are drying out their mouth all night long, I kind of wish in their protocol they would think about is a sleep study appropriate, but one of them does and I love it.

Smith: Yeah, do you ever feel like you want more open lines of communication, or do you think there's pretty good communication in your field between you and the doctors?

Med Subject 2: Well, I spent 10 years building relationships and basically, what's key is, and maybe that's why I, you know, I'm so outcome driven, if that patient goes back to the doctor and says, "You know, I think I'm doing better," well, that patient satisfaction is reflected on the doctor. So, if the patient goes back and goes, "No, she's terrible, she's mean, crabby, and didn't help me at all, and I'm worse," that patient isn't going to say they're happy with the doctor, because you sent me to that person. So, the doctor's patient satisfaction goes down. So, another one that drives me is I want that patient on their follow up visit to say, "I'm doing a little better," and then the doctor satisfaction. So, that's part of also what drives me as far as being outcome driven and if they go to the doctor and say, "She's terrible," doctors are forgiving their human and they know we're human, and if you have built that relationship and some other patients are getting better

that when you have one that complains or says they're not better, they are understanding. Does that make sense?

Smith: Yeah.

Med Subject 2: Because you've built that relationship. So, the physicians I mean, if I text them, and because of HIPAA, I have to say, "If you have time, I have a question about your patient, could you call me?" I mean they're on the phone, they call back. They don't, and so again, that takes time. So, if it was my first year as a voice therapist, I would not have those relationships built. So, one doctor, a pulmonologist that I worked with and he is very good about sending me breathing disorders vocal cord dysfunction, after his first patient went back to him and said, "I think he's breathing better," he said his nurse down, he was down the hall and I was with a patient, she waited until I was finished and I thought, "Oh my gosh, I am in trouble," since this pulmonologist sent this nurse down to see me and she's waiting until I am. So, I said, "How can I help you?" And she said, "Doctor wants to know what you do with his patients, because his patients are breathing better, and he would love to know what you're doing." So, what I did was prepare everything for him in a folder and all of the materials that I use for his patients for vocal cord dysfunction. And he writes on his orders, "No one but [omitted] is to see my patients." And I thought I was dead in the water. Not all doctors say that, once in a while you get lucky. And if I don't do a good job, then because you've built that relationship, then they say, "You can't help everyone." And you still beat yourself up.

Smith: Yeah, yeah great, well anything else.

Med Subject 2: Oh, so the things that the laryngologists [omitted], they will order physical therapy, one of them orders sleep studies. They'll have myofascial release, which I have been trained in, but I don't use it every day, I'd much rather they see someone who uses myofascial release every day. And yes, I work with muscle tension dysphonia, and yes, I do laryngeal massage, and if the patient is with me, laryngeal manipulation, but I don't do myofascial release on a regular basis. So, they'll refer that patient out, they'll refer them out for swallowing. And they know my strengths, they know what I do, and what I don't do, and they're very good about seeing that there's total care for that patient. That's not here, it's here, head to toe. So when they interviewed me, they actually took me, [omitted] and [omitted] actually took me out for a steak dinner and I can remember [omitted] saying to me, "All right, tell me about your continuing education. What voice conferences have you gone to? Which ones do you like best?" And I said, "Sin City Laryngology in Las Vegas was number one." And it's one of the best conferences I've ever been to. So, then we compared conferences, so I was glad that I spent those years traveling and obviously now I can't. So, I spend my money on musical theater, which I do anyhow.

Smith: Anything specific in musical theater?

Med Subject 2: I am a season ticket holder at [omitted], at [omitted] for Broadway, I'm a season ticket holder at [omitted] and [omitted], but I also go to [omitted]. And I may have

told you that two jobs is an enough with voice and accent reduction, I am also an audio describer for the blind in musical theater. And I just started, another goal of mine, why I do this to myself, I don't know, but I've offered to audio described at church, volunteered to do that, because you know they don't know how beautiful this church is, they don't know, all they can do is hear. So, my goal is to start that at Easter.

Smith: Oh, that's amazing, you're amazing!

Med Subject 2: I have absolutely nothing to offer this world, I don't cook, I don't clean, I have no skills all I can do is work and then all I do is complain because all I do is work.

Smith: No, no that's so cool though. And what a good way to give back to your church. Thank you.

Med Subject 3, Interview 1 Transcript

Smith: This is Brianna Smith on February 27th 2020 at 1:32 PM, could you verbally confirm that I have your permission to record this conversation?

Med Subject 3: Okay, this is [omitted] and you do have my permission to record this conversation.

Smith: Thank you. So, thanks for meeting with me today. This interview is part of a pilot study to better identify interpersonal practices by teachers of singers and speech pathologists and other voice experts. I'm hoping to compare and contrast these practices to make recommendations for the fields, but also to see if there's any way for, like, greater cooperation between them and that sort of thing. So, you have the questions in front of you, but we don't have to strictly stick to these questions and the conversation can go wherever it leads.

Med Subject 3: Okay.

Smith: But to begin, since I'm looking at interpersonal practices, how would you define interpersonal?

Med Subject 3: I would define interpersonal very, very broadly, it's just between individuals, between people.

Smith: And do you mind if I take notes as well?

Med Subject 3: I don't mind at all.

Smith: I'm just going to jot some things down. Is there any necessary interpersonal skills in your line of work that you could point to?

Med Subject 3: Well, I think a lot of interpersonal skills are required in this profession, primarily between the physician, since I'm a physician, as well as with the physician and the patient. It starts there. But because we don't take care of people in isolation and in a vacuum, we need whole groups of other experts to assist us with that. We also need to be able to have good interpersonal skills with other physicians, other healthcare professionals, be it nursing staff care techs, you name it, and even down to the people who are getting the ORs ready, people down in environmental, so those skills are absolutely essential.

Smith: That kind of answers number 3 a little bit, about how you incorporate interpersonal skills. Could you maybe give an example more geared towards that patient interaction that you mentioned?

Med Subject 3: Okay, well quite frequently, patients are coming to me as a tertiary referral, meaning that they've first, they have a problem that they perceive, they will

typically go to their primary care doctor, or perhaps if it's something that's more urgent go to an emergency facility, whether it's an emergency department or urgent care, get initial treatment, and usually when it fails they get referred on to, usually a general otolaryngologist or ENT, who have basic training. The patients that end up coming and being selected to be referred to me are patients that either the diagnosis eludes the otolaryngologist, or they aren't responding to the treatment, or there are certain resources, whether it's surgical skills or access to other allied health professionals, specifically speech language pathologist to help the patient, improve the patient. So, patients who have been navigating this are very frustrated. They were hoping from the very beginning they could have had a solution. Even if they've been, by the time they've come to see me, almost all of them have had cancer or some very serious condition ruled out. Yet they have a bothersome enough condition that they take a lot of time out of their schedule money effort to come and see me. And sometimes they have to wait a while to see me since there's such a scarcity of laryngologists in our state. Because they're frustrated and because, well, typically pretty smart doctors, PAs, or nurses have already seen them, they're starting to lose a little faith in the healthcare system and they need answers, they require answers. So, interpersonal skills are absolutely required to first understand their problem. I have to go beyond that, I have to understand also, well, what is it about their problem that's actually affecting them. The patient that is coming to see me versus a patient who said, "It's not a big deal, my doctor told me there's, my ENT told me this is not cancer, I'm just tired of seeing doctors and having doctors' appointments, so I'll just stop seeing them." So, that demands respect for their time. You can only respect that through interpersonal skills, understanding the burden of the disease, and then, of course, transmitting to them what you think is going on. And sometimes even telling them that you don't know right away, how will that be accepted by such a patient that's already frustrated by their experience and that happens more than I wish happened.

Smith: Yeah, thanks for describing that, that wasn't something I'd ever really thought about.

Med Subject 3: Does that answer the question about your example?

Smith: Yeah, that was a great example.

Med Subject 3: Yeah, those are my typical patients who come to see me.

Smith: Okay, so then this kind of relates to them, and it may or may not, you may or may not have an example, but do you teach or encourage interpersonal skills from them in any way?

Med Subject 3: Can you ask that question again? And them being the patient?

Smith: The patient. So, do you expect any interpersonal skills from their, from how they relate to you?

Med Subject 3: Let me, let me formulate my answer to that. Yes, I expect that, but the majority of times it's already given. They have been informed, usually by the referring doctors, that this is the person that's going to solve your problem, or something to that effect. It's high expectations, so there's already a, still despite their frustration about their problem they're dealing with, they are still willing to express what's going on and usually if, as long as I am very respectful to the communication, they're going to be also similarly so. I'm also really hard pressed to think of a situation where they are not that way to me. Even patients when they're upset. So, I tend to think that they're already giving it to you. that kind of respect and you have to lead the way by doing the same thing to them, and naturally it just it follows. So, I don't explicitly instructed or counsel them on interpersonal skills, they're already motivated, they're dealing with a terrible problem, again, it might not be life threatening, but it's affecting their life quite a bit, so they're already pretty primed to elaborate on their problem.

Smith: Great, thanks. So, then for number 5 in front of you, there are a couple of suggestions for approaches to individualized instruction that we definitely see in education, and I guess from my field these are prevalent. I'm wondering if any of these are prevalent in your work or if you use any of these or if they're familiar to you at all?

Med Subject 3: So then, is the question, am I familiar with any of these specific concepts and testing modalities as a way of instructing physicians that, my trainees, or are you talking about patients?

Smith: Patients, like how you interact, or tailoring needs to your clients?

Med Subject Are those like premu said they were like interview technique classes so was there like a set program or curriculum 3: I've never done any of these. The Gardener's Intelligence, I've heard of that. Modes, I am unfamiliar with. Personality types, I've taken for myself and my sense of that is more holistic, rather than having them take tests, I tend to read in a much more informal way: what kind of person do I have in front of me? Do I have someone who is more extroverted, more introverted? And I don't know if that answers the...

Smith: No, it does.

Med Subject 3: And then Gallup Strengths Finders, I've taken that myself. I honestly do not use those, even for myself to, I'm not actively thinking about my own strengths or my own personality types when dealing with patients. It's more of a holistic thing. And I tend to come off as an extrovert, when in reality I am an introvert, and it surprises a lot of people when I tell them I am introverted really.

Smith: Right, is that just part of expectations for your job, like you feel like you need to be more extroverted? Or it just comes out?

Med Subject 3: It's not a conscious thing, it comes out naturally, I think. It comes out, again, from more of the strong desire to make a difference for them, and I think you can't

help it but put yourself out there. And what motivates me very personally, and it's in the word interpersonal, is that humanistic drive to make a difference for them. You can't help but put yourself in their position to understand where they're coming from and it's a vulnerable place, at least from a physician, to be because traditionally, you're supposed to be more of an objective, maintain objectivity, so that you can make more objective decisions, is a traditional way that we're taught which I have, I mostly disagree with.

Smith: Okay, yeah. So, going back to something you said about reading them in a more informal way, does that just come from experience and you kind of get used to the signals people are giving you, or? Could you talk about that a little bit more?

Med Subject 3: I think I've had a knack for, for being able to interact with people in a one-on-one setting. And I found that early in my training, I seem to get more kudos by my instructors, even during the first year and second year of medical school, where we had formal interviewing techniques classes. And probably the most meaningful experience that I had that affirmed that was when I took a standardized patient, and he played the role of an angry person. Well, he's just a standardized patient, he's not really angry, but in playing roles, sometimes actors will tell you that they get caught up in their roles and they actually truly feel the emotion that they're trying to portray. And I could see that in this one standardized patient, as he was just talking with one of my friends and it kept on escalating, and it was really hard to put the brakes on that. He was visibly, the standardized patient, was visibly getting more upset. Whereas for when I had an interview with him, it seemed like, he said, "You know, I couldn't continue to be angry the way you were, you know, communicating with me," and so disarming is the word I would probably use. I wasn't, I was given cues by my instructor to use these, but it went somehow beyond just a canned response. So, I concluded that I had a knack for it beyond, but I also had reinforcement from these techniques. These techniques really do help, and I still continue to teach these formally to my residents to my students. I think they're very important, very valuable and even if you don't have a knack, even if you have those, it can help put things in your favor, for bridging gaps between the patient and you, the health care professional. I don't know if that answers your question.

Smith: Yeah, no, it does, that's wonderful. Thank you, and those are, I think those sound really amazing. Are those like pre, you said they were, like, interview technique classes so was there, like, a set program or curriculum?

Med subject 3: Oh yes, they are, they include them in all modern medical, they're required by the I think it's the LCME, which is for medical students, versus the ACME, which is for residents, and even resident education, now, it's part of the curriculum. There's a certain core curriculum that is set out. How schools choose to do it, well, is up to them, but they have to fulfill that. So, they will have, medical students will have classes, and just doing a history and a physical many times, just separate doing the history and the physical and then sometimes doing both together. That is the most important tool that we have in our disposal, it's more important, in my opinion, now we'll get into my opinion, then, and I am a surgeon and I love to operate, but it's even more important than that, operating and knowing what tests to order. Because if you don't actually bridge the gap, that's the term I would use, then it doesn't matter how correct the

pathway you want to lead the patient through, they're going to have a hard time going through that, because they feel like you don't have their best interest in mind. And I think that distrust of physicians is rampant and sometimes I think it's getting better and sometimes I don't think it's getting better.

Smith: Yeah. Could we kind of shift gears a little bit and I was looking at number seven. How do you measure success? That's kind of a broad question.

Med Subject 3: Wow.

Smith: In yourself, or in your clients or patients.

Med Subject 3: Well, there's a lot of questions there and somethings that, wow. Me, how do I measure success for myself? So, there's how I measure success for me, how I feel as what I do, and then there is how I know that collectively people are supposed to measure success, which I tend to, how do I put this since I'm being recorded, eschew and think that, well, that's just not so important. So, I'm a little bit individualistic when it comes to that. So, I can tell you how traditionally we measure success and I'll tell you how I measure my own personal success, and then I'll talk about students and clients, and what I think about the word client, because I have a little bit of a soapbox even about the word client over the word patient. I don't know if that's part of this interview, but it's one of the things that I also feel passionately about. How do I measure success? This is very holistic, it's do I feel like I've really helped each individual patient that's come in to my door, and whether that's with surgery or not, and whether it's I've given them a positive: "Okay, here's what's going on," or whether the win is they have a better understanding, they leave here with a better understanding, they leave feeling like for the first time they've been listened to that success. And it's really difficult to put point system, which modern day assessment tools have been so, you know, put this on a scale of 1 to 10. We even get Gallup scores, what's that other score in the system, and you can almost rank all your doctors and other healthcare professionals and even SLPs, well how good was this clinician. I find that, I find myself going away from that. It's too complex. It's how can I get another point, how can I get another 10th of a star, what are little things, and there's advice that's given: here's how you can get extra points, so that you're doing, and I feel like, so I can do this, and that's great, and you know some people work that way. I find that returning to the most simple thing, which is the person in front of me, is the most motivating thing. I'm sorry that's so informal.

Smith: No, no, that's wonderful.

Med Subject 3: And not formalized, that's very different from how we're supposed to do things and how we're supposed to teach medical students these days, unfortunately. So, that's how I measure success in myself. How does one measure success in the current institution of academia, academic medicine? Well RVUs, that's relative value units, that means are you being very productive? are you getting high Gallup scores? Or again, I forget what the scoring system is. which I do get very good ones, but it's really hard for me to hang my hat on that, and say, wow I'm great. How many papers I put out, you

know those kinds of things, they're good, but I find myself not wanting to chase that. So, I don't know how much of an academic that makes me, if I tend to find that it just doesn't make me happy, it doesn't. It's nice, but I put more stock in how the patient feels about the interaction, so that's how I measure success. It's patient-physician. Students, how do I measure success? My bias is to put my values on how they, if they don't get into ENT, and getting into ENT is very competitive, it's not the end of the world. And I always try to mentor students in to try hard for it, put your all into it, this is a dream, but when one opportunity closes, another one will open. You may find even if you can't do ENT that you are a great fit for you might be another specialty. Most people are like that. There are very, very few outliers, I would estimate the 2nd-3rd standard deviation people really know what they want to do and are able to stick with it from premed onward. Life changes, so I don't like to think of success only in isolation of how we do it professionally, and I think that's how I keep well-balanced. Clients, I've never liked the word client for patients, in fact I hate the term, and I know that there's a lot of push to treat patients like clients and I think the well-meaning aspect of that is that patients have, in the more traditional sense, feel very degraded, feel very dehumanized by the medical process, dismissed even, a lot of negative things. And client, the term client holds much more importance, kind of like an attorney and the client, like, okay, this is a this is someone who's important, who is paying my bills. Or say a masseuse with their massage client. But I find that patients, if we really returned to that my overall feeling is that patients are even more important than clients and they should be paid even more dignity and given more time. I find that clients while the difference is that for things that I think about clients, yeah, maybe I am unhappy with an outcome and I need to seek legal action, but I don't have to well something as intrinsic as my health suffer for not having that legal opportunity or financial opportunity? Or the massage, some people might argue it's important to have, well no. I think that patients are, because of that vulnerability, there is an extra vulnerability that makes the patient different than a client. And one should be even more respectful and give the patient more dignity not less, so that's how I use the term. And so, plus, health is so intrinsic to how beyond just financial, that's important, it is, but still. Health is even, you can't just win the lottery and have your serious medical condition all of a sudden change like that. It doesn't work that way so that's my soapbox about patients versus clients. I know you didn't ask me about that.

Smith: No, that's really helpful, and you will see client written here, but...

Med Subject 3: And I know, but I think it is directly related to interpersonal practices because this is, how I see the term patients is again the center and the motivating aspect, you know that relationship, beyond clients. I almost think like here's a time I spent, stamp that, well I can only spend one hour. Well, sometimes maybe I have to spend an hour and a half and other people, I'm going to have to make a tough decision for the other people, who are also important they have to wait for me. That's a hard decision to make. You shouldn't do that to clients. You should consider doing that for patients.

Smith: Yeah, that makes sense, that differentiation changes your viewpoint, your actions. Yeah, that was great, thanks! Okay, so it is almost two o'clock, I didn't know...

Med Subject 3: We can spend a little more time.

Smith: Okay, so, I had so questions about goals setting, like do you set goals with your patients and number 8 there's a couple of: none, long-term, short-term, personal, professional goals. Or is it more like a treatment plan versus a goal?

Med Subject 3: I think they are almost one in the same. Treatment plan is a bit of, I guess the way I visualize it, is an overall construct in general direction that we want to head in. And goals may be more of ways that we used to get there. For instance, if I have a patient who has smokers' polyps and the patient continues to smoke, well one of our goals is to be a non-smoker, realistically [snap] okay, you need to be a non-smoker by the time you come in to see me. Is that realistic for the addiction of smoking? No, so you actually have to have specific goals well, and the only way you can actually examine that, you're going through a lot of, is individualizing care. Someone may be having a sick parent, now is really not the time to be focusing really on smoking cessation, although that's really important. So, goals have to have the filter of what is realistically possible in the amount of time we have and with the circumstances surrounding the patient. It's not a one-size-fits-all plan. I visualize it, this is it's more of this is what we do typically for patients with smokers' polyps, to use that example. As far as students, i individualized that as well students have so many different strengths and weaknesses and sometimes, they are, if their goal is to become an ear nose throat doctor, they may not have the academic qualifications or the research background to actually get in and then I have to reset what their goals are.

Smith: Right, yeah. So, I kind of want to skip ahead and talk about feedback. On the other side of that page, question 12, there's some different modes of feedback that you might provide in a session with a student or a patient, and if you could, yeah, provide a notch somewhere along that continuum, if you give any of these types?

Med Subject 3: Student or client?

Smith: Yeah, so sorry, that's not easy to, cause there's only one line.

Med Subject 3: And X or a V?

Smith: Yeah, an X would be good.

Med Subject 3: So, I tend to communicate a lot, a lot. So, I tend to not favor negative criticism, although if there's certain expectations that weren't met, there still is, especially for students and residents especially, that they need to know accountability, that's the job we signed up for. In the end you are going to be signing your name on the line for hey, I take responsibility for this patient.

Smith: Due to the large amount of time spent with students, or maybe even patients, I'm not sure, but some see their role as more than just related to the voice, but to the person as

well. So, for number 14, do you see yourself as a life coach or a therapist in ways, or someone who takes interest in emotional and personal concerns?

Med Subject 3: I do, my simple answer is yes. I wouldn't say life therapist but more of a coach. So. I am very blessed to be at this institution where a lot of the attendings do this. they take very, very strong personal interest in seeing residents grow into becoming the physicians that they want to be. And we're all very, very approachable. This is not always the case in medical training and it's just the culture that we've adapted here. I think I fit in well here. This is why I can actually profess out loud, without feeling embarrassed that, when we talked about success, that I can say that without feeling, oh my gosh, I'm not academic. If I were to try that at certain academic institutions, I might as well pack my bags and leave. I shouldn't be part of that. And it's really that experience that I feel like makes me a very good instructor and it makes it more, it makes where patients and students or trainees, although what I'll be teaching them is different, it keeps me very invested in both of them and their own different ways.

Smith: Yeah, so then with that in mind, are there any methods that you use to create rapport or healthy relationships? I've listed some examples, but you don't have to talk about those, there might be other things.

Med Subject 3: Well, one very obvious way is here's my cell number, call it if you need me. Stating multiple times availability, and if they didn't reach out to me saying, "You know, you can feel free to call me." So, it's really that mentality, that please reach out, open door policy here. I've been through what you've been through before. It's hard, it's supposed to be hard, but you don't ever want to feel like you're alone through that difficult process. We, again, the culture here and what I've accepted as being part of here, and which is why I'm staying here is that this is me just as an individual, but I also need to be surrounded by that kind of culture. So, I think the culture is here, well actually, I don't think, I know it is. So, I don't have specific methods, some trainees I click with a little bit better I have more in common with what I'm very careful to not have a favorite favoritism type mentality to one versus the other. I think that's unfair to people who still need your help to make it through this process. So again, I individualize how I do it with each one.

Smith: So, then I did have another set of questions about your training and your beliefs, but I also designed this study that we would have a follow-up interview, so I just want to be respectful of your time. I don't want to keep throwing things at you.

Med Subject 3: Well, I could probably go for another ten minutes, and then I'd probably have to step away.

Smith: Okay. So, kind of flipping ahead if you don't mind. Do you hold any memberships or belong to any associations? Either on that list or extra?

Med Subject 3: I do not, I don't belong to any associations here. But memberships, our main academy, so AAO is the current one that I am a part of, the American Academy of Otolaryngology and Head-Neck surgery. I was with, well it's currently, so...

Smith: Okay, and then could you briefly describe some of your training

Med Subject 3: Well, okay. I like to include even my pre-medical training, what I did before, as part of my training because I think it shapes part of who I am as a physician. So, my actual undergraduate degree is in music, music performance. I actually applied for a master's programs, got excepted to some, but I found that it was too steep really for me to get into debt. And actually, exploring that, and going after it, helps me to understand the mentality and the mindset for performing singers, which are some of my favorite people to treat and to interact with. So, I include that with my training, even as a physician. And then, of course, went through medical school. I was most interested in psychiatry, of all things, I don't know if you can tell by my interview, I am more of a, sometimes it seems like I'm less of a surgeon's mentality than a psychiatrist, but I feel like there's a lot of reading people and communication that's necessary in my sub-specialty. So, that I think has led to me, I think, doing pretty well taking care of people. I did a, went into a residency an ENT in my home program it was a program kind of like [omitted] one that was like you get solid training, not considered necessarily upper echelon for research, where you have immediate access to research, research laboratories basic clinical science but their main mission at [omitted] was to turn out outstanding clinical otolaryngologists that's one of our main goals here too and of course that was modeled to me so I probably tend to also teach as well. And then finally I had one year of fellowship and voice training in [omitted] and then got recruited out here and I've been out here for a little over 6 ½ years now.

Smith: Okay. And is there any training that you wish you had received?

Med Subject 3: Oh boy, really hard to, I don't regret really much in life, I don't. I guess borderline, if I wish I had better training, I wish it was in research, but again I don't have the passion for it. But again, that's the satisfying success academically. I wish I could also have a little bit more success with the research and scholarly activities, so I guess that. But am I still happy with how I have shaped my practice? I think largely I am. I feel like I'm well-adjusted to what I do best and it's only really within the last two to three years that I've felt comfortable in my own skin about that.

Smith: Okay, yeah, so that actually leads me to a question about research-based practicing. So, even if you're not doing the research, does research-based practices influence your teaching? Or are there any current practices with that.

Med Subject 3: I really have no active research going on right now that is, has momentum. I have some ideas and I have some collaborations with some groups, but my primary research interests would be in education, and I haven't been able to really focus on that.

Smith: Right, okay. So, then I mentioned at the beginning, I'm curious how our fields can connect students or patients with teachers of singing or the more medical side if that's needed, so what is, and you've kind of already explained this, the process of patients coming to you? A recommendation, they've probably already seen...

Med Subject 3: Another specialist.

Smith: And is there any process for matching them with you? Or because of how few of you there are in the state of [omitted]...

Med Subject 3: It's more of that there's so few of us. And so that's how they find their way here. So, my practice partner, [omitted], I think we have very similar philosophies of taking care of folks, and we both pay a lot of attention to our patients. And that's probably where, first of all I think it helps us get more accurate diagnoses, and number two, I think it leads to a lot of patient satisfaction. And so, the word goes. We've done very little advertising and so the advertising is more of patient word of mouth back to their referring physicians. Occasionally we'll get self-referred patients who have heard, oh these are the otolaryngologists, these are the voice experts, and we've mentioned our names to people who are in voice heavy professions, be it professional singing or even telemarketing that kind of thing.

Smith: Oh yeah, that's interesting, I hadn't really thought of that. So, then I just have a couple more questions about how you prepare and reflect for, reflect on more your patient interactions. Are there any steps you take to prepare or reflect afterwards?

Med Subject 3: Is there any reflection I have? Well, there's not any formal reflection I have afterwards. Preparation before, I read through as many notes as I can that are pertinent, the referring physicians, but so much of what I get, even if I don't have that available, is really the experience that the patient has had, so that's probably the most important thing. I will mention that because I feel like I put so much of myself into these encounters, they can be emotionally exhausting. So, when it comes to reflection, I don't have a formal way that I reflect upon it, but to acknowledge that yeah, hey I feel really exhausted here. And I guess that's largely good enough. I don't see patients at a very quick pace, so it allows me to deflate. I have enough space to deflate, if that makes sense. If I were going at a very rapid pace, I don't think I'd be happy and that would come out on the patients as well, as well as my staff and I don't want that to happen.

Smith: Do you have time for one more question?

Med Subject 3: Of course.

Smith: So, what was your motivation for entering this line of work? And then it's like a two-part question, what continual motivation do you find?

Med Subject 3: If you mean laryngology and taking care of patients that I take care of, I think it was a really good fit for me with my musical background. As far as the way that

we get patients better, so a lot of the times medical students will get recommended by physicians that you should pick this field this will be a good fit if you like doing this or if you like doing that. For me, I think there was a really good balance of doing surgery, which I love doing, but also intellectually stimulating. Where, okay, you've got to basically a cold case. The doctors have tried to figure out and they can't and then I am able to go in and sometimes, in many cases, break the case open. And help the patient is rewarding. So, I think it's a good balance between those kinds of things. It fulfills my feeling like I want to be the one person, or one of the few, who can figure things out, that I'm specialized, the few the proud. At the same time, I also, it appeals to my need to see the whole person, too. Many of the patients who come to me have life issues going on and usually you can't, even if they need surgery, for instance, okay, well, you know, I've got [omitted] here, currently smoking. It was the behavior and life decisions well before they got them into trouble, so it would be improper for me to treat the patients surgically without actually doing counseling about their environment. Or a patient is a singer, but also works at a bar where there is music that's extremely loud. Well, that person may like that job, but is that really the job, is it appropriate for me to just say, "Then quit," and walk out the door? That feels hollow to me. You have to address, I think, well, that job is important and a lot of times for new musicians, they're not really making all their money in that actual field. So, you really have to look into their entire set of life events that are going on. Well again, to go into the example of someone who has an ailing family member, they're the only person, the other siblings are maybe estranged or don't want to take care of, or help to take care, and those are stressors. This is where my pseudo psychiatry skills come in handy. You can't just say, "Well, just get them help," that rings hollow.

Smith: Right. Great, thank you. Is there anything else you'd like to say or any questions you have for me?

Med Subject 3: No, no immediate questions, thank you very much for doing this, I hope it answers the question.

Smith: Yeah!

Med Subject 3: I felt like they were a little bit amorphous answers.

Smith: No, no, thank you, it was wonderful. It helped a lot.

Med Subject 3: I don't have any formalized techniques as you...I don't one-size-fit-all things, whether they're patients, or whether they're trainees or students. It's, for me, it's more rewarding to be able to just see okay, what are people's individual needs. Because they're all different, they have some similarities that I can put them through, but the one-on-one mentorship is where I think I feel like I really excel.

Smith: Great, yeah, wonderful. and that's why I wanted to do interviews, anyways, because it was a little more open ended and tailored to each person. So, no, thank you so much, this was wonderful.

Med Subject 4, Interview 1 Transcript

Smith: Okay, I'm recording. So, could you just verbally confirm that I have your permission?

Med Subject 4: Yes, yes you have my permission to record.

Smith: Thank you so much. Thank you for meeting with me. Again, this interview is part of a pilot study to better identify interpersonal practices implemented by people who work with voices, and I'm hoping to compare and contrast practices in our field and hopefully make recommendations. So, you have the questions or if I ever need to screen-share the questions I can

Med Subject 4: I've got them.

Smith: Okay, but definitely feel free to go off that question list or you can expand on anything. So, just to begin, how would you define interpersonal?

Med Subject 4: I think relationships and communication that you have with people is interpersonal.

Smith: Yeah. And I might be just jotting down notes so I know where things are in our conversation so sorry if you hear...And what would you consider to be necessary interpersonal skills in your line of work?

Med Subject 4: So, I work with kiddos, but I also coach parents, so it looks and feels a little bit differently between the child and the parent. But I do a lot of encouraging, a lot of working on building a rapport, more so with the child than the parents. I do lots of listening, there's quite a bit of empathy towards the child at times, just so that they feel comfortable with me. And then, because of the nature of my job, communication. I mean I'm just constantly communicating.

Smith: Yeah, so with those skills in your work, could you give an example, without giving names, of maybe how you'd incorporate those? Or one of them?

Med Subject 4: Oh, one of them. So, I do lots of praise and encouragement, so that's one of the skills. So, I'm constantly giving feedback during a therapy session, letting the child know if they are doing the right skill, praising them and encouraging them to try it again, trying to build that self-confidence with them.

Smith: Could we actually skip ahead a little bit? If you want to look at the questions, because feedback was something I was especially interested in. And on page, well I don't know what page it is, but number 12, I give some examples of feedback that you might provide. Are any of these ones that you would say you never do, sometimes do, or always do? And you can have a second to look at those.

Med Subject 4: Yeah. So, feedback, A, feedback given to the person during an action, that happens always. Feedback maybe after an action, well, let me take that back. So, after they perform, then I get feedback, so I guess it would be B, so after they perform the skill then I would give feedback after that. I might give feedback during the action itself but most of the time I would say it after they've done the task. I give praise all of the time, just trying to build that self-confidence. And then I don't do, I would say never, for criticism, either positive or negative. Well, would you consider negative criticism like a correction?

Smith: No, negative criticism.

Med Subject 4: Right.

Smith: But you can talk more about...Can you explain what you mean by correction?

Med Subject 4: So, if I am, let me say, if I'm teaching a particular articulation or apraxia skill, and, let's just say, I've got lots of kids that well front sounds, so if the goal is for them to produce a K a hard C or a G sound that's in the back, but they front it said they replace it with a T or a D, so car might be tar or a go might be dough, so a correction would be, "Okay, try again, keep your tongue down," and so that's how I would use correction. I would say I, you know, suggestions for improvement, I don't know that I would word it that way I just encourage, I mean encourage a skill, so I don't think I use suggestions for improvement, other than just continuing the use of that correct skill.

Smith: Yeah. And so, do you ever find it challenging to balance encouragement and correction? Or does that come pretty naturally?

Med Subject 4: I think the times when it's trickiest to balance those two is when I've got a particular student that frustrates easily. And so, if they struggle to perform a skill and I correct numerous times and I see frustration happening, then we might just stop with that skill or switch things up just a little bit. But I'm constantly, I feel like with a little bitties, especially, I'm constantly giving praise, so that they get that immediate feedback that yes, that's what you do or yes, that's right. So that they then will continue whatever that action was. Does that make sense?

Smith: Yes, thanks. So then jumping back to what we skipped over, on number five, are any of those approaches to individualized instruction used by you?

Med Subject 4: I would say modes, so the auditory, the visual, the kinesthetic, those. That's kind of where I live.

Smith: Do you ever have to adapt or use those modes in different ways based on a student?

Med Subject 4: So, once I kind of get a feel for and, I mean, granted I'm talking about three, four, and five-year-olds, once I kind of get a feel for what mode helps them best,

then I might do more auditory prompting than I do anything else. But I've got a couple of little ones, for example, this last week working on a particular, like, blending a sound, I might use hands. We were trying to blend S, like S blends, so trying to get an S at the beginning of the words, so I might use my hands stop, and they might high five me both of those times, so they get both of those. Some kiddos I can point to the S, or the snake, and then point to the stop sign, so that they do "stop," and so then it's just, that's more, in my mind, that's a little bit more visual than fist pumps or high-fives.

Smith: Yeah. That's awesome, thanks for describing those practices. Because obviously, I don't have as much knowledge at all about your field, so that helps a lot. For number 7, this is kind of shifting gears, I want to talk about goal setting and that kind of thing. How do you measure success, either in yourself or in your students?

Med Subject 4: Do you want one or the other or you going to want both?

Smith: Sure, we'll do both, thanks.

Med Subject 4: So, in regard to students, when they are first verified, they have a formal evaluation. During the course of the year, I do an informal sound inventory, where it's the same 60 words that I asked them to say, and so that then if the sound is coming into place or emerging, then I can see that on that particular assessment. Daily, I mean if one day they come in and they need max prompting for a G at the beginning of words and the next time they come in, and I'm constantly writing just kind of anecdotal notes off to the side, you know, how much prompting was needed, whether or not they were successful, and then the next day they come in and they can do it with minimal prompting, I mean I'm kind of making notes as to the level of independence. So, that's kind of how I measure their success, how much prompting is needed and then are they able to do it without, you know, with just looking at pictures or flashcards, can they say those words with the correct sounds without any kind of verbal or visual prompt. In myself, I kind of measure my success based on how they're doing and so if they're not getting it then I'm thinking while I must try something new or different, talk to someone else and see if they have any tricks that work for, you know, someone who doesn't respond to what I found to be the best way to teach it.

Smith: Yeah. Can I ask a follow-up question about that? Is there a large community that you rely on? Are there a couple that, you said you might go to someone else to see their tips and tricks, do you have a go-to community in your field?

Med Subject 4: Yes, so typically I would start with, I would start with, sorry, I just got a message from a parent. I would start with the speech pathologists here in my building so there are one, two, three, four, four others in my building all working at the early childhood level and I would say I rarely go outside that group, but if I needed to, then I would send an all-district or a district-wide email to all of the speech paths in the district. On occasion I have reached out to a [omitted], he works with, largely, with a population of apraxical preschoolers and so I might reach out to him if I have something unusual or a pattern that isn't seen often. Does that make sense?

Smith: Yeah, yeah, thanks.

Med Subject 4: So, you kind of know who, once you've worked with people, who is the best person to go to you know. If someone says I don't like apraxia or I don't do phonology, then I don't ask them anymore.

Smith: So, then on number 8, I listed a couple of goals that might be used in educational settings. Do you use any of these goals?

Med Subject 4: So, for students, the, largely I see students that are verified so they come in they do the formal assessment, we verify them, and then they have an individual education plan. So, on that IEP, I will have a large goal, long-term goal, and then objectives and those objectives, or overall goals, are for the year, so I write them for the year. And then for myself, we as a district, all of the certified teachers set professional goals during the course of the year and so each year we do that based on whatever is you know most relevant for our position and so then I work on that for the year and track data.

Smith: Thanks, and so that explains a little bit about how you set goals. And since the students have an IEP, this may or may not apply, but are the students included in the goal-setting process? Do you ever ask them outright, like, what are your goals?

Med Subject 4: No, not for threes, fours, and fives. If I were working with an older population, I would certainly ask them, definitely, say if it were stutterers, I would typically ask them because that's something that people respond to, stuttering, differently than they do if it's articulation, if that makes sense. But yeah, for my population, no I don't include them. I do ask feedback from parents, but not the student themselves.

Smith: Okay, and then once you've set the goals or those objectives for the year, could you talk a little bit about your process for selecting exercises, or what you actually do in the process of speech therapy?

Med Subject 4: I don't know if I understand. Okay, so, I set the goals, so maybe one of the goals is for them to produce a set of sounds. Okay, so for like the K and the G, I have what works best for me, so I've taken over the years different therapy models and taking bits and pieces of what I like from each of those and what kids seem to respond to. And so, I start with just an activity to work on then producing the sound in isolation and then I've got a little activity where we pair that sound with vowels and once we can pair that sound with vowels, then will jump into words, and once we get it pretty consistent, and accurate at the word level then we hop up to the phrase level and then to the sentence level. So, I've got steps that I kind of follow with all kids, like that's the continuum that I follow with all kids, it just differs based on the sounds that those kiddos need.

Smith: Great, that was exactly, that helps me, yeah, a lot, visualize just your process and, yeah, how you go step-by-step, that's awesome. So jumping to question 14, this is kind of a wordy question, I put too many questions in it, but in working with these students, do

you see yourself as, in any way, a friend or nurturer or mentor or someone who helps with emotional and personal concerns, in addition to educational?

Med Subject 4: I would say yes, I don't it's hard, not necessarily friend, not at that age. More, you know, maybe nurturer is the best word, but not really, just a caring individual, you know, someone who cares for them. We deal with lots of social emotional development at this age, so at the preschool level, the preschool kiddos that are in our classroom, that's one of the things that they are working on and sometimes that deficits or difficulties in the social emotional area might occur in a therapy session. And so, then I instruct or coach them as to how to handle something. I will give feedback and I think that comes, my feedback for parents comes from, I get to know them pretty well and they may mention something that their child is struggling with and just as a having been there, done that, kind of a thing, I might say, "Well I did this, have you tried that?" I will offer suggestions for books that we've got in our library. So, I am more of a friend to the parent, but more that caring individual to the child.

Smith: Okay, thanks.

Med Subject 4: Nurturer that's the word.

Smith: Yeah okay, so then with number 15, these may not apply because, again, these may be aimed more at older clients, but you kind of talked about the formal assessment at the beginning. Do you use any of these other methods to learn more about your students?

Med Subject 4: So, when they come in prior to an evaluation, we'll do a screening process and the parents or guardians will fill out an early childhood parent questionnaire, talk about birth history, developmental milestones, medical history, sleep, behavior, I mean it just kind of covers all of the areas of their development up until the time that they bring them in. So, I will gather information in that way. There's lots of small talk. I do inquire about their lives their family, their pets, things they like to do, favorite toys, just to kind of build that rapport. And I'm constantly asking for parents to share pictures, you know send me, if they say, "I'm going to be Iron Man for Halloween," I'll go, "Oh, your mama needs to send me a picture." And then if I get it, I'll share it with them because they think that's super cool that I've got their picture on my phone. I mean, I take a huge interest in them as an individual because I think that them to feel comfortable and able then to engage in activities that might be challenging. So, if they trust me, they know that I am, oh gosh, what's the word? I'm invested in them as an individual, then I can get a whole heck of a lot more out of them than a working relationship that's pretty sterile. Does that make sense?

Smith: Yes, yes, definitely, thanks. So, then the other aspect of this study is to identify and compare types of training, and include how the two fields approach education and curriculum, etc. So, for number 17, do you belong to any associations or hold memberships? On this list or others?

Med Subject 4: Yeah, so ASHA, D, and then the Nebraska Speech Language and Hearing Association. I also have a certificate to teach, some therapists don't, but I do.

Smith: Okay. So, there are some professional standards set by, like, ASHA, for example, and I'm assuming that you also have some personal standards for yourself in your work. Could you express some of those things that influence your practice? It's kind of a broad question, but whatever comes to mind.

Med Subject 4: So, ASHA gives lots of standards, kind of global standards that kind of encompass medical speech therapy, as well as school based speech therapy. We have quite a few, we have what we call department of education rule 51 for the state of Nebraska, and so that decides standards for us regarding the verification criteria, am I going in the right direction?

Smith: Yeah, yeah.

Med Subject 4: So, I use that largely for what I do here in the school setting. That kind of trumps ASHA guidelines or standard. So they, I'm sure that they've taken that rule 51 from ASHA maybe and then kind of made it more specific to the state or the school system but that rule is what I typically use. As far as myself give me an example of what you're looking for.

Smith: So, so like a personal standard might be to, I mean, I feel like this is always, so be on time or something. But it might not be written down anywhere, but it's something you hold important for yourself.

Med Subject 4: So, I mean, I think being on time, showing up for work, those are just given. For myself, I try to maintain pretty open, quick lines of communication with families because I have found that if I can build a relationship with a family member and they buy in, then they will be willing to do what I'm asking of them. And so communicate, those lines of communication with family members is huge for me, kind of building. Oh, I mean taking time and making it a priority to kind of grow relationships with them helps just further that. I mean if we have a relationship, then I feel like they trust me, and they believe what I'm asking them to do and sees the importance of it. Another professional, I don't know if it's a guide, but just trying to be trying to maintain a certain level of professionalism and just I guess staying up-to-date on different things so that I maintain that current level of knowledge and practice.

Smith: Yeah. Sorry, just jotting that down, thanks. So then, could you briefly describe your training and what it took to be in this line of work?

Med Subject 4: Okay, so I did four years of undergrad for a Bachelor of Arts degree in Communication Disorders, and then at the time so that was [omitted], it was a three-semester long program, it's longer than that now, but for my masters it was three semesters. And then to maintain current skills and knowledge, we have to do 30 hours of continuing education related to our field every year.

Smith: And that's what you did this summer, right?

Med Subject 4: No, so what I did this summer was to climb the pay scale ladder. And I tried to pick classes that would, also, I could double up as a class for my continuing education, but sometimes when you do classes at a college, unless it's specific to your degree, they don't always, I can't count them as both. So, the classes that I did this summer were more for continuing education for school or for the district. The ones, the 30 hours are those that I do annually for my job to maintain licensing with ASHA. Sorry.

Smith: No, no, I interrupted. That makes perfect sense. So how did that pass training, or these continuing hours of education, how does that influence your practice with students?

Med Subject 4: So, I will specifically look for continuing education that will, that touch on areas that I specifically teach to. So, I have students with apraxia and phonological disorders, as well as little ones coming in with stuttering, so those are the areas that I pretty much hover around. I might do some on behavior or social emotional, you know, how to address social emotional skills because behavior seems to be more behavior issues, or parent concerns with behavior seems to be more prevalent as we move forward. So, that's how I pick them. And then depending on whether or not the information is appropriate to my age level, then I can, or I choose to or choose not to implement it based on whether or not I think it will work.

Smith: Okay, thanks. And then after your formal education, was there any specific training that you wish you would have received once you got into the field?

Med Subject 4: I think formal training just hit on everything, and so it was little bits, overall information in dementia and overall information in traumatic brain injury, so you've got kind of a global look at all of the different areas that impact communication disorders. I don't know if I would have done it any differently, because I think that overall training kind of helped me determine which path to take and which areas of communication disorder I like best. I have done some geriatric therapy in the past I don't care for that, that's just not my, and I was trained in those areas, but I think as I found my most favorite population of individuals to work with, then that's when I have pursued additional training. So, I don't know that I would've changed anything necessarily, and as I look back if I were to do grad school over, it would look totally different because you know, in the, I don't know [omitted] years, I've been out of school, new discoveries, new theory, new practice.

Smith: Right. So, do you, in addition to those 30 hours, do you attend any workshops or clinics for that kind of new information?

Med Subject 4: Mmhmm, and they would be the same. So, those workshops or clinics would be a part of those 30 hours. The district will send us to, like there's a lottery you can put your name in the lottery to go to ASHA, like the national conference. I've never gone it's always far away and it's a large chunk of time away from work. And now that I

have no kids at home it would certainly be more feasible, but I prefer state conferences if they pertain to my area. I think my first preference is to pick and choose. So, if there's an apraxia conference, I'm going to go to that. I'm not going to go to the state conference, where you got everything under the sun being spoken about and you might get one two-hour speaker that deals with, you know, what I'm looking for. Does that make sense?

Smith: Yes, yes, it does.

Med Subject 4: If [omitted] is putting on a conference or if the Childhood Apraxia Association is doing a conference, that's what I'm going to choose because that whole conference deals with what I do, as opposed to the two things that might hit or miss.

Smith: Right, right. So, earlier you mentioned staying up on new things. For number 24, do you use any certain types of research-based practices or describe any current practices you use?

Med Subject 4: So, in the school, we are encouraged, so everything kind of revolves around research-based practice. And so, the different therapy techniques that I try or that I want to learn about are coming from textbooks, you know, textbooks or articles from people who have researched it and practiced it. So, I would say yes, that's all I do. I'm looking at journals and/or books that therapists have written to see what, you know, what they are doing differently that I could be doing to improve.

Smith: Yeah. So then, in determining how students meet their speech therapists, you mentioned that there were four other people in your building? Is there a process for matching you with your students? Could you describe it?

Med Subject 4: So, there are two, so right now I am, they say, part B, which is 3, 4 and five-year-olds. Two of the therapists out of those five are early intervention, birth to three, therapists and so the kiddos that fall between birth and three years would be funneled their direction. There's a therapist here in the building who sees kiddos in the classroom, I don't go into the classroom. There's one other therapist that does what I do, but she travels. And so, when someone comes in for a screening, it's just based on when the parents can bring them in, and they're just plugged into a spot based on parents work schedule, etc. Once they go through the screening, then we look to see where that child is during the course of the day and that determines largely who gets them. And so, if they're in a daycare facility all day long and the parents are working eight hours a day, then that child will go to [omitted] and [omitted] travels to their location to see them. If parents are part time or can bring them early in the morning or in the afternoon or they're a stay-at-home parent, if parents can provide transportation to the office, then I see those kiddos. It's more about where the services are to be provided. So, if they have it in the daycare, I don't see them.

Smith: Okay, yeah. So then, I just had a couple more questions. One of my questions is how do you approach diverse students with understanding and respect? And without

using names, could you describe a time in which that was difficult to do or maybe easy to do?

Med Subject 4: So, we had a recent evaluation, I am on an evaluation team with a school psychologist, so she and I will complete the screening together, and so parents, in a non-Covid year, parents would come into my office and we include them, other teams don't necessarily involve the parents, but that's one of those, I guess that goes back to professional or personal standard, I mean I want to include the family as much as possible. So, those families will come into the office, and we will work through the screening they will observe the screening. We had a little guy come in who is Hispanic and parents were concerned about his communication skills. They largely spoke Spanish in the home, the only English that this child was around was television or older siblings who were in school and that was their preferred language. So, he was in, he was taken care of by grandma who spoke no English. In the home, the mom and the dad who spoke very little English, that was what they spoke most of the time. And so, this little guy, because of the language barrier not, not to the degree that that's the only reason he wouldn't talk, but I'm sure he felt as if, you know, these people don't speak my language, maybe he was a little hesitant to try and communicate with us. So, just gathering enough information from the family and the child when there's a language barrier is very difficult. And so, that was one of the classes that I took for the district that I can also count towards my 30 hours of continuing education for ASHA. I took a [class on] evaluating bilingual students over the course of the summer, just because that's always difficult. What else? You asked me something else. So, you know, just honoring that they speak Spanish and encouraging them to continue with that language, because that is considered their primary language, if that's the language that they hear from birth on. I mean, that's probably the most difficult is when there's a language barrier, even when we have an interpreter. So, we'll call an interpreter so we can make sure that we're getting accurate information, and the family that they're giving us, it just never feels, I would say, well I feel like it's never the best evaluation that I could do. I mean I do what I can do, and I do it just like I would any other evaluation, it just never feels quite complete. Does that make sense?

Smith: Yeah, yeah, thanks for describing that. So, my last couple of questions just kind of relate back to methods, and then I have a couple of questions about your motivation. So, we talked a lot about your education and everything, but is there anything you do to prepare for sessions, either immediately before or in the time before you meet with a student?

Med Subject 4: So, if I've got time after I meet with a student, then I will prepare for the next session right after. If I don't have time, then I'll prepare right before the session. And typically, what that looks like is I look at how they did at the previous or the last session, and then will gather materials based on their performance the prior session. So, if, say for example if we were working on a vowel, trying to get a sound paired with vowels, and I feel like they're ready for words, then I will gather those practice pages for the next session. Sometimes I know enough about the particular child that I'll just pull all of the materials and put them in their file, so that they're already in there and then all I

have to do is just pull out the appropriate pages. Therapy for me is a practice page and a game, and so I've got, I don't know if you can see, a huge shelf with games, and so that's how I kind of motivate the kids to work through the practice, is you do this and then we play, you know, they will take a turn and then will practice and then will take a turn. The next one, did I answer that enough?

Smith: Yeah, yeah, that's great. And maybe that relates to how you reflect? Like if you're reflecting on one and preparing for the other, but is there anything else you want to add about reflecting?

Med Subject 4: So, sometimes I have to kind of switch gears. And sometimes I switch gears in the middle of a session. So, I might anticipate that they are going to do really well moving from vowels to, when I say vowels, I'm talking about if we're talking about the K, vowels would be Kay paired with a EIOU so can they say [ke ki kai kou koo] and if they've got that and I'm looking for words, and I've got that ready for the next session, but I pulled that out and we just cannot do that, then I will look back at their goals and see what else need to be worked on and in the middle of that session, I may just pull something totally different out. As I say, I mean, I didn't necessarily reflect, you know, like I'm sitting pondering what am I going do in a short period of time, I have to go, "Well, this isn't working and what are we going. to do now?" So, that reflection happens pretty quickly. Sometimes, I'll give an example, I've got a little one that I'm doing something with that I've never done with anybody else, just charter, going down a new path with her. She is going to be in kindergarten next year, so we've done lots of like pre-literacy kinds of things, so her area of difficulty is sounds with air and so, F, you know bite and blow and then you push that air, or SH, where you're pushing air or F and V, same sound, one is voice off, one is voice on. She has none of those, and so any sound where you're pushing air, whether the voice off or voice on, she can't use, she can't produce without max cues. I mean, I'm constantly, so if she's counting and going, "One, two," I'll go, "Oh, quiet tongue," "Three," "Mad cat," "Four, five," "Here comes snake sound," "Six, seven," so I'm constantly, and if I prompt her, she gets it, but I can't, I joked with mom, "I just need to move in, you know, I just need to, do you have a spare room?" So, we've been using lots of print and I'll go, "Oh, look at the letter, what's the first letter in that word?" And so that, she, specifically, required more reflection because it was like, what in the world am I going do now. Because nothing that I did with anybody else, you know, the things that I find work with pretty anybody, they weren't, it wasn't happening with her. And she's moderate apraxic, so the motor planning from her brain to her mouth, there's a disconnect and for whatever reason, I've just not been able to you know, it's not, what we've done thus far, she can make the sound, she's just not making them independently, as fast. Does that make sense?

Smith: Yeah, yeah, thanks. So then, I want to know just a little bit about your motivation. So, what was your motivation for entering your line of work?

Med Subject 4: Organic chemistry at [omitted] was the deciding factor. So, I was, well I got a C. And so, I was a pharmacy major initially and I when things don't come easy to me, I'm not, like, I'm up for a challenge, but I just felt like if I can't do better than that,

then pharmacy school was going to be very difficult for me. And so, I was thinking the medical field and so this kind of, it was very weird, I mean [omitted] years ago, I just pulled out the catalogue and went, “Oh well that looks good, and that looks good.” I took a few classes and really enjoyed it. Liked working with people more than I thought I would. And so, that’s kind of where that all took place or how that took place.

Smith: Yeah. And then what continual motivation do you find in your work today?

Med Subject 4: I think the feedback that I get from families is what motivates me most. When I get a letter that’s sent either to the director or myself personally praising, you know, the work that I’ve done with her child or how I’ve...I got a letter at the end of last year that I just opened their child’s world up to so much more because they could now communicate. So, things like that are huge motivators, you know. Those successes with a particular child. And then I’ve got families that once they’re gone, I follow or [am] friends on Facebook with them or they have my cell phone number because that’s the best way for me to communicate with them. They will reach out and send a picture or text or I mean just those relationships and seeing those kids succeed once they leave and enter elementary school, I think that’s what motivates me.

Smith: Yeah, great. Well, thank you so much. Is there anything else that came to mind that you wanted to comment on or any questions that you had for me?

Med Subject 4: I’m curious about your research, but I will ask when you’re closer to being done. Like, I’m interested in your findings and the finished product kind of thing, like what you learned or what your thesis, is it thesis?

Smith: Dissertation. Yeah, yeah, it’s been interesting so far, but I haven’t, obviously we talked about this summer, I’m very behind, so there’s still a lot for me to do to, like, yeah, draw those conclusions or just to see what I’ve found. But as I’m doing that and when I have more of a final product, I will reach back out and make sure nothing you said was taken out of context or like misrepresented. And again, no names or school districts or obviously the recording of your face or anything will be used or shared.

Med Subject 4: And certainly, reach out if you get going and you feel like you need more information or whatnot. Let me know I can answer something or if we missed something, let me know.

Smith: This was awesome. It was very helpful and it’s so interesting just to hear more about your line of work and your practice, it’s awesome.

Med Subject 4: I wish you could’ve observed, that you could have done observations across the board, cause that makes it, I mean then it comes alive, as opposed to me saying it there’s a difference between hearing it and then saying it so, but yeah.

Smith: Yeah, maybe in the future someday.

Med Subject 4: There we go, there we go.

Smith: Are you, I think you told me, but are you over Zoom, right, with your clients or students? Or you're in person?

Med Subject 4: Yep, one hundred percent in person. So, in the past, I invited, so early on doing this, I was very self-conscious. I didn't like to be observed, I didn't like other people, I would get totally worked up if I knew the principal was coming into observe a session, which they would have to do on occasion. It just made me very, very nervous and so I think over time, and with age, I just got to the point where this is it, this is what it is, and I'm going to do my best and I just don't even mind having someone else in the room, I still don't like my administrator watching, she's a speech pathologist as well, so I feel like that's a little bit different. But I found that having parents in the room was a huge help because then they saw exactly how I prompted or coached or cued and then they could do that at home. And I kind of pride myself on making pretty quick progress with quite a few kiddos because those parents will buy into and then continuing at home. This year, because of Covid, parents aren't allowed in the building. So, I feel like I do a quick, I don't know, 25 minutes of therapy with the kid or the child and then go out to the parking lot and then kind of reenact a little bit of it. Especially for the new parents, the parents that I've seen me in action before I don't have to say a whole lot, I'll just had to say, "Hey, we're working on the hand sounds, work on this this and this," and they're like, "Oh, all right, we've got it." But it's just different this year because I don't have that part of the therapy. The only positive of not having a parent in the room is for those kiddos who act up and so if I've got, I will find kiddos will get silly or will avoid or will refuse to do what I'm asking them to do, because it might be hard, and if I've got a parent in the room, they kind of trump me and respect that they're the boss, I'm just the teacher, and if parents don't step in and say, "All right, you need to listen to [omitted], you need to cut that," if they don't do it, then I have a hard time getting them back into engaged into that activity. So, from that aspect, I have a handful of kids that they will avoid, or they will just refuse, and you can't make them make the sound. So, in the past, I would ask families to sit out in the lobby and wait and maybe join us the last ten minutes. This year, I just have to, you know, for those kiddos it's good because I would've asked the parents to step out, but now it's, you know, parking lot. But yeah, in years past I would not have even considered it, I would've just said, "Nope, parents are not allowed." Really, they can, but now it's like, "Yes, absolutely I want you in here so you can do it at home."

Smith: Great. Well thank you so much. I really did appreciate this, and I will keep you updated on my progress.

Med Subject 4, Interview 2 Transcript

Smith: Some you answered, but then if you had anything to add, you could let me know. So, we kind of already talked about this, but I found that a lot of people either tended toward being an expert in one or two different disciplines, so whether that was a technique that they used or a specific disorder that they worked with, or they were on the other side, where they kind of felt like they were versed in a number of different disciplines. Do you feel like you fall on either of those sides?

Med Subject 4: I think it depends on what age group or the population that you work with. I think that, just by the nature of the job, you have to be first in more than one particular area. Say, for example, someone who works with geriatrics needs to be versed in dementia and Parkinson's and probably dysphasia, just because that's those are the ailments or the impairments that are typically seen with that particular population. As an elementary therapist, I had to be versed in articulation and language and autism, those kinds of things. I've narrowed that down even further now that I work with preschool, and I only do, right now, I only do speech sound disorder and phonological processing, so I've narrowed it down even further. I used to think that you needed to know more about more, but given the job that you're doing, I think it's good to know more about less, I mean more specific about the population that you work with, I am narrowed down to that speech sound disorders and phonological processing and, as of lately, I have been, doing more study and research in different techniques within those areas. Just because I found that and especially now with Covid and having to wear a mask during a portion of the therapy, sometimes things aren't working as well as they seemed to have worked in the past. So, I am open to different kinds of approaches, so I have done some more research into things like minimal pairs or oppositional contrasts with sounds, just to see if there's something else out there that helps a particular student. So, does that answer your question?

Smith: Yeah, that's awesome, and could you give me an example of a minimal pair or opposite...?

Med Subject 2: Yeah, so right now I am big into minimal pairs. The previous therapy approach I used was called "Cycle" and it was more phonological disorder-based, and so you would pick a process and work on a particular process and cycle through different sounds, so teaching different sounds. That's worked for me. I've been in this job for seven years and it's worked very nicely. This year, for whatever reason, I've got a few kids it's not working well with and so I did some looking on "Teacher Pay Teacher" and found a couple of different therapists that use it, and then, have since started following them on Instagram. Long story short, minimal pairs would be someone who, say, has a phonological process that they haven't stopped using. So, I have lots of kids at the early childhood or preschool age who front sounds, so they say T and D for K and G. So, K and G, your tongue kind of comes back and up in your mouth is a little bit more open, T and D, your tongue comes to the front, and it touches your alveolar ridge up at the front. So, I'll have someone who might say dough for go and that is considered a minimal pair. Dough and go or take and cake, dot and got, those kinds of things. So, it's more, it's a

little bit more language based. Before if they said, we're playing a game, and they might say, "Dough," and I'll go, "Dough?" And then I correct them and say, "Go." Now, I can show them a picture, or I could show them Play-Doh, and a green light, so that they're making sense of they said "dough" and dough is really a thing, or they said, "go," meaning it's your turn, kind of a thing. So, that way it helps them a little bit more makes sense of what they're saying. In the past, it was just me saying, "No, keep your tongue down, say go," and maybe just showing them and queuing them verbally and visually. Now, it's I give meaning to what they said and they're starting, it's starting to click with some of them. And they'll catch themselves like, you know, like, "I didn't mean to say dough, you know, I want to you to go," whatever. So, it, you know, it's a simple, pretty simple approach but it's pretty meaningful for little bitties. And so that's an example of that.

Smith: Thanks, yeah, that was a really wonderful answer, thank you for explaining that so thoroughly.

Med Subject 4: Sorry.

Smith: No, no, no, it was great. This next question may not apply. I have some, or I spoke with some therapists who would maybe see an adult once and then that adult would drop out or stop therapy. So, first of all, I was wondering if you ever had students that you saw once or twice and then they dropped out or you only saw them over a short term?

Med Subject 4: So, I do a therapy approach called "Speech Aid," so I don't verify these kiddos on an IEP, we don't ever go to the evaluation process. They might have one or two little things that need help, and it's just a matter of me showing them, 6 to 8 visits, which is short term for me, how to do something. And I read that question, so I might not spend as much time building rapport with them. They're typically older students, so they might be moving on to kindergarten and I don't have to invest so much time on the front end. And kind of getting them to trust me or feel comfortable with me, they're a little bit older and I just say, "All right, this is what we're going to do." So, we jump into the therapy process or the meat of it much faster than we would with someone who is a little bitty, just getting started and I have to kind of convince them that this is going to be fun and, you know, with the other kids, it's like, all right, down to business.

Smith: Okay.,

Med Subject 4: Does that make sense? Did I answer you question?

Smith: Yes, yes perfect, thanks, and then that kind of leads into the next one. I had talked with participants who saw, like, a range of ages and since you're mainly in that same age, do you have any other comments on the role of the age of the person with whom you're working with? I feel like you explained everything.

Med Subject 4: Yeah, no.

Smith: Yeah, I sent everyone the same questions, so great, just wanted to give that chance. And the next question you also commented on in our first discussion, talking about, especially, English with Spanish speakers and bringing in a translator. Is there anything else you want to say about the personal background of the person? Which could include language or nationality, but it could also include socioeconomic status or disabled status, anything that pertains to you?

Med Subject 4: Most of the time, the kiddos that I see that are Spanish-speaking or have cultural differences, they are more language-based, and so they typically go in a classroom to have their language needs met. So, really the only, I mean, I see a wide range of socioeconomic kiddos on the on that ladder or whatever, so from some that are just barely making ends meet to the, you know, more well-off families. So, not that that makes any difference in how I you know, [treat them], is that? I don't know if I know what you're asking.

Smith: No, that's...

Med Subject 4: Just what the background is?

Smith: Yeah, yeah.

Med Subject 4: Okay.

Smith: You're not discriminating, basically. So then, the next question you may or may not have an opinion on, but some of the speech therapists and otolaryngologists that I talked to work with singers directly, so do you think there should be any multidisciplinary training in educating voice experts? So, we should, like teachers of singing, like myself, should I understand voice medicine and some of your practices? Or do you feel like doctors should understand music at all? Any comments there?

Med Subject 4: So, voice is my least favorite area because I don't feel like I learned, I don't feel like it was an area that we spent much time on when I was in school, and so I'm not comfortable at all. And so, if I had someone with voice concerns, in the school setting, if it doesn't impair them educationally, then we don't address it. So, it has to impair their ability to learn. And so, most of the time, we would refer on, but it sure would be nice if I knew more so that if, especially with little bitties who aren't necessarily going to see a voice therapist, if I could then give parents enough information that they could work with their child that is abusing their vocal cords, or screaming, or, you know, lots of kiddos come in and they're growlers, or, you know, just, they have, I don't know, they have ear, nose, and throat issues that then irritate vocal cords, does that make sense? So, if I knew a little bit more, I think that that would be in my best interest. So, I think it's important that we know enough to be able to make good recommendations. That's not the population that I serve, but I do see kiddos come in and I feel like, gosh, I've got to get on the Internet and do a little research, so that I can, does that make sense? So, I think it's important, especially for doctors, to be able to recognize

that so that they can make recommendations or, you know, recommendations for treatment. So yes, yeah.

Smith: Okay, great.

Med Subject 4: I just don't have that information.

Smith: Yeah. And then I feel like on the flip side, a lot of teachers of singing don't have the information you guys have, which, then leads to issues. Great. So then, this question is kind of a loaded question, but what is the role, if any, of gender in your field. And I was specifically wondering if you had any insight or comments on why speech-language pathology seems to be such a female dominated field, at least historically?

Med Subject 4: You know, I don't know. I know in [omitted], there are two male therapists in the district. One is at a high school level and the other is at an elementary level, and that's probably, there's probably 35 of us, so that's, you know, not that many men. When I was in school years and years ago, there weren't any. So, I don't know. They're more typically in the medical side then they're in the education side, I don't know. I don't know why that is, but sorry.

Smith: No, no, thank you. I was just curious. And then, the final question I had: what is the role, if any, of funding in your field? For example, have you ever had to pay out of pocket for your additional training or to attend a conference? I know you've done some of that and then last time, you mentioned not going to national ASHA because of the costs, and you've got flights and hotels. So yeah, any comments on how you finance your own training?

Med Subject 4: Yeah, at the district level, it's kind of a lottery, they won't send everybody that wants to go. So, if you've been then you kind of fall out of that lottery and you just put your name in, and they will send a couple of people. Since I am pretty narrowed down in what I do, a lot of the conferences are, we are doing a conference on April, I think, the fifth of April, and it's a half-day conference and I don't even really want to go, because it doesn't necessarily pertain to what I do. So, there are lots of opportunities to go to conferences, but if it's not going to be beneficial for me, then in my mind it's kind of like, why am I going to spend a day or more collecting continuing education credits, because that's all it is, in my mind, it's just me getting the hours that I need, but they're not benefiting me. I have, especially this year, paid for some trainings that have been online, they are now online because nothing is in person, just because I found it and it was last minute and I didn't want to have to go through the district to get approval, that kind of thing. They will pay if I submit it in advance. There are lots of people that won't do that. I mean, I can, I have the money to be able to do that and if it's something that I want to do that isn't super expensive then I will pay for it. Not because they don't provide it, just because sometimes it's a hassle.

Smith: Okay.

Med Subject 4: So yeah, they will pay for us to get training or go to trainings, I just am a little bit pickier about, you know, I want something that's going to help me personally as opposed to, I don't know, a state or national kind of a conference.

Smith: Okay, yeah. And then actually, I had one more question that I forgot, that's not on that page. So, I'm wondering if there's any, how do I want to say this? If there's a role that your scheduling demands plays on you. And I can't remember, I was going back over our last talk, if we talked about this, do you see, I mean do you see students pretty much back-to-back?

Med Subject 4: Mmhmm.

Smith: Do you like that? Do you like that set up? Is it taxing? Do you feel like there's enough time in between?

Med Subject 4: So, in years past, just because it was a learning curve, up until this year, I saw kids back-to-back. It was just easier to schedule 8:30, I see the kids for 30 minutes, 8:30, 9, 9:30, 10, that kind of a thing because I'd rather have, I'd rather get my four or five kids in the morning done, so then I have a block of time to be able to work on something else, rather than schedule and have chunks, little chunks of time in between. Because then, you know, if I'm working on lesson plans or report writing, 10-15 minutes here or there doesn't give me enough time to get anything done. This year, because of Covid, initially I started at the park and so to give parents an opportunity to get away from the picnic table, and the new family come in, and clean up in between, I scheduled with 15 in between and that's been quite nice. Because that gives me a little bit of time to write my therapy notes or clean up in between kids, now that we have to, you know, clean the therapy table and materials and all that kind of stuff in between. I don't feel as stressed, but I am finding that I don't have as much time during the course of some of my busier days to get much of anything else done. So, I have carved out, because of that, I've carved out sometimes when I just don't see kids, I don't offer that up. So, maybe on a Tuesday or a Friday, I have a bigger chunk of time where I know that's what I'm going to have to get paperwork and stuff done because I haven't been able to do it any other time. I mean, there are pros and cons to both. If we go back to, well we've been in person all year, but if I go back to parents are coming in and I'm doing therapy, I probably will keep the 15 minutes in between. Just because I am older, and I just can't do what I used. I used to just fly from one to the next to the next, I'm not moving near as fast mentally as I used to. So, I like having a little bit of time, just a little bit of regroup and get ready so.

Smith: Yeah, thanks for explaining that. Cause I feel like teachers of singing that i have talked to would like that little amount of time, but we sort of function on a very similar schedule because we're doing either hour or half hour lessons with students and scheduling on the hours and half hours because that's what makes sense.

Med Subject 4: Yes.

Smith: Which makes for a very tiring block of time, but.

Med Subject 4: Yeah, well quarter hour isn't, I don't know, it's worked pretty nicely this year, so yeah.

Smith: Yeah. Well, those are all the follow up questions that I had, is there anything else that came to mind?

Med Subject 4: I can't think of anything, nope.

Smith: Great. Well, thank you again so much for your time and your willingness to talk about all this.

Singing Teacher 1, Interview 1 Transcript

Smith: So, this is Brianna Smith on Tuesday, February 25th, 2020 at 11:06 AM, and can I just have you verbally confirm again that I have your permission to record this conversation?

Singing Teacher 1: You do have my permission to record

Smith: Okay, thank you so much. This interview is part of a pilot study so I can better identify some themes in these fields. And I'm hoping to maybe develop a surveying tool to see how widely used some of the things I'm gathering from these interviews are. So, I'm looking at interpersonal practices and, like I said, you have the questions, but we don't have to stick only to those topics. But to begin, in regard to interpersonal practices, how would you define interpersonal?

Singing Teacher 1: Well, I think any communication between two or more people, whether it is verbal or nonverbal, is an interpersonal interaction

Smith: Good. And then what do you consider to be necessary interpersonal skills in your line of work?

Singing Teacher 1: Several. Number one, you have to be able to listen and be able to reflect back to the other person in the communication loop what you're hearing. So, if you're not hearing them express what they intended to express, that you can get across that boundary, so I think listening is very important. I think empathy is very important and being able to discern the subtext of the verbal communication because often, especially with singers of the collegiate age, what's being said is not always what's being intended.

Smith: Right. Is there anything that you've found, is it just experience or anything you've found that's helpful to getting to that subtext or interpreting some of the things they say?

Singing Teacher 1: Well, I think the better you know a person, the more clear their subtext becomes, because they have tells, for lack of a better word. But yes, experience plays into that tremendously because the more people you encounter, the more perspectives you encounter the broader your pallet of options becomes.

Smith: Right, great, so this kind of goes, plays into number 3, how do you incorporate interpersonal skills into your line of work? or could you give an example?

Singing Teacher 1: I had a student yesterday, you know, I always greet them, and the student is always chipper, but there was something on her face that did not match the chipper tone of her voice and I knew that I had to investigate that before we could even begin singing because it was going to impact the way that she sang, that is a normal occurrence in the studio.

Smith: Right, so do you, in working with your students, do you teach or encourage certain interpersonal skills from them in any ways?

Singing Teacher 1: Yes, I am a big proponent of honesty and transparency, and learning how to communicate honestly in a respectful way to others, especially in my advisory capacity for upper level and graduate students, when they are having to apply for grants and ask for committee members and deal with a broad range of personalities, and so coaching in that way has become a more significant part of my job.

Smith: Okay, yeah, that's good to know. And then, number 5, there are a variety of ways that some may tailor instruction to teach students and clients, and are any of the following approaches used by you? Are they familiar? Would you like to speak to that?

Singing Teacher 1: So, the one that I use is learning modalities. I pretty quickly identify if my students are auditory, visual, or kinesthetic. And most the time they don't know that about themselves. And so, when we start approaching singing in that modality, it's all the lightbulbs go on, so it's really satisfying for the students. I'm familiar with personality types and tests because that's part of my own research, but I've not used Gardner or Gallup at all.

Smith: Okay, and going back to the modes, when you're doing that, once again, is it like a tell, or something that they are queuing you to?

Singing Teacher 1: Sometimes I just ask, but if I get an "I don't know," then we try the same exercise in different forms and that usually tells me pretty quickly. It often evidences itself in a problem-solving capacity.

#6 so knowing some of those approaches do you adapt to student styles or preferences and could you expand or maybe give a time that you had to alter this?

Smith: That makes sense, thanks. So then, this plays into number 6, so knowing some of those approaches, do you adapt to student styles or preferences? And could you expand or maybe give a time that you had to alter this?

Singing Teacher 1: So, my students learn a series of vocalises over the course of the semester, they're the "Lütgen Vocalises" that are published by Schirmer. And there are long strings of notes in varying patterns that are repetitive, but for those auditory learners we talk about memorizing the harmonic function, if they struggle. For the visual learners, we talk about marking beats or marking scale passages. For the kinesthetic learner, I often have them play the passage with their fingers on the piano, and again they just are like, "That's amazing, I didn't ever think of that," well now you have a tool.

Smith: Right, and having those tools, things they can take into the practice room.

Singing Teacher 1: And we use the tool language a lot.

Smith: Okay. Great so I'm going to shift gears slightly, unless you want to talk about any of those things? And I want to know, for number 7, how you measure success in either yourself or your students?

Singing Teacher 1: That is a really interesting question, because there are so many criteria by which you can access what success is. I think for myself, a greater self-awareness and a greater understanding of why I'm asking what I'm asking for is a teacher and whether or not those requests adhere to what I really believe about singing, and that's the sort of a universal thing, is constantly challenging myself to make choices that reflect my values as opposed to values that are imposed.

Smith: Okay.

Singing Teacher 1: For my students, I think a greater self-awareness is very important and that is a measurable unit of success. Because the students I deal with are in quite a formative part of their life, their learning how to be adults, and starting to understand for themselves who they are and what they have to offer is really important to me. As far as the act of singing goes, my syllabus says you know having a greater understanding of the vocal instrument and how to affect change in that instrument, and I think that's really important. And I think the other goal in my syllabus is to demonstrate professionalism, which isn't as frequently taught, I think, as it should be. So, for me, if I hear that one of my students was particularly respectful or particularly generous or helpful or responsible, I feel like that's a success.

Smith: Great. So, which of the following types of goals do you set with your students: none, long-term, short-term, personal, professional, or any others?

Singing Teacher 1: I would say a variety of all of them.

Smith: Okay. Any kind of examples in these categories, or?

Singing Teacher 1: The way that I do it is when I meet a student for the first time I always ask them what the dream is, you know, what do you want to do when you walk out the door? And that sort of defines the long-term goal for us, and then we talk about what steps do we need to take to get there, in terms of, and that also really revolves into the professional goals, oh you, want to go to graduate school, then you need to make sure you do a summer program, all of those kinds of things. Short-term goals can be as easy as a student that I taught this morning, you need to observe this thing for the next month and focus on that and reflect on that. Personal goals, again, vary by student, but I have a sorry jar because for a while there I had students who would pre-apologize for their performances.

Smith: Oh, that's relatable.

Singing Teacher 1: Right, or just apologize for ridiculous things. And so, that for me is a personal goal, because they don't need to apologize for themselves and so they have to put a quarter in the jar if they unnecessarily apologize.

Smith: Okay. So, that kind of answered numbers nine and ten about how you set goals and if you include your students in the goal setting process, it sounds like you do, that you're asking their goals...

Singing Teacher 1: I think you have to.

Smith: Then is there anything else you want to say about how you set goals?

Singing Teacher 1: Sometimes I have goals that I don't communicate to them on purpose. And then after the goal is achieved, I will say, "Do you realize what you did?" And that is a very conscious choice on my part because I don't want them to get wrapped up in the minutia of trying to achieve that goal.

Smith: Okay, that makes sense. So then, with, like, the goals, once you set the goals, I'm curious about the steps you take to make progress towards those goals. So, describe your process for selecting student exercises or their sung repertoire, and if they're included in the process, or just kind of how it works for you.

Singing Teacher 1: So, I have all of my students, we pick a collection of vocalises every year or so last year we did Vaccai, we do it first and second semester, this year we're doing Lütgen, we've done Marchesi, I have no idea what we're doing next year. But it's standard vocalise repertoire that teaches a variety of technical skills, which is great. As far as individual exercises, I will develop those to teach particular concepts of singing based on a student, so that's very one-on-one situation I always ask my students what their favorite music is and try to figure out what they like and why. And that gives me some direction to picking repertoire. I don't have a catalog of this is freshman repertoire, this is sophomore repertoire, my brain doesn't work like that, and I've tried to codify the way I pick out repertoire, but I will be honest with you, it is quite often just a gut instinct, based on their personality and their vocal ability. I do try to make sure that there is a wide breath of language and culture and style and skills required over the course of a semester, sometimes to their chagrin, but I don't care.

Smith: No, that sounds great, thank you. That's a lot of great details. So then, for number 12, it's a little different/. I have some of these movable scales in front of you and feedback is one way to confirm if a student is moving towards those goals or to correct them if they're not. So, I just want to better understand if there's certain types of feedback that you provide in a lesson, and if you wouldn't mind providing a little notch on the line if any of these...

Singing Teacher 1: Do you want me to handwrite it?

Smith: Yes, that'd be great, thanks. a little quantitative with...

Singing Teacher 1: Absolutely.

Smith: So yeah, feedback during the action, after, praise, positive criticism, negative criticism, suggestions for improvement.

Singing Teacher 1: Praise is a funny one.

Smith: Yeah, and if there's any comments that you have, we can also, I'd love to talk about feedback.

Singing Teacher 1: I think praise is funny, because while it's necessary, that's not why they're here. And I think my neighbor colleagues would tell you that periodically, a very enthusiastic shriek will come out of this office because if there's really something that needs to be achieved and they have achieved it, I'll jump out of my chair and shriek, and everyone looks at me like I'm nuts and I'm fine with that. But I tell new students that they need to be with a teacher that is going to respect their abilities but challenge them to get better. And I don't find a lot of benefit in empty praise, I just, I don't, and I think students know when it's empty or when it's meaningful. But on the flipside of that, I try to couch criticism for improvement in a positive light, you know, 80% of this was great, we need to work on this 20% though. Which I don't call praise, but I do call affirmation of what they were able to accomplish, but then acknowledging that it wasn't flawless and then here we need to fix this. So, I try to give them, "You did this well, this we need to fix," when I'm delivering criticism. And so, I don't think I give a lot of negative criticism because I don't think it's fruitful. I think it shuts you down. There will be days that I get frustrated and just kind of blow everything up, but it's very rare, it's very, very rare. I call those the "come to Jesus" days and I'd say maybe I have one, maybe two per student over the duration of their career here, those are not typical situations.

Smith: Okay, so that also answers number 13, but do you have anything else to say about balancing, managing the balance between encouragement and critique, or constructive critique?

Singing Teacher 1: I think critique can be used in a very strategic way to empower a student and that if you keep addressing the fact that this is their choice to make, that they are the ones who are doing the work, and that they are developing a skill set and a toolbox for their own future performances, that it's received a lot more openly, than if it were just a "you need to fix this."

Smith: Okay, right. So then, due to the large amount of time that's often spent with students over long stretches of time, some come to see their role as more than just related to the voice, but to the person as well. So, do you see yourself, this is kind of a long question, but as a life coach or a therapist in anyway? Or someone who can help with emotional or personal concerns, and how much of any of that role as friend, nurture, or mentor do you take on?

Singing Teacher 1: Yeah, I do feel like that. I think my fiancé would tell you that I'm definitely that. Because I think that the voice and emotion are so intimately intertwined. There are days when emotions are so out of balance that phonating results in floods of tears, and you can't discount that. It goes back to that empathy that we talked about earlier, I do consciously draw a line. I should have CAPS on speed dial because I have no problem telling students who are struggling, "Go make an appointment, you know, maybe it's a one off and you just need to develop another strategy, maybe it's for a longer thing," but I always couch it in the idea, "There's nothing wrong with you, you just need a skill set that you don't have yet."

Smith: Yeah, that's terrific.

Singing Teacher 1: But my students also know that if they need to come in here and vent about a frustration, they can and then it stays in this room, unless I hear something that I feel is dangerous and that needs to be addressed in another way. But they also feel comfortable sharing their successes with me, and if it's not a musical success but it's a personal success, you know, I think that's great. I think that builds trust and it helps them understand that the work that we're doing as musicians as artists is again coming from an authentic place and that I value them as people, not just as instruments.

Smith: Yes, good.

Singing Teacher 1: But I tend not to share equally about my personal life, that's one of the lines that I draw. You know, they come over to my house for dinner, but personal challenges I tend not to share those kinds of things. So, I guess I would call myself a mentor, if I had to pick a label.

Smith: Okay, thank you. So then, are there any, for number 15, are there any of the following methods that you use to create rapport or healthy relationships? Or any that aren't listed here?

Singing Teacher 1: Oh, I think all of them. Probably the least would be attending performances, simply because I have a problem with equity, you know, if I go to one but I can't go to the other, how do you explain that? So, I probably consciously avoid that, probably. But I do have a student survey at the beginning of the year, just as a basic information gathering tool, but it's handy if I see things that I didn't realize that I can follow up on those. There's always a little bit of small talk at the beginning of the lesson, just to kind of get the lay of the land, take the temperature of the day, see how things are going. They know that they can ask me about strategies for other classes, you know, "I can't figure out ear training," okay, so that's where I knew this student was kinesthetic, I said, "Do you play the melody in your hand while you're writing it down?" You know, so they know they can come to me for learning strategies if they need to. And then I think E kind of summarizes the whole page that we've talked about.

Smith: Right. Great. Number 16 is kind of on the same subject. Are there any steps that you take to create a safe environment? And I've taken some suggestions from a Clemmons article, but you can also speak to other things that you do.

Singing Teacher 1: One thing that I do that isn't on this list, and I would suggest that I do all of these things, is you know sometimes in order to make a change physically when you're singing you have to do things that are a little bit ridiculous. And I make it very clear to my students that I will not ask them to do something that I will not do in front of them first.

Smith: Yeah, that's great, kind of breaks down the awkwardness or the discomfort.

Singing Teacher 1: Oh, I'm sure that I've made the most bizarre noises and the most bizarre gestures in this room, but, you know, if that's what it takes.

Smith: Yeah, great. So then, the other aspect of this study that I want to get is identifying and comparing different types of training in our fields by examining your individual, but also the corporate experiences of these voice experts, so I have some questions about curriculum and education, professional memberships, and other things in this realm. So, for number 17, could you circle if you belong to any of these associations or add any that aren't listed?

Singing Teacher 1: Okay.

Smith: And a lot of these are speech...

Singing Teacher 1: I see that.

Smith: And I can just type others if you don't want to write them.

Singing Teacher 1: Nope, you've got them covered there.

Smith: So then, some of these memberships or associations set their own professional standards, but I'm also assuming that individuals have personal standards. Are there any personal or professional guides that influence your practice?

Singing Teacher 1: I'm sure when I applied for membership in NATS that I read through all of those things and nodded my head yes, and signed on the dotted line, but I wouldn't say that I have them framed on the wall and I'm going through them every single day. I think a healthy approach to teaching, in terms of professional boundary, emotional boundary, and understanding the academic and artistic requirements of each person's development dictate a lot of what I do.

Smith: Okay, yeah. So then, could you briefly describe your training or like, educational, anything that's relevant?

Singing Teacher 1: Yeah, so I have a Bachelor of Music in Performance, and an Arts Administration Bachelor of Arts degree, so a dual undergraduate degree. And then a Master of Music in Performance and a Doctorate of Musical Arts in Performance. I was also one of the NATS interns, which was really significant, significantly influence my teaching practice, so I would definitely include that in my training.

Smith: Okay, and then with that in mind, are there any ways that these training experiences influence you? Can you give an example, like, on a daily basis or your philosophy, stuff like that?

Singing Teacher 1: I think it's funny because I see, periodically, the influences of my teachers manifesting in things that I say or approaches that I take, but with that I've also found myself, as I gained experience as a teacher, really solidifying what I believe about singing. And so, I am able now, having taught at the collegiate level for [omitted], to really see sort of how I progressed from imitating teachers that I respected to owning my own beliefs about teaching and that's been a really exciting progression.

Smith: So, partly with that in mind, number 21, is there any specific training you wish you would have received?

Singing Teacher 1: Yikes. You know, I don't necessarily think that it has to do with the actual act of singing, but I feel like when I have gaps in my knowledge it has to do more with style.

Smith: Okay, yes, I think that's probably common for a lot of teachers of singing, Just depending on what genre you're in, what field. do you like for number 22, and kind of playing off this, do you attend any workshops or clinics? And is there anything that might help fill in some of those gaps?

Singing Teacher 1: Yeah, my primary attendance are NATS related events. I love hearing singers talk about singing and hearing the things that they find were influential and formative experiences for them. It helps me to reflect, it also gives me things to pass along to my students as they're reflecting on their own development. And ideas about communicating issues of language and issues of style, those are the workshops that I tend to gravitate toward.

Smith: So then, for number 23, could you rate or explain the influences of these workshops in general on your professional development?

Singing Teacher 1: That's a hard question.

Smith: Yeah.

Singing Teacher 1: I think every time, you know, you experience something, you take something from it. I don't think I could quantify if one was more important than the other or expand on something specific that has revolutionized my teaching per se.

Smith: Yeah. So then, just a couple more questions. Actually, it looks like a lot, but I think we're okay still. Do you use any research-based practices in your teaching? Can you describe any current practices that you use and I've given you a couple things just to think...

Singing Teacher 1: So, I mean reading the NATS journal, of course, is standard. In terms of conducting my own research, not explicitly, but in doing a project in the peer review of teaching program, I've really employed the idea of backward design for my students. What is the goal? Where do I want them to end up? And then how do I get them there through a series of exercises, repertoire, experiences, that they need to have? And that really has revolutionized my syllabus, particularly, because they need to have professional, they need to see and hear professional singers, that manifested in a different kind of assignment. They need to be able to translate text and talk about it in a 21st century way, that changed an assignment that I am giving them. So, that idea backward design and starting with the goal and then figuring out how I'm going to get there, rather than sort of blindly going forward really made an impact on the way I teach my courses.

Smith: Great, so then, in determining how to, sort of, best serve voice users as a whole, I'm curious how fields of singing and, like, speech pathology or doctors, how we can connect these fields. So, for number 25, how do students come to you? Do they choose you or are they recommended to you? Are there factors involved in matching teachers with students? And is there a process for that? I know it's a little different being in an academic setting, but...

Singing Teacher 1: It is, and it isn't different. We have a pretty great level of autonomy and choosing our own students. And so, there are students that are sent to me, there are students that choose me, I certainly don't want to teach someone who doesn't want to study with me, so if I'm not on their list then that's fine. So, that is not infrequent. But I think the factors that you're talking about is actually pretty critical. I tell my students, you know, I curate my studio pretty carefully, and when I am giving sample lessons I tell students, "You know, you need to find a teacher whose personality matches what you need to be able to grow." So, if someone needs a teacher who is constantly giving them praise, maybe I'm not the right person for them. Or if they need someone who maybe has a more hard-lined approach, maybe I'm not the right teacher for them, but I really put the onus back on the student to discover who they are and what they need in a teacher to be successful.

Smith: Right. So then, for number 26, is there anything that might keep you from teaching certain students and can you refuse a student?

Singing Teacher 1: Yes, we can refuse students because students are not assigned to us. So, it's a different kind of situation than perhaps a clinical situation. Yes, there will be times that I will not take a student who wanted to study with me. It becomes apparent pretty quickly whether or not students are in the art for the art or in the art for themselves. And I find that students who are in the art for themselves become very difficult to teach.

Yeah, I think that's the biggest, there's got to be a level of humility in an artist that says, "I'm not finished."

Smith: Right. So then, playing the other side, Is there anything that draws you towards certain students?

Singing Teacher 1: On the most basic, basic level, of course you're going to want to work with the most talented students. But I think I am drawn to those students who have a sense of who they are and what they want to say to the world. I'm definitely drawn to generous and humble spirits. On a very practical scale, I like working with big voices because I am one and I feel like my experience and figuring out how to make that work I think I can offer that to students who are often told to sing quieter. Yeah.

Smith: Great, that's wonderful.

Singing Teacher 1: Oh, and I am accused of collecting control freaks because I'm one too.

Smith: So then, that kind of plays into that and what your studio looks like. Is there a certain culture and does that play a role in what kind of culture you strive to create?

Singing Teacher 1: Yeah, there is definitely a studio culture. I mean there's a certain level of professionalism and demeanor that I require of my students, both for themselves and in communication with one another. You know, we have ground rules in studio class, and day one, get used to giving two compliments and one criticism. Because you know it's so easy, with others and with ourselves, to go to the bad place, and so I think it's important to recognize that there are things that are being done well, both in our own performances and in others' performances, but that we're all here to get better, because if we weren't here to get better, you'd be singing professionally, and you wouldn't need me. So, that's definitely something. I also encourage my students to be authentic to themselves and to learn to be secure in that so they can be vulnerable. But because everybody's doing that together, it creates a safe space.

Smith: Right. So then, in regards to that safe space and having diverse students or clientele, is there anything, without using names, any specific time in which you found it difficult to approach a student or easy to? This is kind of open.

Singing Teacher 1: Yeah, I think this is something that I've been thinking about, because as we are seeing a more diverse cultural representation in the students that audition, we have to be respectful of their cultural musical heritage and the styles of singing that they bring with them from their cultures. And some of those styles of singing are so deeply ingrained, because they've been singing that way for their whole lives or because they hear their parents sing that way, are not as conducive to the classical singing technique that this institution teaches. So, I wrestle with that, and I haven't come to a conclusion on it yet. And it has nothing to do with the student's talent, or their musical achievement

level, or their intellectual ability, but simply is that cultural hurdle something that can be overcome and, if so, how?

Smith: Yeah, that's a very interesting thing to think about. So then, the last couple of questions will help me understand methods and a bit about your motivation, so how do you prepare for lessons?

Singing Teacher 1: This is actually a group effort. I've been asking my students to take ownership of their lessons more in the past couple of years and so we establish, by two major milestones in the semester: their midterm and their jury, what they want to have accomplished by that point, and then I ask them to lay out for the lesson what they want to accomplish in each lesson to achieve those goals, which gives them ownership over the lesson and makes things, I think, a little less demanding because they're able to tailor their lesson schedule around other obligations they have, like major papers and major exams. So, it manages some anxiety a little bit, which I think is helpful. So, I set the big milestones and they fill in the gaps to achieve those milestones. We also have a pretty standard lesson format. So, you know, we start with technical exercises, we do the assigned vocalise, then we deal with any technical challenges in their rep, then we get the pianist and deal with the team. That's a pretty standard layout that they expect. I don't do, you know, 15 to 20 minutes before the lesson, sit down and think through it, that's not how my brain works, but I also have two hours of commute a day, where I do a lot of reflection and thinking, and you know I take pictures on XM radio if I hear a piece on the Met Opera channel that I think they should sing. So, it's sort of a continuous flow for me rather than a concrete "I am planning this now."

Smith: Right and that kind of plays into number 31 about reflecting on sessions, is there anything else you do?

Singing Teacher 1: I don't keep a journal or anything of that nature, but I will write notes to myself on their rep list, each of them has a rep list at the front of their repertoire binder, and so as I am thinking of things for them, I will track that in an informal way.

Smith: Great, so then for number 32, how often does reflecting teaching influence your methods, could you explain?

Singing Teacher 1: I would say almost always, you don't want to start fresh every week, you don't want to reinvent the wheel every week. So, I had a student this morning where I said, "What did you think about from last week?" And I knew what I thought about from last week, and I wanted to hear what she had to say, and that directed the course of what we did.

Smith: Great. And then the last couple of questions, what was your motivation for entering this line of work?

Singing Teacher 1: I didn't choose it, honestly. I thought I was going to be the chair of the national endowment for the arts. I had a poly-sci minor, I was going to be a lobbyist,

going to raise money, advocate, and then I kept falling into performance, falling into grad school, falling into teaching and I had some great mentors that kept nudging me, which was wonderful, but it was not anything I chose, consciously.

Smith: That's interesting, yes. And then what continual motivation do you find in this work?

Singing Teacher 1: I love helping people grow. I love helping people, and this is going to sound really hokey, finding their voice. You know, helping them get to what they really are trying to say and helping them to discover the tools to be able to do that.

Smith: Wonderful. Yeah, this has been wonderful. Is there anything else that has come to your mind while we've been talking, anything else you want to discuss?

Singing Teacher 1: I don't think so. Well, one other thing that we always joke about is that we talk about are singing lessons are life lessons and I think that's really important.

Singing Teacher 1, Interview 2 Transcript

Smith: Actually, I didn't include this in the email, but I was wondering if my participants were okay talking about the pandemic and maybe how that has changed, especially with my topic of interpersonal interactions, is there anything that you can put your finger on with all this?

Singing Teacher 1: Yeah, I've thought about this a lot because, you know, not only am I a voice teacher I'm sort of like the first line of defense, particularly for my undergrads, like the babies. and it has been challenging to, for lack of a better term, read the room with them. When you're in the same room with someone, you get their energy, you get their vibe, you understand very quickly, like even when they walk in the room, if something is going on and so this virtual mechanism, as good as it is, you don't get that energy. And you don't know if that energy has to do with what's going on outside the lesson or if they're frustrated because of the technology that we have to use and the challenges that come with that you know. So, that was really difficult and, in some degrees, exhausting, because you're also not able to feed off that exchange of energy and so, by the end of the day, you have exerted so much that there was very little left. And I am an introvert anyways, so by the end of the day, all I wanted to do was crawl in bed and pull the blankets over my head. And I think that as appreciative as my students were for the things that I was able to do, they felt a degree of isolation, too, which makes it difficult to grow as an artist because we need that sense of community in order to take risks and take challenges and have the safety net in which we can fail in the pursuit of excellence, and this barrier has made that very difficult.

Smith: Yeah, yeah, thanks for putting that in your own words. Because I have, you know, some similar interactions and some people that I'm talking to for this research have had similar issues. Is there anything that you have found to be a positive change? Or no?

Singing Teacher 1: The voice area was just talking about this yesterday so it's funny that you asked. We were interviewing potential DMA students for next year and one of them asked, you know, "what have you observed from blah blah blah blah?" If I was to find a silver lining in any of this, it caused me to really think about what my priorities are as a teacher, because I couldn't do anything, nothing, the way I was used to doing it, and if I was going to do anything I had to find a mechanism by which to make that happen, right? So, for my own sanity for the sanity of my students for the possibility of actually having those resources I had to sit down and say, okay, what's really important? And I both found things to discard, and I found gaps, which I hope I've been able to fill, but my students have responded pretty well and like the changes I've made in terms of modification of assignments. And I have them watching streamed professional recital's now because we can't attend live performances right, so that's been really interesting and I have alumni coming back and talking to studio class, and alumni from all corners of the country are able to zoom in and share their experiences about what they've done after school, you know. So, those opportunities have been great, but we sacrifice community. We sacrifice learning the art form face-to-face, I don't have access to the entire body of my singer, I'm teaching them from rib cage up for the most part, you know. I can't lean

in to see what their tongue is doing because I don't have a zoom function on the camera. It's just, there are things that have been positive and that I really have been able to streamline and refined my priorities for my students, but there are things that I think I was doing that were valuable that I had to sacrifice.

Smith: Great, thanks. Well, I mean, it's not great, but thank you for explaining, good information and a good explanation. And I love the studio outsourcing, getting people involved. I mean, yeah, that's a really cool part of kind of the global community that's come out of this, but the local, I feel like is very... So, to kind of shift gears a little bit, another question that I had after interviewing people on both sides of singing and then speech language pathology and voice medicine, do you value being an expert in one or two specific disciplines, and whether that be a teaching technique or a specific genre of music, versus being versed in a number of different disciplines?

Singing Teacher 1: I think it's important to understand a number of things, honestly. I think I tend to teach more like Miller, but it doesn't mean that I exclusively teach in the manner of Miller, if that's not working for my student.

Smith: Okay.

Singing Teacher 1: Is that what you're looking for?

Smith: Yes, yes, that is great, again, great information. And then, this may not apply to you, but some people see voice users or singers for a short amount of time, maybe to prepare them for an audition or it's like a brief thing. Is there any difference with how you interact with voice users that you see long-term versus some that you may see once or twice or over a short period?

Singing Teacher 1: Absolutely. I think it's a matter of efficiency and it's a matter of relationship depth. So, I've had singers come to me and say, "I've got four lessons and I'm doing this audition and I need to get this ready." I spend less time discovering their emotional history with singing, which we know has a tremendous impact on the way we use our instrument, and go more directly to fixing. And I think all voice teachers have in their basket, those quick "this is how you fix this," I'm not going to teach those singers the depth of anatomical truth that I teach my long-range students. We don't have time. They don't care why it works; they just want it to work.

Smith: Right, okay, great, thank you. And then, again, I'm not sure your experience with younger or older students, but does the age of the voice user with whom you're working play any role in those interpersonal interactions or teaching methods?

Singing Teacher 1: I will say that it can. Sometimes, chronologically younger students come in with less awareness of their own body that more chronologically mature students may have, this is not a universal statement, but that physical awareness goes along way into understanding singing. I think you also have to determine the emotional availability to change, which can be less flexible in a more chronologically mature student, but I have plenty of chronologically younger students that, "I do it this way, this is the way my

private teacher since I was eight taught me how to do it, and if I can't do it this way I'm not going to change." You know, so yes and no, these are gross generalizations, knowing that it's going to change via individual.

Smith: Okay, thanks. And then I had a question that you kind of inspired, because you had originally, I wanted to find the quote, so you said, "We have to be respectful of their cultural musical heritage and styles of singing that they bring with them from their cultures. And some of those styles of singing are so deeply ingrained, because they've been singing that way for their whole lives or because they hear their parents sing that way, and they're not as conducive to the classical singing technique that this institution teaches. So, I wrestle with that, and I haven't come to a conclusion yet." So, I'm not looking for a conclusion but...

Singing Teacher 1: That was kind of smart, I can't believe I said that.

Smith: Yeah, a wonderful explanation, and I just wondered if you had any more comments on the role, if any, that a person's familial or personal background plays into the voice lesson? And this could include nationality and culture, but I'm also thinking about, like, socioeconomic status, or sexual orientation, disabled status, if you have any learning...

Singing Teacher 1: Challenges.

Smith: It could be religion, so just a little bit broader?

Singing Teacher 1: Right, first, if you haven't read the most recent issue of the journal of singing if there are two articles in there that you need to see that deal exactly with this, so that's why I think I'm so surprised that I said that because I hadn't read these articles yet. One by Patricia Caicedo and then the other is, the article is escaping me the author but it's about CCM and how all CCM music originates in the black American tradition. And she addresses that really, really beautifully, so check those out because that speaks directly to that.

Smith: Okay, thanks.

Singing Teacher 1: Yeah. The one time I open the journal the same day I get it, and those two things pop out. So as far as, let's see if I can break this down, so as far as learning ability goes, I have taught students on the autism spectrum and that is interesting because when you get learning challenges, and the ones that I have dealt with most directly have been the autism spectrum, so I can really only personally speak to that, but I find that it's a little bit more difficult for those students to address emotional subtlety, both in the interpretation and the execution of the repertoire, and I have to feed language much more frequently and suggest experiences much more frequently. I also find that for those students, because they tend to be so process-oriented, because that is how they have had to learn to function successfully in the world, that any change to their process, it can be a harder shift because it sort of rattles their worldview. So, that has been an interesting

thing. I have had students not want to seeing areas from Julio Cesare because the historical character was viewed as not Christian.

Smith: Okay.

Singing Teacher 1: That was an interesting situation to be in because even if I explain, “Pedagogically, this would be a really great piece for you and it would allow you to work on XY and Z,” and it wasn’t even anti-Christian content in the aria, the character was enough to make the person go, “I don’t want to touch it.” So, as a teacher, that was really a challenge to, I had to up and okay, what else can she sing that’s going to accommodate the same thing. So, that was really interesting. I think my job as a teacher is to help singers find their authentic voice, the voice that is the most honest to them. And whether you know they have gender identity issues, I’ve had several students discover that they are gay through their, you know, collegiate process and it’s amazing when they come to their own truth, how the voice becomes more free. You know, it’s that vocal and emotional connection and I don’t take any responsibility for helping them through that process, but I see it in a way that may be the average collegiate instructor wouldn’t.

Smith: True, yeah.

Singing Teacher 1: So, that has been an interesting observation for me. Lots of tears, as you know, gets shed in a voice studio because the voice I think is the most intimate of the instruments. So, if there’s something unsettled or buried emotionally, for whatever reason with a student, it is going to manifest in the voice. And, you know, I’ve had students who were sexual abuse recovery survivors and they’ve had to work through that process and as they were healing, their voices developed in a new, richer way. It’s fascinating to watch. And I clearly don’t have the psychological background to analyze exactly why that happens, but the thing that I have to hold onto is what is the truth of the students’ voice. And if it doesn’t fit the classical model, my role is to help them understand the classical style as a genre, and what are the expectations of this style, whether or not you choose to do that professionally, you need to understand what the expectations are. Just like their expectations for jazz and expectations for spirituals, you know, singing spirituals is different than singing lieder.

Smith: Right.

Singing Teacher 1: And you have to respect that and honor that and recognize that as you’re teaching that repertoire.

Smith: Great, thanks. And a follow-up question to that, do you do you assign much music outside of classical in your specific position?

Singing Teacher 1: I assign musical theater and I have, since I have started delving more deeply into the spiritual repertoire, I’ve started assigning more of it. I think it’s so important that if you’re going to assign repertoire you need to understand it at a very deep level yourself, and it’s not something you can teach on the fly. So, until I had the

opportunity to study singing spirituals with African American singers and figure out how to put that kind of authenticity into my own body, I didn't want to teach that repertoire.

Smith: Yeah, that's a really, I think, mature response and good for yourself and for your students to have that. Yeah, great, anything else on that topic or question? I feel like you covered a lot, I kind of threw a lot at you.

Singing Teacher 1: If I missed something, tell me, because that was kind of a big question.

Smith: No, that was wonderful. So, kind of changing gears, what is the role, if any, of multidisciplinary training in educating voice experts as a whole? Since I'm looking at both of these groups, do you think there's any amount of singing that voice doctors and speech language pathologist should understand, or do you think that there's any part of voice medicine and that side that you think singers should understand?

Singing Teacher 1: Oh, I think it's an important, I think it's important for both camps to have an awareness of what the other camp is doing. You know, I am not in the business of diagnosing vocal injuries, but I sure need to know when I hear one so I can help that student get the help, the assistance and the support that he or she needs. I think it's important for voice doctors to understand the role singing can play in therapy, you know, if, you know, I knew a middle schooler who had nodes because he was speaking without enough breath flow in his speaking voice, which was crazy because his parents were both singers, you know the idea of it was just crazy. But if you think about the Kardashian affect and that very under-breath-utilized fry kind of voice that happens, I mean I've already corrected that in my 10-year-old, I'm like, "Stop talking like that right now," "Why mommy?" "It's not healthy, stop it." But if that's what the cultural and social media models are showing to our children, you're going to end up with more voice injuries. And I think that if we can partner our skill sets and say, okay, here's a vocalise that I use, like an SOVT, that encourages breath flow, I can share that with the therapist who may want to be encouraging those habits in a singer and just may not know enough musically to design that kind of exercise, you know, but isn't it easier to teach a little kid to sing something then it is just to blow air?

Smith: Yeah, great, thank you. Okay, so another, maybe kind of loaded question, what is the role, if any, of gender in your field? For example, are there any barriers or privileges granted to voice experts or voice users singers based on gender? And I could give you an example.

Singing Teacher 1: That'd be great.

Smith: I had a couple of participants, singing teachers, who said that male students were given to male teachers for certain reasons, or one participant said that they had a student given to a male teacher because the family thought, it was a younger student, might be stricter than a female teacher. So, I'm not saying that you had to have had any experiences like that, but is there any way that gender intersects with your field?

Singing Teacher 1: Not at the undergraduate level, that I have experienced. I have not, personally, had a student say I want to study with X because of his gender rather than yours. I think at the graduate level, it can make a bigger difference. I don't think it's necessary, but it makes sense for someone to want to study with a professor who has been in the repertoire that they'll be singing. You know, that, when you're becoming that specialized in a field, you know, if you're studying voice science, maybe there's a particular injury that you want to study, you're going to study with someone who specializes in that industry, or in that injury. And so that's kind of how I align those things in my brain, but I don't think of it as gender, I think of it is voice type.

Smith: Okay, right. Thank you, and then what is the role, if any, of funding in your field? And for example, have you ever had to pay out of pocket for additional training, to attend a conference, to do extra stuff?

Singing Teacher 1: Yeah, oh yeah. You know, it depends on your university, right? There are some universities who pay NATS dues for their faculty, it's just part of the experience. I have to pay my own. I write it off on my taxes, you know. We have to apply for conference attendance and there is a rule, "rule," that in general, you'll get 70% of your expenses paid. So, in order to stay professionally relevant, there is a financial commitment on my part. And we're limited in the number of activities they'll fund every year, right? So, if I really want to stay professionally relevant, I have to budget for, you know, a couple thousand dollars every year of my own funds to attend conferences participate in workshops etc. etc.

Smith: Thank you. And then what is the role, if any, of voice user disposition? So, we've kind of mentioned how the voice and emotion/personality are intertwined with what's going on in their lives, but some people that I interviewed kind of threw out some generalizations of like perfectionist tendencies, high achiever tendencies, high anxiety tendencies. I'm laughing because that is, like, me.

Singing Teacher 1: You just described my studio.

Smith: Right, so Does that we kind of already talked about it, but do you have anything else to say about the role of the singer and their personality?

Singing Teacher 1: Yeah, well, I jokingly call my studio the home for wayward perfectionists, because I tend to recruit students who are like that because that is who I am, too. And if you subscribe to the theory that the more problems you have the better teacher you are in addressing those problems and being aware of those issues in your students, I am right at the top of the list. So, I feel like I have a kinship with those students. As far as the role of the singer goes, I think the singer needs to be ready to acknowledge that those things are true in their lives. And I can, I've gotten pretty good at telling within one or two lessons if my student has perfectionist tendencies and I call them out on it. And then we have to talk about the issue of control and what it is, indeed, that they are responsible for and what they can trust will happen if their plan is sound for

the activity of singing. And for a lot of my students, that is their greatest challenge. They have tremendously beautiful natural instruments, they are intellectually superior to their peers, but aligning the intellect, the talent, and the trust in that triangle, it's the trust that's out of balance the most. So, that's been fascinating, but I've implemented strategies of planning and post it notes of do XY and Z, or the permission to fail, and how you know nothing is permanent – if you try it once and it doesn't work, just don't do it that way again, you know. And that idea of lack of permanent, I think it's comforting, because no one wants their mistakes recorded for posterity, right?

Smith: Right.

Singing Teacher 1: And I think that perfectionists, in particular, believe that every mistake they make is going to be recorded for posterity and it's my job to help them remember that no, it's not. After you do your lesson reflection, you can delete that recording and it will go away, you know. And the idea that perfection isn't real, I think is important to help them understand, which is hard to process with the recording industry the way it is, you know. I recorded my first CD, I now understand how pitch can be manipulated, but I didn't want to do that, you know. Nothing was manipulated in terms of pitch, but we did cut this phrase and substitute this phrase, and it's just like, I can't do that in performance. And I would've been satisfied with any one of those performances live, but because it was going into a permanent record, we cut and pasted, you know, it was very interesting to go through that process emotionally. And I think my role as a teacher is to help singers recognize what is true and what is temporary.

Smith: What did you record in when did you record it?

Singing Teacher 4: [Omitted].

Smith: And you had mentioned in our last talk about students taking responsibility or, like, playing a role in their lessons. You let them schedule out what they want to work on and then the reflection. I just wanted to come back to something you just now said about once they filled out their reflection. So, they record all of their lessons, correct?

Singing Teacher 1: Right.

Smith: And then is there a specific process for reflecting, or like a sheet they have to fill out? Or is it just...

Singing Teacher 1: No, in fact, I tell them, "I do not want to transcript of your lesson, I know what happened in your lesson, but what I want to know from you is what you hear. and what you experienced as you were going through that process." And what's interesting is some students do it weekly, so they are able to gauge their progress from week to week, and some students prefer to do it at mid semester and at the end of the semester so they can see the larger trajectory. And I don't prescribe which, when they do, I just tell them they have to turn it in at midterm and at the end of semester.

Smith: Great. And then I had one more question. and then if there's anything else we want to talk about. but what is the role, if any, of scheduling demands? And I had voice teachers, specifically, talk about the back-to-back nature of seeing students, kind of like one on top of each other. Are there any benefits to detriments to how your schedule looks?

Singing Teacher 1: So, that's a twofold question given the situation that we're in now, because we have this mandatory 30 minute window that we have to have in between students, right? So, that means that every student has to have a 90-minute block and with the number of students I was teaching last semester that was 10 to 4, 5 days a week to accommodate all of those students. And when I talk about emotional exhaustion, I have never experienced emotional exhaustion like I did last semester. I joke to my students that I spent the month of December curled up on the floor. Just because it was relentless, right? On top of the teaching, then also the stress of making sure the technology worked and all that, I mean, it wasn't just teaching. In a pre-pandemic normal year, I have a self-imposed limit of not teaching more than 2 ½ hours straight without a break.

Smith: Okay.

Singing Teacher 1: I need that physical and emotional break and I like that break to be about an hour if I can, just sort of come down, to do something else, to use a different part of my brain for a little while, or not use my brain at all for a little while, you know, because I think, I don't want to do a disservice to my student by being distracted or exhausted emotionally or intellectually, because being a voice teacher is being constantly problem-solving, not unlike a medical professional. So, you need to be on your game, and you need to be aware of so many different blocks of sensory information coming in: visual, auditory, you know all of it, so I think in that regard that's really important. You know, I've got drainage today and I had an incredibly long day yesterday and by the end of the day, I was just like, "I'm not talking to anybody, I'm not talking anymore." Because I was just roached. And I didn't want to speak anymore, I was singing as low as my teenage baritone son and he was like, "Mom, you should record that and I was like, no, this is not good."

Smith: Okay, yeah, yeah. Thanks for putting that into words because I think we feel that as teachers and as voice professionals, but then do you have any, so you have your self-imposed block and break, but do you have, is there anything you would suggest to, like, the field as a whole to help with some of that emotional and physical wear and tear?

Singing Teacher 1: Well, I think there is that old adage of you can't pour from an empty cup and that's so important. I don't care what field you're in. It applies to parenting, it applies to service, it applies to professional well-being, you cannot work so hard as to completely deplete yourself, whether it's in the short or the long term. And you've got to find those things that you will create time for that fill you up, whatever that is. And if you don't prioritize that, everything else is going to suffer.

Smith: Okay.

Singing Teacher 1: And it took me a while to come to that, but boy when I did, I am a lot healthier and happier because of it, and I think I'm a better teacher because of it.

Smith: Yeah, great thank you. Yeah, I think all of this, thank you for your honest and like, thorough answers. That's all the questions that I had but is there anything else that comes to mind based on what we've talked about or anything?

Singing Teacher 1: I don't think so, except I'm dying to read this.

Smith: Oh thanks, I'm dying to finish it.

[Omitted conversation with personal identifiers]

Singing Teacher 1: This is the kind of thing that I like to do, this is the community of teachers, this is the sharing about what we do and why we love it, and I don't find anything but positive about that.

Singing Teacher 2, Interview 1 Transcript

Smith: Okay, so I am recording, and could you just verbally confirm that I have your permission to record this conversation?

Singing Teacher 2: You have my permission to record this conversation.

Smith: Thank you so much. So, I'm just going to start at the beginning and work through, but again, it can go anywhere. So, I wanted to look at the interpersonal practices implemented by teachers of singing and speech-language pathologists and other voice experts to see this more specific side of what we do as people who work with voices and individuals. So, to begin, in regard to interpersonal practices how would you define interpersonal?

Singing Teacher 2: That's a good question. I guess the relationship between two people and working openly and, sometimes, vulnerably. I guess that doesn't have to be a descriptor of interpersonal, but it comes to mind to me when I think about my own work in interpersonal relationships.

Smith: Thanks, and if you don't mind, I might just jot down a couple things so that when I'm transcribing, I can see where we are. Great, I love that vulnerability piece and that might come up later, because my next question was what do you consider to be necessary interpersonal skills in your line of work?

Singing Teacher 2: This is interesting, a colleague of mine did a presentation on soft skills at a National Opera Association poster session that I'm remembering right now, but just talking about all of these soft skills that we have to have as singers or as voice teachers. You know things like how do you communicate with another person, how do you do time management, how do you...communication, email, how do you respond to emails, I think those are probably the biggest ones, at least ones that are coming to me right now, just how do you take care of those two big interpersonal skills.

Smith: Right, right. And so, and that that kind of answers my next question about how you incorporate them, and you gave an example, so I'll move to the next question.

Singing Teacher 2: Okay.

Smith: Do you teach or encourage interpersonal skills in your students, and if so, in what ways?

Singing Teacher 2: A lot. One example is a platform I use called Trello, do you know that? It's this platform, it's an app and it's kind of like a pin board but you can have boards and lists and we keep track of everything for lessons in that Trello board and I really encourage my students to also utilize that tool. I always say it's not just for me it's for you. Or I'm thinking about little things I did today, like sending an email to the building manager and copying the students saying, "They are going to reach out to you

about scheduling a time to record in the recital hall, thanks.” You know, I try to model a lot of that behavior of how students should communicate or how we should record keep and organize, all of those things.

Smith: Right, right. That’s awesome, no I hadn’t heard of that. Is it, like, a paid subscription? I’ll have to look into that.

Singing Teacher 2: No, it’s free, if you want me to at the end, I’ll screen share and show it to you.

Smith: Okay, I would love that. Also, I just realized this, this is so embarrassing, but I’m wearing these headphones and the sound was coming through the laptop, so for your privacy, I fixed it. Okay, sorry about that. So yes, I would love to see that. So, I, in my questions that I sent you, I could pull them up and share my screen if you want me to, there were a couple of approaches to individualized instruction that get a lot of, like, talk maybe. I guess, did you want me to share or do you see?

Singing Teacher 2: I just pulled it up

Smith: Okay, so number 5, which of the following approaches to individualized instruction, if any of them, are used by you? Or if there are others. So yeah, do you want to talk about any of those?

Singing Teacher 2: Those first three are all thumbs up for me. Yeah, I use all of those. I’m also thinking about Bloom’s taxonomy.

Smith: Yes. Could you, I feel like my, so my undergrad was in music education, and I feel like I got a lot of examples of Bloom's Taxonomy in a classroom setting, could you give an example of maybe how you use that with an individual student?

Singing Teacher 2: Sure, so it’s just thinking about, well, let me think about, yeah, individualized instruction. How do I help them synthesize this knowledge that I’m giving them in voice instruction? And a lot of times that may be one higher level, one way I get them higher on the Bloom’s Taxonomy pyramid is to say, “Can you tell me back in your own words how that…” that’s a synthesis exercise right? Or evaluation at the top, you know, “Can you write about it in your weekly reflection to me, this specific thing you discovered?” So, those are just a couple of quick ones.

Smith: Yeah, awesome, thank you. And just, I’m interested in that weekly reflections, could you tell me a little bit more about how you do that?

Singing Teacher 2: Sure, it’s kind of morphed over my years of teaching but my initial goal with the reflections was that I would find that students would come back the next week and would not have practiced or would not have the same goals in mind for their practice time that I did, and so, I found that if I made them write a weekly reflection, I request that it be turned in 24 to 48 hours after their lesson, they don’t always do that and I let that go if they don’t do it, I just keep requesting that they do it sooner because it’s

fresher in their mind. And I've morphed it now to have very specific props week by week, but at first it was just, tell me what you're supposed to work on this week, what did you discover in your lesson and then what are your goals and your own work before you see me again next week.

Smith: That's awesome, that's amazing, thank you for describing that. That kind of leads into...my 6th question was do you adapt to student learning styles or preferences? And I feel like what you're having them do, make sure you're kind of on the same page, so can you describe a time that maybe you had to alter your teaching methods to make sure you were on the same page as a student?

Singing Teacher 2: I mean doesn't that happen like every day?

Smith: Right.

Singing Teacher 2: let me pull up the question just to make sure I'm...what question was it?

Smith: Six.

Singing Teacher 2: Adapt to student learning. Yeah, I mean, well, here's like a very simple one. I hardly ever sing, I try not to sing in my lessons, and I noticed that I had one student that if I would model something to her she would like turn on [snap], so I started modeling to her and her lessons because it really worked for her. So there's, I mean that's a very simple example of learning styles and preferences, but yeah, absolutely. Each lesson is individualized and tailored to that student. And I don't know if you had the experience, I had it as a student and I have students who will just come in and break down and, okay that's the lesson for today, we have to deal with what's in front of us.

Smith: Yeah, and if I could actually jump around because that's a good segue. This is all the way down to number 14 and we can come back, but with that in mind, because I have had those experiences and I've had others express that to me, do, this is kind of a multipart question, but do you see yourself as a life coach or life therapist? Or even if not in those terms, how much of that role do you take on as friend, nurturer, mentor when those kinds of things emotionally or personally happen?

Singing Teacher 2: Well, I'm there for that person, you know. So, I don't necessarily, I mean, I know I'm not their therapist, I'm not taking that on

Smith: Right.

Singing Teacher 2: But I do feel in those instances a responsibility to, for example, call the counseling services and set up a session for a student or, or yeah, just try to help them in the same ways that I'm asking them to organize their practicing, you know, if, because our instrument is a part of our body and our whole being, we can't teach that if there's something in the way of, in an emotional or personal concern.

Smith: Thanks. Yeah, thank you for kind of letting me kind of expand on that. Yeah, I think that is something a lot of, at least from my experience, voice teachers have, so that, again, why I wanted to do this study, just to see is that common across the board, are speech language pathologist seeing some of the same things in their meetings? So, thank you for explaining that.

Singing Teacher 2: Yeah

Smith: So, this is kind of shifting gears, but maybe along the same lines, and we'll go back up, if you want to look, at 7. Or you don't have to, but how do you measure success? And this could be in yourself or in your students, it could be broader it could be specific.

Singing Teacher 2: It's interesting because I've been doing so much work on white supremacy and just now thinking about how that word is entangled in some ways. But.

Smith: And that's fine, you can go anywhere you want to go with that, and you can tell me how it makes you feel.

Singing Teacher 2: Yeah, I mean I think success is totally individualized for me at this point in my life and hopefully will become more so, I don't think it was always that way, and probably then not always that way for my teaching or what I thought measured success for my students in the past. But here's a great example. I had a student, I don't know this is maybe four or five years ago, that went to national NATS and she was getting ready to walk in to her semifinal round and I said you could just walk in there and stand there and not sing for eight minutes and I would be so proud of you still. You know, so like it's really not, to me it's never about the competition stuff it's about what is that person's goal and how can I help them get to it? And same for me, what really is my goal and why and then how am I getting there.

Smith: So, with that in mind, do you set any specific types of goals? Short-term, long-term, personal, professional, all the above, or others?

Singing Teacher 2: Yeah, I set both short- and long-term goals with students quite a bit. Professional or personal, I mean, I suppose a personal goal would be call the counseling services this week, here's their number, so sure, I guess I do that. And then professional does that just mean in a professional setting?

Smith: Right, like yeah competing, professional development, where do they want to go with their career, those kind of, do you talk about those kind of concerns?

Singing Teacher 2: Yeah, we do. So, I guess all of them.

Smith: Yeah. How do you set goals? That's such a broad question but do you talk about them or write them down or how do you decide what's worth investing in?

Singing Teacher 2: That's a good question. I think to your first question, both, we talk about them and we write them down, hopefully.

Smith: Okay, yeah.

Singing Teacher 2: And then the second part of your question was how do we kind of decide what's...

Smith: What's worth investing in, how you spend your time?

Singing Teacher 2: Well again, it's all about what's the next step for that person and their path or their goals, so then it kind of comes easily if you listen to that, I think.

Smith: Right. So then, are your students very much involved in the goalsetting process?

Singing Teacher 2: I would say yes.

Smith: So, with that in mind, once you've set goals, from a singing perspective, do you have a certain process for selecting student exercises or sung repertoire and again, are they included in those kinds of choices?

Singing Teacher 2: Mhmm. Not so much with exercises. We might have a conversation, especially I'm thinking right now about some high school students that I've worked with that will come in and say, "I have a specific goal. I want my voice to match, my chest voice and my head voice to match," and I'll go, "Okay, I've got some exercises for you." But as far as the repertoire, again, back to this kind of trying to break down white supremacy and all of that, I have started to really pay attention to how many dead white guys I'm giving out in repertoire and this year I've started having conversations with students about it to say, "Hey, you have three dead white guys in your rep and three non-dead white guys in your rep for the semester, what's your level of comfortability with that?" And I have had kids say, "Yeah, I think we need to ditch one of these and add one of these." And I go, "Okay."

Smith: Yeah. Sorry I'm just writing that down; I think that's so important. Okay, so then kind of moving forward to feedback, this was one of the things I was doing, I was doing this in person, so people could actually mark if they were somewhere on this scale, but we can just talk about these things aloud and it doesn't have to fall into this. I was just wondering a little bit about teachers' approach to giving feedback. If it's concurrent, which is happening during the action, if it's terminal, after, is there a lot of praise, criticism, suggestions, all of that kind of tied up, if you want to talk about any or all of that.

Singing Teacher 2: Yes.

Smith: Thanks.

Singing Teacher 2: Yeah, it's harder to give concurrent feedback on Zoom, but I feel like I found a way to do that. This week I've been doing this a lot, sing to the end of the line, I call it my spider fingers. But yeah, of course, also terminal feedback. I, like you, have an undergrad degree in music education and one of the things that stuck with me is, like, say it in seven words or less and I totally fail at that a lot, but I try. And I didn't used to give a lot of praise, but I've gotten a lot better at that and yeah, positive criticism, yeah absolutely. I very rarely do the negative criticism, but I do sometimes.

Smith: Okay.

Singing Teacher 2: And of course, suggestions for improvement, yeah.

Smith: With the Zoom being brought up I just wonder, is there any, 'cause this isn't on my questions at all because I was trying to keep, you know, similar questions when I started back in February. So, with the Zoom, is there change to the interpersonal relationship, has anything been strengthened or diminished?

Singing Teacher 2: I will say that my students have learned their rep a lot faster this semester and I attribute that to the fact that they have to be much more independent because they know they're going to have to come in and sing their rep a cappella for me. So, those first learning blocks, I feel like they've worked harder at. There was a little bit of an adjustment period, but now I feel like we're just so happy to be able to see each other and sing unclogged. It feels, to me, almost more personal because I'm seeing their face up so close, closer than I would be to them in person, you know?

Smith: Right, that's interesting, yeah, I was just curious because I'm in the same boat and it's definitely, it's interesting. And like you, I'm glad we're doing it, I'm glad we're singing, I'm glad we're making it work, but it is different. And is there any sort of way that you balance encouragement and critique? And you saying you didn't used to praise as much, is there something that kind of shifted? Or...

Singing Teacher 2: I mean as far as a shift, it was probably just my own personal shift, but also observing other colleagues and professionals giving praise in meaningful ways, thinking yeah, why don't I do that more? But that was the second part, what was the first part again, positive/negative?

Smith: Yeah, just the balance, how you manage the balance to not be too one way, or if you do.

Singing Teacher 2: Just try to be honest. But I will say that I had a very challenging student in the last year and there's a learning disability, I think, that is undiagnosed in the situation and they were just unable to count, like completely, you know, we came at it 1000 ways, and I finally had to go, alright, this student just cannot do this, and there's no sense in me making them feel bad because they can't do it and me continuing to be frustrated because they can't do it, so we found some rep that they can be successful in.

Smith: Okay, yeah. That's helpful. So then, for the next couple of questions, I had some more lists that I found more in the literature. So, in number 15, are there any methods that you use to create relationships or to get to know students, either when you're first meeting them or throughout lessons?

Singing Teacher 2: Yeah, I don't really do a written-out survey at the beginning. I did when I was teaching a private studio and then I kind of stopped doing that, I suppose that's their audition. But B, C,D, E, yeah I do all of those.

Smith: Any examples? It's fine if not, I'm just curious.

Singing Teacher 2: I mean, just yesterday I got an email that a student has Covid, and I said, "All right, let me know what can I do, can I bring you food?" So, that's sort of E. I always, yeah, I always talk with them about their other classes or coursework, I've been sending a lot of emails this week saying, "Hey, I've been hearing you're not doing so well in this class, in this music class, can you prioritize that late work this week?"

Smith: Yeah. Can I ask a follow-up question about that? And if you're not comfortable answering, I'm not sure if this is confidential at all, but are you, as their voice teacher, their academic advisor?

Singing Teacher 2: I'm not, sometimes I wish I was. I sort of act like a surrogate advisor to my students.

Smith: That's good though, keep them going. And some of those things can affect, like, I have students who are very frustrated in aural skills right now and that affects their whole trajectory, if they pass or not, so that...

Singing Teacher 2: Yup, theory, piano, and history, those are the...

Smith: We all gotta do it. So then, for 16, again, this is taking from something in the literature about creating a safe environment. Do any of these stand out as something you specifically were to do, or do you have an example of using one of these?

Singing Teacher 2: Something that just really flashed in my head what is the saying, they don't care what you know until they know that you care. I think that was part of a training that I did when I was a high school teacher about trying to get students to invest and I think it's really true, so I suppose that's A and B, in a way. Yeah, I work really hard to create a safe environment, one of my university voice teachers in my own training would not let us say any criticisms to each other, when we performed in class, we could only say positives, two positives. And I always thought that was weird and now I sort of understand it, like leading students to try to support each other instead of trying to tear one another down.

Smith: Yeah, yeah. Did you teach high school for long?

Singing Teacher 2: Two years.

Smith: Is it very different, do you feel?

Singing Teacher 2: So, I taught 9-12 choral music and it was a fairly big program and the thing, one of the big reasons that I left was because by this [conducting] I'm just not making any sound and it drove me nuts, and also, I didn't like teaching all of the ways that they had to function as a person as high schoolers. You know, and it's funny, right, because here I'm talking about how much I do this at the university level, but they definitely come in with a different level of skill than a ninth grader would.

Smith: For sure. So then, the other aspect of this study is to identify and compare different types of training in these fields, and this might include curriculum and training and professional memberships, certification, beliefs and ethics, research-based practices, okay, that was a long list. So, the next couple of questions will talk a little bit more about you, as how you came to be in this career and how you keep staying in this career. So, for number 17, again, a list, so do you belong to any associations or hold any memberships either on here or additional?

Singing Teacher 2: I'm a member of NATS, and I think I let my other memberships... Oh, and I am a member of National Opera Association. I used to do College Music Society and NAFME but I don't think I've paid those dues in a while, so we'll leave those off.

Smith: Yes, I used to be in NAFME as well. Great, so there are some guides listed on the NATS website, but are there any personal or professional guides that influence your practice? And by guides, I mean standards set for how you do what you do.

Singing Teacher 2: Yeah, it's interesting to think about NATS and how their ethics statement has changed over the last, I don't know 5-10 years, but of course I'm influenced by that. And then I would say the other things that guide my influence in practice are probably you know texts that I've read so that's not from an umbrella organization or anything like that.

Smith: Okay, any specific that you could point to, any reading or author that specifically influenced you?

Singing Teacher 2: Well, so many! I feel like I'll leave someone out if I go down that road.

Smith: I won't tell them.

Singing Teacher 2: I don't know, I am thinking first about the McKinney, which is kind of a weird place to start, but just that whole idea of diagnosing students or diagnosing voices, I think that's a really helpful concept that that has certainly been influential to my practice and then all of the you know well of course the Scott McCoy and then did

you attend that session this summer? That preworkshop ditty with Ken Bozeman, did you do that?

Smith: No, I did not.

Singing Teacher 2: Yeah, that was good. It just comes from so many places I'm not gonna go, it's just this one, because it's not.

Smith: I think it's interesting you bring up the diagnosing and the McKinney because that is kind of a speech language pathology approach too, so that's a nice little tie over. So, I would like to better understand some of your training. This is, again, broad, could you briefly describe some of your training?

Singing Teacher 2: Sure. I grew up in [omitted], I went to [omitted] as a clarinet performance major. I decided I did not want to spend my life in a practice room with my clarinet for eight hours a day and so I became a singer, but I didn't think I was good enough to be a singer and so I thought, well, I can be a choral Director and so I got my music education degree and then I won a national conducting competition for undergrads through ACDA, and then I taught high school for 2 years, and then I was like I really want to get my masters in voice performance, I feel like I just, I don't know, the universe was calling me to do that. And so I did that and then I got married and then I moved to this area and then I taught at [omitted] and then I took the job at [omitted]. So, that's not just my training, I guess, that's my path for you there.

Smith: No, that's so helpful. That was great you were very, very concise. And it's helpful to see, I think that's interesting about singing and not thinking that you were good enough to be a singer, and now do you ever come across students with similar self-images?

Singing Teacher 2: I think so, oh absolutely, but something that helped me is to think about when, you know, I was their age and I had one student for three years and then I had a different signature for the last year and that teacher had been my opera workshop, or opera director, so I already had a relationship with her. And she was the one who always said, "Well, I always wonder why you don't want to do performance," and I was like "I'm not good enough, what are you talking about?" So, I realize that now, that was a really important interaction and a really important thing for me to hear. And so, I make sure that I say those things to my students too. Like, "I know you want to be a music educator, but I think it's important that you hear from me that I think you could absolutely do performance if you wanted to."

Smith: Yeah, yeah, that's wonderful. And that kind of leads into how do you feel like your past training has influenced your current teaching? Or your practices? And how, you could point to something, or that kind of did, but...

Singing Teacher 2: Yeah, well there's so many. I mean, yeah, I was working on [unclear] with a student today and talking about those melismas and that's just like playing the clarinet, I mean there's so much virtuosic stuff, that way that you sing through it with

your airflow, you play through it with your airflow, so when I came to that rep I think I just felt like ,oh I've already done this this is nothing different. But also just, I mentioned earlier about being a choral director and really being aware of everything that I present is something that they're going to give back to me, seven words or less, the rehearsal techniques from being a conductor, that really influences me.

Smith: Yeah. Is there any specific training that you wish you had received early on in your career or studies?

Singing Teacher 2: No, well I do remember thinking when I was a senior, like wow, it really would've been helpful to take voice ped when I was younger, but I sort of understand why it is the way it is.

Smith: Right, right. I mean, you can only learn so much at once, but I remember thinking the same thing.

[omitted conversation about locations and schools]

Smith: And then, I'm just checking the time, I wanna make sure we talk about, I might skip ahead a little bit. So, I'm going to look at number 25 if you want to look at it, but in determining how to best serve voice users as a whole, I'm curious how both fields can connect students and clients with these different experts. So, do students come to you in any certain way? And especially in the university setting, do they choose you? Are they recommended? Is there any factors that match you as the teacher with them as the student?

Singing Teacher 2: [Omitted]. I'm doing a lot of that matching. And yeah, like sometimes a student comes and says, "I want to have a sample lesson with you right and then I want to study with you" or just shows up and says, "I want to study with you," or "I want to study with so and so," so yeah, that definitely happens and we try to honor that when a student makes that request, but we also try not to make a big deal about requesting a studio, because we feel like you can get a good experience with anyone at [omitted].

Smith: And then, this isn't written down, but have you ever had to recommend somebody to therapy or to a doctor or to an ENT and how does, do you have a process for handling those kinds of referrals?

Singing Teacher 2: Yeah, with the ENT, just because I kind of have a relationship with [omitted] and [omitted] at [omitted]. I'll always recommend students there and it's great because I can just send an email with the student to [omitted] and say, "Hey, this person is my student we talked about them reaching out to you to have a scope," or whatever it is, and you know, "Can you give them more information on insurance?" or something. And then [omitted] has someone else email them so that's really, really nice.

Smith: Yeah. Yeah it's nice being, having those connections so it's not so scary.

Singing Teacher 2: Yeah.

Smith: Is there, this may or may not apply, and the way you described how you handle matching sounds really good and healthy, but is there anything that might keep you from teaching certain students? And can you refuse a student or have you ever?

Singing Teacher 2: I have never refused a student. Is there anything that might keep you from teaching certain students... This might sound, you might disagree with this, but I rely heavily on my intuition. If there's something about, like, I'm very aware and open in the audition, I am trying to pick up a lot of different things from them and I can usually get a sense of like, oh this person I think will just work really well with this person.

Smith: Okay, yeah.

Singing Teacher 2: I'm not always right but...

Smith: No, I mean, that's part of it. And then on the other side, is there anything that draws you to certain students or anything that happens in the audition that makes you perk up, I guess?

Singing Teacher 2: Well yeah, if someone comes in and quote, eats the stage, then okay, yes we'll get along. Or, I don't know, there's so much revealed about a person in the way that they present themselves for an audition, you know, it's really astounding. I find myself often times being charmed by someone, you know, or just intrigued by someone or I guess that's the thing, you think about people sitting on audition panels at all levels of the business and I guess that's what everybody's trying to assess, is who is this person, what are they going to share, not just in this moment but in the future? Artistically, musically, how are they going to grow?

Smith: Yeah, yeah, thanks. And then, is there, this is number 28, in terms of the voice studio, do you meet, or I don't know what's going on, or prior or right now, do you meet with an entire studio of students? And is there any culture, or a culture that you strive to create in your studio?

Singing Teacher 2: Yeah, we don't meet as studios at [omitted], we meet as an area. We're going to go to some studios and some divisionals or whatever you want to call them, areas, we call them master classes, but yeah. But what does the role of studio culture, yeah, there absolutely is a studio culture and I think the teacher does play a big part in building that.

Smith: And then I really wanted to get to number 29, especially with what's been, I mean, what's been going on in our history forever, but it's just now coming, I don't know, people are realizing things. But it's likely in our fields that we will be interacting with just a variety of different people, whether that be age, sex, gender identities, religions, ethnicities, socioeconomic status, abilities. How do you approach diverse students, so

individuals, with understanding and respect and was there ever a time that this was easy or difficult to do?

Singing Teacher 2: Well, I'll answer that by saying that I approach it by continually working on myself. We just did the IDI, have you done any of this stuff?

Smith: I don't think so.

Singing Teacher 2: It's a survey related to diversity, equity, and inclusion, and it's how you identify on a spectrum of denial, polarization, minimization, acceptance, and adaptation. It's really fantastic, if you get a chance to do it, I really recommend it.

Smith: Okay.

Singing Teacher 2: So, I'm thinking of that because it's totally relatable and it helps you understand where you're at on that scale of excepting all people and then even gives you, like, how can you grow into, lean into, the next category.

Smith: Oh, that's amazing. Did you do that with, was that a school-mandated thing?

Singing Teacher 2: It's a college-wide thing for us right now, they mentioned that it's free for us right now, but that it won't always be free, so I don't know if, how accessible it is for anybody who wants to do it.

Smith: And with your, kind of relating back to how you've gone through the music selecting process, do you find that, I'm trying to find the best way to say this, 'cause this isn't a question that I prepared for, but I'm trying to get at how do we use the actual music in diverse ways, could you just talk a little bit more about that?

Singing Teacher 2: How do we use, like, how do we use Mozart in diverse ways, or how do we use diverse repertoire...

Smith: I guess both. Because we have set up, like, if you're going to do this you have to know how to sing Mozart, but do you really? So, either one, I guess, however you want to address our field.

Singing Teacher 2: I am a huge fan of Brené Brown and I listen to her podcast "Unlocking Us" and has an episode a while ago with Sonya Renee Taylor and her book I think it's called "Radical Self Love: The Body is Not an Apology," and in it she talks about the ladder and essentially, the ladder of white supremacy and ways in which we uphold the ladder. And I am really questioning that right now, like, by assigning this music of, essentially, people that made livings or their society made money from the transatlantic slave trade and that's why they were, part of the reason, why they were able to make this music that we now put on this pedestal and keep perpetuating, yeah should we just like cut that down? Should I just not be a thing? Also listening to articles, I was listening to Hershel, another podcast of that same "Unlocking Us," and I think the guest

was Elizabeth Lesser, and she was talking about how her stories show our collective trauma and her example was look at Eve: second born, first to sin, we give all that blame to Eve, whether that's right, no it's not right, but that's the way that our stories are, and then she gave many examples of the stories in which the woman is bearing most of the guilt or the weight and she's making the case that because we internalize these stories, we hear these stories over how many thousands of years, that that has to be kind of ingrained in our bodies. And I just listen to that last night, and so I've really been thinking, sorry it's kind of a tangent, really been thinking about that today, like that idea of classical music and the aesthetic of it, the control of it the very, it's shaped in this way, it's done in this way, it's devoted in this way kind of idea, like how much of that is really upholding the ladder? So, I don't know. I do think we are upholding the latter by continuing to just look at those composers that we all were taught.

Smith: Right. And your continued use of the word stories makes me think of, like, storytelling as part of the vocal art, and what are we asking students to pour themselves into? Or, you know, if I become this character or emotion or subtext in the poetry, what am I really saying?

Singing Teacher 2: Yeah, what am I upholding, what am I communicating, or what am I perpetuating?

Smith: Yeah, yeah, that's very interesting. And, like I said, that wasn't part of my original questions, but just based on some of the things that you had mentioned, and I think that those are questions we have to answer when we're, you know, I'm pretty young, but raising the next generation, what are we training them to do? So no, that's very interesting

Singing Teacher 2: We had a dean's candidate a few years ago that said, "You can't say that you're an institution that supports diversity, equity, and inclusion, and then turn around and say that European Art history is required but African Art History is not required." And I thought, oh God, that's so right, and we do that all the time. I mean look at song literature, I don't know, and then I left that interview and went to teach my song literature class and said, "Oh my God, you guys, I can't, we need to talk about this." So, there's a lot to grapple with, but yeah, I don't have all the answers for sure.

Smith: Me neither, definitely. So, I just had a few more questions, kind of on a different tangent, just at the end Is there any specific way that you, this is number 30, prepare for sessions or lessons?

Singing Teacher 2: Yeah, it used to be more like paper, but anymore it's, like, all mental. And a lot of that also is with the Trello work, you know, when I am helping them dictate what they've done in the lesson, that's also record-keeping for me, helping me, thinking about how I can take them further with that concept or idea the next time.

Smith: Right, so then that kind of is the next question, do you spend time reflecting on sessions in any way?

Singing Teacher 2: Yeah, I guess it depends on the specific session, but yeah, that's always the question. We met, we had our time together, we hopefully grew, and then how can I start next time and going forward with whatever the lesson is.

Smith: Yeah. And then what was your, you kind of already explained a little bit of this, your motivation for entering this line of work? I know you didn't want to do clarinet, you were a choral conductor, and then you mentioned he just really wanted to go back for a masters. Was there anything that motivated you to do teaching alongside performing, teaching a little bit more than performing, do you perform more, I'm not really sure much about your, I don't know, do you perform a lot? Anything to do with, like, motivating factors?

Singing Teacher 2: So, I, when I first got out of grad school, I was doing a lot of auditions, a lot of coachings, like flying to New York a lot, and doing some summer programs and some opera, professional opera performances, and things like that. But I always felt like teaching and performing went so well together and I like to be busy, so I think that's another thing that drove me to teaching, because, you know, I'm not saying that performers aren't busy, but that whole life of waiting for the email to come with the next offer and then bidding my time in between, that wasn't going to work for me.

Smith: Okay.

Singing Teacher 2: Yeah, and then I had a son in [omitted], and so that's kind of influenced my travel, I don't travel as much anymore because I need to be home. But yeah, I feel like I've always been a teacher, my parents were teachers, I am a teacher and I think I found, too, that I prefer the one on one kind of interaction to being in front of a choir.

Smith: Yeah, I mean, and that was part of my motivation, personally, too, and kind of was at the heart of why I wanted to interview individuals who work with individuals, is there something about the one-on-one that you, that you could put into words, that you like better?

Singing Teacher 2: Oh yeah, because people take off their armor.

Smith: Yeah. And then is there any continual motivation that you find in your line of work?

Singing Teacher 2: Continual motivation?

Smith: Yeah, if anything.

Singing Teacher 2: Yeah, it's just helping people, you know, giving to people and that cycle of gratitude towards one another, makes it all worth it.

Smith: Yeah, thanks.

[omitted personal conversation]

Smith: Is there anything else along the lines of interpersonal skills that you want to communicate?

Singing Teacher 2: No, just, I've really enjoyed this, thanks for making this study, I think it's really interesting. It has always seemed so evident to me that teachers are, voice teachers are, invested in their students on an interpersonal level and so, yeah, I think it's great that you're doing this.

Smith: Thanks. And I'm glad you think so too, because I think so, but I needed to ask if other people think it's true and if other people have the same viewpoint on it.

Singing Teacher 2, Interview 2 Transcript

Smith: Okay, so I am recording. And I feel like a lot of these questions were inspired by conversations with you and with other people, so if there's not anything else that you have to add, that's totally fine. But we had kind of already talked about the pandemic because I saw you afterwards, but is there anything you'd like to add about how the interpersonal interactions have changed between you and students due to the pandemic, either positively or negatively?

Singing Teacher 2: Sure, I'll say that I feel a stronger interpersonal connection with most of my students now than I did pre-pandemic. And I don't know if that's because of the ways in which we've had to shift, right, being on zoom every week, but then also I'm always telling them, you know, "Just text me if you have a question." And I think they feel a little more comfortable to do that because of the digital age that we are living in, so I think that's been really strong. And a lot of students noted that on their student a valuations last semester too, I was kind of surprised to see that mentioned so often, like, "I really appreciate the way that [omitted] would adapt for Covid and adapt expectations or adapt what we can and can't do." So, I think that actually we ended up doing okay. The population that I think was the most negatively affected were our freshman.

Smith: Okay, just adjusting, Covid, new environment, that kind of thing?

Singing Teacher 2: Yeah, I think trying to build community was really tough and, you know, they came to school and sat in their dorm room and didn't know anyone and I saw a freshman in the hall a month ago and she said, "Oh my God," she's a student of mine, in my studio, and she said, "Oh my God, I think this is the first time I've seen you in person, or maybe the second time, Hi, I am blank," so I think they have struggled. But most of them are slowly finding community online, you know, we've tried to help that but that's been the challenge I would say.

Smith: Okay, yeah that makes sense. And then, because I'm talking to teachers of singing and more the medical, speech-language pathology side, and we briefly talked about this, but do you value being an expert in one or two different disciplines, whether that's a teaching technique or a genre of music, we kind of talked about that last time, versus being versed in a number of different disciplines? Or maybe both depending on the situation?

Singing Teacher 2: It's interesting because my training was a very much western classical genre and technique. And as I've taught and as I've watched the world morph and change or see more conversations about diversity, equity, access, and inclusion, I've really shifted to try, I don't really consider myself a generalist, but I try to learn about all singing styles, all singing techniques, and to be open to teaching all of that as I can, even if that means I'm learning one step ahead of the student, and all that, so. But I do still see myself as more of an expert in classical music and classical technique, but now I'm starting to learn how to teach all of it, or more of it. Could anyone ever do all of it?

Smith: Right, yeah.

Singing Teacher 2: Does that answer the question?

Smith: Yes. Of course, and then just a follow up question, maybe it's an obvious question, but could you put it in your words how that influences the student in your interaction?

Singing Teacher 2: Sure, I'm going to kind of use someone else's words. My colleague [omitted], he says a lot of times, you know, if we're only teaching one genre or one specific style, is that really serving the student? And so I think that's where a lot of this comes from is trying to help students find their own artistry and their own interests and passions in a format in which they can be successful and we can help them, right?

Smith: Yeah.

Singing Teacher 2: And so, I think that's a big reason for the shift on my end is yeah, not everybody has to do classical music right in an academic setting, why are we thinking that, just because it's the status quo maybe? And so, we're trying to, we're wrestling we're trying to shift as best we can. So, as a voice teacher, sometimes I see how students' voices are more naturally inclined towards one technique or style or another and so that's exciting, too, when you're exploring more genres that you see some of those strengths that maybe don't present in a certain style that they do in another style. So, it's exciting to be able to learn more about the students' voices in that way and then help guide them towards what I think will be their best fit and path.

Smith: Cool, yeah, thanks. Thanks for expanding on that a little bit. And then, and if there's ever anything else you want to say you, can always come back, but I'm just going to kind of quickly go through. I don't know if this applies to you exactly, but some teachers, and then especially some speech language pathologists, mentioned seeing students short-term, and then some indicated maybe getting them ready for an audition or something. If that's true, is there any difference between how you interact with voice users you see long-term versus voice users you may only see once or twice or over a short amount of time?

Singing Teacher 2: I'll start by saying I don't have a lot of students or clients that I work with right now that are short term, that's just kind of the nature of my work at the university and the fact that I am not taking on a lot of you know private clients I'm thinking about I just saw a student last week who graduated from here after studying with me for four years and I haven't seen him for a few years ,so that sort of feels like a check in but it's still not a lot of the short term so will you ask the question one more time after I've kind of qualified that.

Smith: Okay, yeah, and if it doesn't apply that's totally fine, but a difference between how you interact with singers you see long term versus short term?

Singing Teacher 2: I mean the biggest thing that's coming to me is when I am interacting with a student for a longer-term, it allows us to build trust with one another. And so, I feel like in those relationships we are able to explore more and further. But I don't think of any of my short-term clients or students in any different way, but I do notice that those interpersonal relationships, of course, are not the same if you've met once or twice versus 20 or 40 times.

Smith: Right, right, that makes sense. And then this also may not apply, but I had some teachers who see much younger and much older students and is there any role that the age of the voice user plays in the interaction? Or in your case, maybe freshman versus senior?

Singing Teacher 2: Yeah, definitely. One really obvious one is just length of lesson time.

Smith: Okay, could you explain how that works here.

Singing Teacher 2: Sure, I mean, well, I'm thinking like for high school students I'll say, high school or even a middle school student, I would recommend a 30-minute lesson, maybe 45, I have a high school student that does 45 minutes and that's like perfect for her. Whereas, and then even for our freshman here, they take 30-minute lessons and we have a one hour class with all of the freshman every week instead of them sophomores, we're seeing everyone for an hour lesson.

Smith: Cool. What do you do in the voice class?

Singing Teacher 2: Oh, it's really fantastic. I'll tell you all about it.

Smith: Please, I want to know.

Singing Teacher 2: I think it's one of the best curricular things that we've done. So essentially, we noticed that a lot of times when freshmen come into a program, they don't know what's what, they don't know how to study music, a lot of them don't know how to learn a song independently, so there were all these skills that we were teaching over and over and over and over again to everyone in their individual lessons, and then we said, "Well, this is silly, let's teach this collectively." And one of the best benefits is that our retention has been so much better. I think it's because we have all those students in a room and they get to know each other, they sit in the classroom afterwards and do their music theory homework together, you know, start a group text chat so they can remind each other, we call it FVS, freshman voice seminar, what their FVS assignment is for next week and so on. And then it also becomes a performance class for part of the semester so they're getting up and performing you know their songs for one another, even if it's just like phrases, and we learn a group song together, they do their first Italian song together, we do, well this hasn't happened every year, we try to introduce them to a French song together, we go through IPA together. So, it just helps everybody feel like they're part of the family, or a part of the team I should say, and helps us to better educate them on some of those really basic skills, even soft skills that you need to be successful as music majors.

Smith: That's amazing. So, how long has that been in the curriculum?

Singing Teacher 2: Four years, I think.

Smith: Yeah, that's awesome, 'cause obviously, I'm trying to make recommendations, and I feel like that's something that more, especially universities should get behind. I definitely did not have that. So, that would have been very helpful and very useful. And you mentioned retention rates, I can think of a handful of students that dropped after freshman year or changed majors and just didn't ever quite click in, or like get on board, I guess. So, that's really cool.

Singing Teacher 2: And the other part of it is that all three of the voice faculty of the applied voice faculty are in that every week, so it gives them access to us, too, so it helps again to build community. I modeled it after a program at [omitted] that they started, it's similar in form, but I think their diction coach is the one that teaches the freshman voice seminar so it's a little bit different.

Smith: And do you have diction courses here?

Singing Teacher 2: [Affirmed]

Smith: So, it's like a pre-cursor.

Singing Teacher 2: It's like pre-diction.

Smith: That would also be very helpful.

Singing Teacher 2: Yeah, except now we've changed some of that, so that now, some of them take diction right away, because of the way that the class sequencing works, which is fine too.

Smith: Yeah, same at UNL, you have to fit it all in at some point.

Singing Teacher 2: I don't mind if they have diction earlier honestly, like, okay, great.

Smith: Cool, that's awesome. Then, so then, this next question I would say was kind of inspired by you, about our conversation about the work you're doing on deconstructing white supremacy and what that means for teaching, teaching song literature, that kind of thing. But is there any role that the familial or personal background of the voice user with whom you're working, maybe more on like a one-on-one situation comes into the studio? It's kind of a broad question, but that could include some of the things we talked about: nationality, culture, also socioeconomic status, or sexual orientation, religion even? Is there any comments more on that?

Singing Teacher 2: Yeah, I don't know if I said this the last time that we talked or not, but I think this is answering our question or going a little bit more in detail about it. I've started to ask each student when we meet about their repertoire if there's a specific nationality, culture, lived experience, sexuality, composer identification, anything like that that they're interested in exploring in the repertoire, just to give them a voice. I'm careful to make it to make sure it's not me saying, "Okay, you need to advocate for your own diversity in the repertoire," right? But it's been really interesting to hear students' responses. I had one student say, "Yeah I'd really like to sing some music of Jewish composers." He said, "I had to do a project in choral literature on Jewish choral composers and I really loved the music and I'd love to know what art song there was by Jewish composers," and I said, "Well, great, I've got resources for that," you know. And then some students will just say, "Yeah, I think it's really important that I just sing as diverse of composer background experience as I can." And I say "Okay." Or, you know, I had a student say, "Yeah, I'd really like to sing, I think it's important I sing something French this semester, I don't know how to do that." "Okay."

Smith: At least they recognize it.

Singing Teacher 2: Right. Or another thing that I'll do sometimes, is to say, "Hey, just so you recognize, our list here for our repertoire this semester is not very diverse. These are all cis-gender, white, male, able-bodied people," you know, and maybe Christian, may be in there too, and sometimes that's where the conversation ends, and other times we'll say, "Well, yeah, we need to do better with, let's swap something out," that's usually how the conversation ends. So, that's kind of a, I found a simple way just to name it and talk about it and try to make progress without having to feel like, you know, fruit basket upset and then we don't know where to turn or what to do.

Smith: Yeah, yeah, and giving them that power, and like you said, a voice in the repertoire decision. I feel like that, in and of itself, doesn't happen as frequently in some studios. It's like here's what you're singing. So yeah, yeah, thanks.

Singing Teacher 2: Yeah, and then of course the hard part is there's a lot of research on my end for things that I don't know.

Smith: Right, right, yeah. Is there any sort of approach, do you just listen to a lot of music, do you go to the library, how do you pull out those resources?

Singing Teacher 2: Yeah, usually not the library because, you know, music publishing is also racist, so it doesn't really help. This is a comp question to one of my master's students right now. She has to, I gave her 10 voice types and said, "You need to assign two pieces to each voice type that you would give to like a high school or young college age student, and you have to include marginalized composers, or it should be primarily marginalized composers." And she said, "I didn't realize how bad it was until I went to the library and I looked through all of everything and it's almost all dead white guys." And I said, "Yes, the fact that you learned that is really good, that's a really big step," right, but I'm getting off on a tangent.

Smith: No, it's good.

Singing Teacher 2: Remind me of the question again.

Smith: Oh, just how you find this music or yeah, resources you do use.

Singing Teacher 2: So many ways. I actually did a presentation at the Bach Festival on this and I'd be happy to share my Google slides with you.

Smith: I'd love that, yeah.

Singing Teacher 2: I'm hoping it's something I can do again in the future, but if it's useful to anyone that's wanting to do this kind of work, then I want to share it. But I talked about database resources, anthology resources, and then some basic songs, you know, that I think are things that I don't see or hear performed a lot that help. So, that's kind of where I go. And I am always listening, I mean even on Instagram, you know, I found a piece for a student on Instagram. One of my friends that is a Mexican heritage operatic singer posted a video of him singing [unclear] by María Grever and I was like, I don't know this song, it's so fantastic. She's a female Mexican composer and my student was looking for something specifically that, and so there you go, it was handed to me specifically by the universe on Instagram. But that's not how most of it happens. It's a lot of research database, watching YouTube videos, trying to, you know, just getting curious, and then spending a lot of time on this, on the computer.

Smith: Okay, yeah, thanks. Kind of shifting gears a little bit, because I am looking at both sides, what is the role, if any, of multidisciplinary training and educating voice experts? So, for example, should we understand voice medicine or the practices of speech-language pathologists? Or how much should they understand music and how we sing, if at all?

Singing Teacher 2: I think the more the better. Did I, I probably mentioned that performing arts medicine course that I took. Do you remember?

Smith: I don't remember.

Singing Teacher 2: not that you need to be responsible for remembering what I told you.

Smith: Oh, well I did transcribe it and read through it, but I don't remember that.

Singing Teacher 2: Okay, well this was a really fantastic thing that people should know about. It's an organization that I think has this objective at its core it's to bring together specifically for the voice track, medical professionals, speech-language pathologist, and voice teachers, voice artists, to realize that we can all function as a team, and in functioning like a team we can better serve our clients and students and [omitted] at [omitted] is the one who recommended that course to me and I took it, [omitted] took it, [omitted] took it this summer, so we were all, usually it's a I think an in person thing, but because of the pandemic it was online. And I think it was 20 some modules that were a half-hour to hour lecture each about a specific topic within, within this. And so, it was geared towards educating. There was a lot in that there was educating doctors about what the demands of a singer are, so that they can understand when they have singers that come, they can help them. And same thing with this idea of the team of the otolaryngologist, laryngologist, the speech pathologist, and the voice teacher to rely on one another and work as a team. So, I think that the more that that happens the better, right? Because obviously, a laryngologist is going to be able to diagnose things that I would never have any business dealing with but that could be really important to be diagnosed and have that information as a voice teacher.

Smith: Right, great. And that was voice performance medicine? What was it?

Singing Teacher 2: It's called Performing Arts Medicine Certification. And then there's different tracks, there's an instrumental track, there's a theatre track, there's a voice track, a dance track, and then I medicine track.

Smith: Oh, thank you. Thank you for letting me know about that. That's so cool. And then, okay, this is maybe one of those loaded questions, so you can go with it wherever you want, but what is the role, if any, of gender in your field? For example, are there any barriers or privileges granted to voice experts or voice users based on gender? And I could give an example, I don't know if this is true in your field, but I had some teachers of singing say that, like, male students were going to male teachers, maybe because of the repertoire. And not that that's, I don't know, so anything like that, yeah that's fine.

Singing Teacher 2: No, I mean I think it's more systemic than just voice teachers, I think. Yesterday was equal pay day for women for white women, right?

Smith: No, see, I don't know things, what happened?

Singing Teacher 2: I heard it on NPR.

Smith: Oh, so it's like a nationally thing?

Singing Teacher 2: So, it essentially, I think was on President Biden's Instagram too, not that I just sit on Instagram, but you can find it there. But no, it's the date that women had to work to this year to make whatever white male made until December 31 last year.

Smith: Oh, what?

Singing Teacher 2: Yeah, that was yesterday, and the latest date was October 21 for a Latina.

Smith: Oh my goodness, that's blowing my mind.

Singing Teacher 2: So yeah, there's a lot of gender and equity, and yes I do feel it and experience it as a voice teacher, but to answer your more specific question about like a male student studying with a male and female studying with females, I don't really perceive, I don't really think that's so. I certainly have male students and female students and my male voice colleague has male students and female students. And I do wonder sometimes if there's just a comfortability with, you know, I know if a coloratura soprano walks in the door, I know how to teach you. Because I feel like a kinship, that's my voice type, I've been through this, and so I wonder if there is a little bit of that that comes into it. But it doesn't mean that we can't teach everyone and that we shouldn't teach everyone. When I was teaching 9-12 high school choral music, I was a team of two and it had been two males, and it was important to them that that person be a female so that they could model in a female voice for their female students, so there's an example of.

But I find it interesting how that sometimes considered a factor, but then when there's two male teachers, just sort of goes, it's like it's fine, oh they can sing in their falsetto, but I don't, I guess there are some female high school teams. Anyway yeah, it is a loaded question and yeah, I'll go back to what I said first, I think it's all the systemic stuff that we deal with as a nation, as a world that is trying to deconstruct the sexism and the way that we view women. That's the real work.

Smith: Yeah, yeah, great. Thank you. And then I just have a couple more questions. What is the role, if any, of funding in your field? For example, have you ever had to pay out of pocket for additional training or to attend a conference? Or like you did this summer, was that all personal funds?

Singing Teacher 2: Oh good, I get to get on another soapbox today. Well, it's funny I was just about to pay \$100 to the College Music Society out of my own pocket when you walked in the door to become a member again, and then I will pay \$300 so that I have the pleasure of giving my presentation at the national conference, which I will probably pay out-of-pocket to fly to Rochester and pay my own hotel, you know. So yeah, there's a lot of out-of-pocket. It's something that I have grappled with a lot. I have heard people say that they are still paying off loans that they took off to fund their tenure, so that they could get tenure, because they had to go to all of these conferences. It's so backwards. I am hoping that we can make positive change. My husband is in business and just this morning on the car ride here, I mentioned that we had been excepted to present, [omitted] and I with our under-represented marginalized female composers recital, and he said, "Yeah, that's just so strange that you guys have to pay for the privilege to educate other people about, you know, your research." But I will say, like, as far as funding, I usually get about \$1000 from the department per year for any, for like any and all travel related purposes, so by the time it said and done, that's essentially one, you know, one conference. Which is really great to have that support, but also when the expectation is that you have multiple conference presentations and/or recitals of a regional or national stature where you're having to travel, then it's it doesn't really cover it. So, you have to be smart about how you try to navigate all that, or how you get funding. And some people are really good at that and some people aren't and, you know, it just it's sort of individual, I suppose, for everyone.

Smith: Okay, yeah. Great thanks. And then what is the role, if any, of the singers' dispositions? For example, I'm just going to totally label people, but perfectionism, high achiever, high anxiety, or maybe on the flip side, like less motivated or like not interested. Whatever their personality or their learning tendencies bring into the room, how does that kind of play out?

Singing Teacher 2: How does it play out? How does it influence our time together?

Smith: Yes.

Singing Teacher 2: Those are absolutely things that we talk about a lot, and that might be part of the instruction that's even more important than what's happening with the vocal

technique or the diction or the phrasing, you know, because that influences how they are approaching it, right. So yeah, there is, I would say that plays into it a lot. And the whole idea of just meeting students where they're at and then trying to help them, that's part of that equation, I think. It's not just oh, you're a human being with a larynx, right? But you're a whole person we have to talk about it all, I think.

Smith: Right, right, yeah, I agree. Great, and then my last question is what is the role, if any, of scheduling demands? And do you see students back-to-back? Like 1 right after the other? Like for your schedule, yeah.

Singing Teacher 2: Yeah, I do. I wouldn't have enough hours in the day if I didn't. I found that four hour-lessons in a row is about my max before I have to have some kind of reprieve, where it's not, where I feel it's not fair to the student because I am [unclear].

Smith: Yeah, yeah, and other teachers had mentioned that which is why I wanted to bring it up. Is that true with Zoom, too? Like, are you're ending one and, are you still on Zoom lessons?

Singing Teacher 2: Mmhmm.

Smith: So, you're like ending one and starting the next?

Singing Teacher 2: Mmhmm.

Smith: And is that any harder over the computer or just kind of the same?

Singing Teacher 2: It's a little different because there's always tech issues. So, someone says, "Hey, my Internet is not very fast right now," and then all of a sudden, they drop the call. And then they have to come back, and so it's been a different beast to learn how to be patient through that, because I'm used to being in person, and that go, go, go, they walk in the door and we try to get as much done as we can kind of work atmosphere, and I've just had to allow more room for all of the issues that come. So, it has been different to be on Zoom. I'm thinking of teachers that I've seen, like famous New York teachers that will teach 12 hours, you know, just back-to-back to back-to-back. And I'm also thinking about an interview I heard recently with Dorothy Danner, she was a dancer on Broadway and then became a stage director. She's quite renowned, she just got the National Opera Association's lifetime achievement award in January, I'm thinking. But she was talking about working on Broadway and how, or for television, and how they worked 16-hour days, you know, it was just what you did. And I've certainly been part of artist programs that were that way, it's like 12- to 16-hour days, every day and we had literally one day off all summer. That was the pace. So, there is something cultural in the way that musicians have worked in the past and singers and theatrical artist that is really demanding, and so I think that factors into this idea of just teaching back-to-back to back to go to go to go to go. I will say I think I've gotten better at managing all of that the longer that I've taught and knowing my own limits. And you know, it is tough to teach,

especially when you're trying to teach and then you're trying to also sing, do your own singing, it's hard to manage all that.

Smith: Right, yeah. Can I ask a follow up question? Last time we met, you talked about the Trello app that you use with students, and that that was mainly, like, a good way to keep you both on the same page and reflect and everything. So, that kind of is happening after the lesson, right? So, it's not, like, in between? I guess what I'm trying to ask is, is it difficult to shift gears from one student, and I'm thinking about all of their stuff, and then a new student, I have to think about all of their stuff coming in?

Singing Teacher 2: I, anymore, am a very fast typer, so even as a student is singing something, I'm in the Trello going [typing], so it's essentially synchronous. But there are sometimes that I get to the end of the lesson, and I'll say, "Okay, we just need a minute or two to reflect. Here's what I'm writing on here, you need to work on this, you need to work on that, and saved, there it is in the Trello." And when I go to my next student, well here I'll just show you how it's kind of, it's just really easy to quickly, quickly see. Sometimes I write more, sometimes I write less. :et's see I'm trying to think of somebody that...

Smith: I just don't want to crowd your space, but okay.

Singing Teacher 2: So, like here's all the all of our bookkeeping things, all of their repertoire and contact info, and all their projects and things, and then I just keep a card for each lesson.

Smith: So, this is one person I'm looking at?

Singing Teacher 2: This is one person. See here, I just wrote down what pieces we worked on, that's all I wrote that day, but hopefully I wrote something more next week. "I'm Nobody" with new track or with track in the beginning, [omitted] should be learning new piece. So sometimes, it's just really simple like, I told you to learn this. Here's just a list, this is more common, a list of three things you need to fix in that piece, or three things to work on. So then, when she walks into this lesson, all I'm doing is going, "Okay, hey, it's so great to see you. Okay, let's pull out 'Well-Behaved Women' again, and I can't wait to hear how you've blah, how you've worked on this thing." Because otherwise, when, when I first started teaching, I could keep all of that in my head and then as life has gotten busier, I've gotten older, I have a child to keep track of as well, I can't remember when somebody walks in, necessarily, what we worked on the week before.

Smith: Right, and you have multiple students. How many students do you see?

Singing Teacher 2: I have 15 students this semester.

Smith: That's a lot, yeah. And you multiple that by how many songs they're all singing, it's a ton of information.

Singing Teacher 2: It's a lot to keep track. So, that's why we have this.

Smith: Cool, yeah. It's cool to see it laid out and then you can both access that person's thing? And then it's all free, you said?

Singing Teacher 2: It's all free and then you can do, here, you can put color labels on things, this is when she had a pianist in her lesson, I was coding that last semester. You can make a checklist of things that they need to do and it pulls up, you can put due dates on cards, you can also like, here, I have a link, sometimes I'll put like, oh here's a YouTube link that I wanted them to watch of a specific piece, it's just easier to kind of keep it all in one place.

Smith: Right, and then it's all in one place and it's not getting lost in emails back and forth or anything crazy. Okay, cool!

Singing Teacher 2: So yeah, it works well for me and for the students. They do still write reflections that goes, part of, we use Canvas, do you guys?

Smith: Yeah, yeah.

Singing Teacher 2: So, that doesn't show up in the Trello, but that's okay.

Smith: Okay, and yeah, you had mentioned that last time we talked about reflections, so yeah. Great, so those were the main questions I had as follow-up. Is there anything you thought of or anything else you want to comment on?

Singing Teacher 2: I'm so glad you're doing this work.

[Omitted conversation about personal identifiers]

Singing Teacher 2: I hope that if I've learned anything, it's that I should do the things I want to do, and not try to, you know, go to this conference cause so and so I said I should, but because I want to and I want to share that. And then it doesn't feel like, why am I going into debt to share my hard research, that I've worked so hard to...It's the same thing for performers, a lot of times performers aren't compensated for their performance in academia or compensated very little, you know, and I just had to make peace with that.

Singing Teacher 3, Interview 1 Transcript

Singing Teacher 3: But I do think that this line of work really requires the ability to be a little bit like a chameleon, in terms of, because we just have people from all different walks of life. I don't know about your student ages, but my youngest student is in third grade and my oldest student is in his 60s, maybe his late 50s actually, sorry, so there's just no way that a third grader and a man in his 50s are going to have the same style or preference of learning, so there has to be some kind of flexibility there. And actually, my oldest student was the one I was going to bring up for this example. He, just to paint the picture for you a little bit, he is an owner of a company, so he's very much like, knows what he wants done, kind of like needs to take control of the situation, but not in a way that is disrespectful. But he's the one that I've had to alter my lessons with the most because we tried my style and he just wasn't really progressing, you know, I tried okay, why don't you, you know, try the specific warm-ups every week, he got sick of them really soon and I get it, it was like I tried different methods of my teaching that I first try with everyone because they're new and I'm not sure how they learn yet. But it got to the point where it was like, okay listen to your playlist in the car, pick out a couple songs that you like, old rock songs, and that you think are in your range, bring them to me, and I will listen to you sing them. So it's very much like he needs to be making decisions more so than other students that I've had, and he's progressed. I mean when we first started, he had a lot of trouble finding anywhere close to the pitch I was playing, he would be maybe a seventh under me, it was a very wide difference between what he could hear from me and what he could produce back to me, and now he's very, very aware of that and able to find it maybe if not the first try, the second or the third which is a huge improvement. So I use him as an example because he's the one that I had to really step back and be like, this isn't working the way that I'm doing it, so I'm going to kind of follow your lead. I am the teacher, but you have lived a longer life than me you know what you want more than I know what you need and want, so I'm just going to kind of sit back and watch you for a second and observe, and now we have great lessons. They run very smoothly, we warm up, he does his songs, I give him feedback, that's the best way to get through his learning block that he had with the way that I taught.

Smith: Yeah, thanks for giving such a specific example. Yeah, that's awesome. Shifted gears slightly, and this kind of ties into this student, but also other students, how do you measure success, if at all, and in yourself and also in your students?

Singing Teacher 3: I would say, I'll start with myself, to me the most rewarding and successful feeling that I have is when I see progress within a student. So that example is a really good example of I knew where they came from and then I saw where they're at now and it's a world of difference, it's like night and day. So that to me is kind of reassuring and affirming that I am, I don't want to sound presumptuous, but a good teacher. So to me, that's my greatest measure of success for myself and when I can do things that bring feelings of accomplishment to them as well as myself, like the master class that we had last week was really successful in itself and made me feel successful, because I've always wanted to do that and it, you know, there wasn't, the building didn't burn down, nothing went wrong, which to me is affirming and means I was successful.

That to me is the biggest, it's honestly what I feel like I get back from students. So especially, I'll go into the students and how do I measure success their success, I would say specifically, in terms of like how we have we expanded their range at all, do they have better ear training than they used to, are they able to read the music off of the sheet music, are they able to understand the language that I'm using – legato, staccato, you know, eighth note rest – can they get a grasp on the language and use it to their advantage. So all of those things. Oh my gosh, you came in on two and you were supposed to, and 3 weeks ago you kept coming in on 1, and you weren't supposed to, you kept forgetting that rest that success to me, anything that they've kind of leveled up with, I would say, in any level. Just like, you didn't do that before, that's okay, now you did do it and I'm super proud of you, let's move on.

Smith: Right, awesome. So then, number 8 there are some things listed. Do you purposefully set any of these types of goals with your students or a different type of goal?

Singing Teacher 3: Yeah, I would say I set more than one of these. Definitely short-term goals in terms of, "Hey, next week, I want you to have gone over this page, and everything that we talked about today I want to hear better, I want to hear it in better shape than it was today, because we worked on that for half an hour and I think you're ready to keep putting it in repetition and practice," so short term definitely, in terms of let's have this ready by next week. Long-term, I always in the first lesson with a student I'll always ask them what their long-term goals are, because I like to know where I need to project the lessons to, are we trying to get you to a level of competence where you can go sing karaoke at a karaoke bar, or are we trying to get you to a place where you're auditioning for musicals, you know, where are you trying to go? Or is this just for you? So long-term, I always ask that at the beginning and then we're kind of shooting for that. And I suppose, not so much at this studio, but at the other studio, long-term goals are always going to be their recitals because they are already set in motion so, "What do you want to sing for the recital? Let's make sure we get this done for the recital next Spring, and let's pick something that's going to really showcase your range and your talents," so long term for sure. And then I think professional kind of goes in what I was saying, are they auditioning for something. I have quite a few students who auditioning for colleges right now, online things that they maybe wouldn't have normally audition for. And then personal as well. So if they especially are having a lot of stage fright, even just in front of me, or just confidence issues, you can tell that they're a little bit insecure and that they maybe are self-deprecating a little bit, like look within, what about this is making you feel insecure? Is it because you're in front of me and you're afraid I'm judging you? Is it, so you kind of have to crack open their shell a little bit for the personal one I feel. Like it's like, is there something else in your life that's making you feel like this is too much for you right now? Or you're not enough for this right now? So I also kind of always try to encourage them to kind of look within and think about what stemming, like what's all this coming from.

Smith: Right, thanks.

Singing Teacher 3: Yeah.

Smith: So with that in mind, you kind of explained a lot about how you set goals, but in number 9, do, and you've also kind of explained number 10, do you include students in the goal setting process, do you have any other comments about 9 or 10? Like setting goals or including students or, I feel like you've said a lot of great stuff so, if there's anything else you want to add.

Singing Teacher 3: Yeah, I would say just in adding number 10, do I include students/clients in the goalsetting process, I think some goals I do have for them maybe I don't share with them right away. Like if it's a range goal, like I know that they can get to a higher note they're just scared of it, or in a specific song maybe I have specific songs for them that is a goal song for them that's more difficult than what they're doing right now. I won't always share that with them because I don't want to make them feel like they're not good enough to try it now, or like what's wrong with me that I can't try it now? But I'll sometimes have those in mind specifically, like I know that they can do it, they don't know that they can do it yet, that would be the only thing I'd add onto that.

Smith: Great, yeah, thank you for explaining that. And you kind of mentioned some goal songs and that kind of thing, so could you describe your process for selecting student exercises or their sung repertoire.

Singing Teacher 3: Yeah, I really love working on technique that's my favorite thing more so than, you know, let's go through this song and warm up. I just love someone who comes in and says, "My voice is doing this," and it's like a puzzle I have to figure out. So I really enjoy doing that and if I feel like I find a song that really focuses on what they're struggling on I'll pick that song for them, but when I know that it's achievable, you know, I don't want to pick something that's way out of their realm or comfort zone and have them feel like, I can't do this. So I base it a lot off of what is going on that, I don't want to say it's an issue, but that isn't working for them and what kind of song can I pick that will lend itself to working on that area.

Smith: Yeah, great. So feedback is one way to affirm if students are working towards those goals or correcting them if they're not. Or, you know, we've mentioned being on the same page. So usually, when I first designed this, I had people mark notches on number 12, but I couldn't print it, it's fine. So I was just wondering if any of these feedback methods, and I'll give you a second to read through them, if any of them or all of them, if you want to explain how you use them, if at all.

Singing Teacher 3: So I'll go and say right off the bat, I do try to avoid negative criticism because I feel like a lot of my students, I don't know if it's just they're drawn to my bio because it speaks to, you know, I'm a sensitive person and I had teachers that had negatively criticize me before and it really did didn't do very well confidence for my singing. So I don't know if it's because of what I project, but I find that a lot of my students are also sensitive and I'm just, I'm not saying there's anything wrong with that teaching technique because it does work with some people and students, but I'll say right off the bat I don't really use negative criticism. If something I heard is wrong, I'll let

them know that it's wrong and then I'll give them a solution. Or maybe you know do a negative/positive like, this was wrong, but I really liked the way that you did that, let's go back and work on this though, that kind of thing, so I do really try to avoid being super negative or anything like that. Active coaching definitely was something I used to do a lot more before the pandemic, that is really hard online, I'm sure you know that, so that has taken a little bit of a backseat for me. I'm more so definitely B right now, giving feedback to the person after an action. Reflective feedback, sometimes I'll even just jot down little notes, like this phrase was too flat or check notes on page 3, something like that and then I can say those things to them. I found that that, just for the time that we're in right now, is a lot more fruitful. And then yeah, I guess that goes in with suggestions for improvement and then I definitely praise them as well, my students are spoiled.

Smith: Okay, yeah, nothing wrong with that.

Singing Teacher 3: Right.

Smith: So, kind of with that in mind, I'm going to jump to number 14. They tell you not to right questions like this because it's just a bulky, covering a lot of things. But because of the one-on-one role that you play in lessons, does any of that lend itself, for you personally, to friendship, nurturing, mentorship, coaching, any handling of emotional or personal concerns, anything you want to say to speak to?

Singing Teacher 3: Yeah, absolutely, all of those. I would say a lot of times, because singing is so vulnerable, that you really do have to make a personal connection with a student or they don't feel heard by you. And I have a lot of, you know, students that are 13, 14, 15, 16, still really finding out who they are it's such a confusing time in life that sometimes, they come in and they just need to like vent about something. And I just let them because I was able to do the same with some of my vocal teachers and I feel like that really is part of the work, be it not specifically music, but in the connection and the vulnerability that you guys create together and I think that that really speaks to how they progress, because then they trust you. So yeah, I've had a lot of students who come in and they are just having a bad time and they'll start crying and I'm just there for them and that way, or something happened, and they just need to talk. I always make sure I let them know as well in the first lesson, this is a safe space for you, if anything is going on, please don't be afraid to share that with me because I just want the best for you and I want to make sure that you're okay. So that is really, really important to me to be all of these things to them.

Smith: Okay, great. And then, this isn't written down, but with that in mind, do you ever find that that is taxing on you? Or is it rewarding or both? Could you talk a little bit about that?

Singing Teacher 3: Yeah, I would say absolutely, it is taxing. You know, as an instructor, we don't really work eight-hour days, I'm not sure as working at a university if it's longer or...

Smith: No, I don't work eight-hour days either, it's sporadic.

Singing Teacher 3: Yeah, it's a long, and so I'll tell them, my family, a lot of times, you know, they'll ask, "When are you working today?" and I'll let them know, you know, "4-8," and they're like, "Oh, that's not bad at all," but what they don't understand, and how could they because they've never been in a lesson, so I don't blame them, but not only am I teaching, I am playing the piano, I'm listening for their mistakes, I'm reading music, I am being everything else for them, right? I am making sure that I am saying the right thing, I have to think on my feet, what did I hear wrong? You know, it's exhausting, it's absolutely exhausting. And when I first started teaching, I was so I was so surprised. I was like, I don't think I can do this, I am exhausted. And it's weird, because I have been a server, I've done 8-9 hour shifts on my feet, running around, like, sweating, but it's taxing in a different way. And I feel like the more that I grow into, you know, being settled in this position, the more that I've found like, okay, I can lend myself and make sure that I am that positive energy for them, but like in a way that's not detrimental to myself so it's definitely a balance and I don't always get it right, but yeah it is definitely taxing.

Smith: Yeah, thank you for explaining a little bit on that. So number 15 is another one that has some options. Do you use any of these or can you speak to any of these about how you create rapport or relationships?

Singing Teacher 3: Yeah, I definitely, I don't like small talk in real life, but I like small talk in lessons because I like to hear what my students are doing outside of their lessons, because they're all so unique and they're all just you know the sweetest people, I just like to hear what did you do this week, did you do anything fun this weekend? Especially the kids, the kids and the teenagers love to tell me what they did with their weekend, they love that, and that helps them, again, trust me and build that kind of relationship with me. Like, oh my gosh, me and my friends, like, went to the mall and we walked around for hours and it was so cool, and then I can tell them, well, when I was a kid I used to do that too, and then now we have that kind of similar bond. So definitely small talk. Sometimes they'll bring me maybe their music, if they have a music class at school and they're not understanding, they'll ask me for help, so yeah D, as well, investment in their other classes or coursework. And of course, E, of course I always take interest in them as a person and care about them as an individual.

Smith: Yeah, and then 16 again has some suggestions that are taking from an article I read about creating a safe environment. Do any of these stand out to you or could you give an example for any of these?

Singing Teacher 3: Yeah, these are all speaking to me. I think these are all things that I do to create a safe environment. Especially E, the positive language with a forward direction, yeah like okay that, and sometimes they'll do something, and they'll go "Eww or ugh," and make a sound, and I kind of pause and like, "Why do you do that?" They're like, "Oh, I hated the way that it sounded, I didn't like that, oh it was bad." "Well, it wasn't bad. Let's try it again, see if you feel better about it, but let's not talk about ourselves that

way.” I definitely, and if they’re saying sorry too, I always, always stop them and I’m like, “There’s nothing to be sorry for, you need to stop saying sorry.” Just being a little firm with them in terms of their inner voice and what they’re reflecting that they say about themselves, that’s the most firm I am with them.

Smith: Yeah, I love that.

Singing Teacher 3: Thank you.

Smith: So then I’m going to kind of shift gears a little, because the other aspect of this study that I want to look at is kind of comparing our fields in terms of types of training and then also belief systems, ethics, certification, professional memberships, so these next questions kind of go in a different direction, but do you hold any memberships or belong to any associations, for number 17?

Singing Teacher 3: So, it’s funny you ask this because I looked into A and B, NATS and then the American Academy of Teachers of Singing, and I really wanted the membership, but I didn’t want to pay that much for it, so that was my hindrance with it. So I don’t belong to any right now but I would love to someday.

Smith: Yeah, that totally makes sense. And I mean, I’m trying to make recommendations for the field and there all things, there are barriers that are very real.

Singing Teacher 3: Yeah, one was like \$200, I think it was the American Academy of Teachers of singing, or it might’ve been NATS, I’m not sure, it was one of those two, I was like, what?

Smith: So for number 18, there are some professional standards set by those groups that you may or may not be familiar with, but I’m also making the assumption that you have some personal standards for yourself, so are there any like ideals or expectations, or yeah, personal or professional guides that influence your practice?

Singing Teacher 3: Yeah so I think that a lot of what influences how I teach is, you know, I was trained classically, so I definitely direct a lot of my technique work back to that, whether they know it or not. I’m not always going to be like this is how professional classical vocalist do it, you know, I don’t always do that, but that because of the way that I learned it, definitely reflects in my teaching. And I think that, you know, I don’t know the professional guides of those off the top of my head, but I think because NATS was around all 4 years I was in, you know, college for my degree, so I definitely was around it and a lot of their guidelines were the same things that were being taught because, obviously, we would need to match what we were being taught in our private voice or vocal lesson. So if I would think of them off the top of my head, like specifically, you know, correct diction, making sure that you are remaining professional on your song choice, that’s a touchy one with contemporary music sometimes, and sometimes I’ll honestly, like I’ll let them do a song and I’ll change the words, like we don’t have to say

this bad word, or we don't have to say something that seems a little offensive. Yeah, those are the two I can think of mostly.

Smith: So then this kind of leads perfectly into number 19, briefly describe your training. So you were trained classically, what else would you like to share with me about your training?

Singing Teacher 3: Yeah, so I have a degree in vocal performance and musical entrepreneurship. The musical entrepreneurship one was actually just starting when I got it. So basically, it was based on the business side of music, you know, if you ever were to like sign a contract with someone, so that you're not getting wool pulled over your eyes, so to speak, making sure that you know what you're talking about, so that people don't take advantage of you. But yeah, so those are my training mostly. I never had a vocal lesson until I went to college, I took guitar lessons when I was younger, but besides that, my schools didn't offer like music theory or anything like that. We had a kind of music class when I was in grade school and choir when I was in high school, but I definitely got a rude awakening when I got to college. Like oh, I need to know all these things that I have no idea what you're talking about, but everyone mostly already knows. That's been my training, mostly college.

Smith: So then, briefly you already talked about how your past training influences your current teaching, like where you're coming from and how that has influenced you, but is there anything else you'd like to add to number 20 about ways that you see your training affecting you today?

Singing Teacher 3: I would say if anything, a big part of my training in college was a lot off stage. Like it wasn't so much the performances, it was that I had crippling stage fright and anxiety. And so even more so, I feel like making sure the student is comfortable and confident with the song choice, because there were so many times where there was a song chosen for me and I felt like I said I wasn't comfortable, but it was kind of ignored and then I still had to go perform it, and I didn't feel good about it, and it didn't go well because I didn't feel good about it. So that directly affects the way that I teach now, because I will never put somebody on a stage to sing a song that they're not confident about. I don't do that. I want them to have a good experience and not be traumatized. So that specifically directly affects the way that I teach.

Smith: Okay. And then is there any specific training that you wish you had received, after you got into teaching?

Singing Teacher 3: Definitely, I feel like even if you're a vocal performance major, you should still have some kind of education training or educational class. I never had to take any kind of teaching class, so everything that I teach my students is either something that I read in a book, you know, and ways to convey that to them, or something that I saw in my own lessons or how I wish that my teachers would've approach some thing or how they did approach something that was successful with me. And then I'll also branch out that if you don't mind.

Smith: Please.

Singing Teacher 3: I really wish that I'd had training in contemporary music because I would say that it's like 99% contemporary, be that rock, jazz, pop, musical theater, especially musical theater, and like 1% classical, which was really scary to me when I first started teaching, as well, it was like I never learned, I was never, I was in musicals in high school, but I didn't really do them in college, you know. I was never like, here's this, I know exactly how to do this, you know, let's have you be the student and I'll teach you all these specific things about the genre. So and especially, I don't know if this reflects directly, but when I was in college I really wanted to explore jazz and my teacher didn't really want me to, so she didn't really support it, but then I had a chance to sing with the jazz band quite a few times and it was like I had to work twice as hard because nobody was teaching me how to sing jazz. And it's completely different than how to sing classical music, they don't want your perfect diction, they don't want your intense vibrato on every note. It is two different worlds. So I definitely wish that I had a class on that, but it's formed me into a hard-working person, so I guess.

Smith: And like we were talking about, them asking what key do you want to sing in?

Singing Teacher 3: Exactly, vocalists don't think, "What keys am I good at singing in," vocalists think, "Here's my range, does the song fit in my range?" You know?

Smith: Yeah, yeah. And that's great for this research, especially because I would say a large majority, and this is me just assuming, a large majority of our training programs are in classical and then there are schools, like I can think of Belmont in Tennessee and there are some other commercial contemporary schools...

Singing Teacher 3: Absolutely.

Smith: But it's almost like you have to go to a school in that style to get that training and I don't think that's serving us as a field, necessarily, but I guess we'll see.

Singing Teacher 3: No, I completely agree.

Smith: Do you attend any types of workshops or clinics, or have you?

Singing Teacher 3: So you and I had this discussion. I would love to, but branching off of what you said, I would say that if you're not in the right area, then they're just not here. I've been searching for like two years now, at least, for workshops and clinics to go to, and there's a couple in like Kansas City, the Lied Lodge, I think that's in Kansas City, there was a master class that I really wanted to go to with Joyce DiDonato, would have been amazing, but it was while I was at school, so it was like weird later in the day and again it's just like placement, nothing's here.

Smith: Right. And looking at number 24, you mentioned reading books for information. Do you use any research-based practices in your teaching or use any of these listed things?

Singing Teacher 3: So yeah, I use a book a lot especially for the visuals of teaching, like explaining the soft palate, tongue, how the, you know, the ribs and the diaphragm are working in breathing. I use this specific book called “Anatomy of the Human Voice,” which I love that book so much, it always has a good representation of what I’m trying to convey.

Smith: Yeah, is that the, I don’t know how to say it, D-I-M-O-N, like Dimon?

Singing Teacher 3: It has like a person...

Smith: Oh yeah, and it’s white?

Singing Teacher 3: Yes, that’s the one

Smith: Okay, awesome. And I, honestly, I’ve gotten quite a few books, and this is another one of my little bones to pick with this field is like, I’ve not really found many good books about voice teaching like I found books about the vocal faults or this or that, but I want a book about specifically things, like the most basic thing I can think of is I have a young man who is going through puberty and his voice is changing, and his break is changing, so that’s been really difficult like navigate, and aside from what I look up on Google, I have not found a single book that covers that really specifically at all, which is so weird to me.

Smith: Yeah, I’m going to send you another book, but you’re totally right.

Singing Teacher 3: Yeah, it’s like you really have to dig.

Smith: Exactly, and the information is not clearly out there.

Singing Teacher 3: Yeah, I’ve bought quite a few books and I’m not going to say they’re duds, but the synopsis and what they looked like online is completely different than what I was reading when I got them, so it’s like not even the information that’s online is accurate to what I’m looking for.

Smith: So not helpful. Okay, so in determining how to best serve voice users as a whole, I’m curious how teachers of singing and more like medical or speech-language pathology can connect students with people who will meet their needs. So I’m wondering how students come to you and I know you’re a private instructor, and some of those are given to you, but do they choose you, are they recommended to you, and what factors play a part in matching student with teacher?

Singing Teacher 3: Yeah, so, usually they are recommended to me by another student. Like, “Hey, my friend so-and-so wants to take with you,” it’s kind of like word-of-mouth or they’re chosen for me. And I do have more freedom at this studio in regards to if it’s a match, if it’s a fit or if it’s not a fit, like I can be like this is not really working anymore, so here. My other studio, I could definitely do the same thing, it’s just that there’s kind of a middle person there, which would be the lady that does all the scheduling and gives out students, but actually both of my studios do a very good job of matching students. Usually, I do hear that it’s somebody who read my biography and chose me based on that, or it’s word-of-mouth, like my friend so-and-so goes to you. So it’s usually those two things.

Smith: I should go and read your biographies, but with that in mind, is there anything specific that you put in your biography and you mentioned you’re a sensitive person and maybe they got that from the biography. Is there anything else you want to say about what you wrote?

Singing Teacher 3: Yeah, so that, the newer student that I was telling you about that plays guitar earlier, he said that he chose me specifically for one of the things I said in my bio and that is that as well as a teacher I am also a student because I’m always learning from my students. I have to learn how to be more flexible, I have to learn how to convey things in different ways than I would normally convey them, even thinking about things, they’ll say something and I don’t understand it and I have to ask them can you say that again. Then I can realize what they’re saying, but it’s like, I’ve never thought about it that way. So I think that’s a really good thing to keep in mind for all teachers, like we’re all still students too, we’re all still learning, everyone’s learning.

Smith: Can we actually jump ahead, and we’ll come back because I do want to talk about a little more about that, but with that in mind, for numbers 30 and 31, about how do you prepare for sessions and how do you reflect, I feel like that kind of ties into, yeah, being a learner and still learning, so can you talk a little about 30 and 31?

Singing Teacher 3: Yeah, so pre-pandemic I was doing really well. I will get to work like half an hour early, go through, I keep a folder on each student, and I keep little bullet points on each day, so I know where we left on each song, where we left off last day, because I have 30 students so it’s really difficult for me to remember everything, especially if some of them are working in the same song. So I was really doing good about that right now I’m not so much preparing half an hour before lessons rather than minutes before, and I find that I definitely still prefer having a half hour to just collect my thoughts because I’m a little less frantic. But that being said, the students that I’ve had for long enough now to kind of pick up where we left off in terms of where their lesson left off last week and not feel like I need five minutes to get back into it with them, which is really nice and that’s a huge advantage I have. And then the other thing I would say, reflecting on lessons is difficult when they’re one right after the other, but maybe on my drive home, you know, I’ll think about a couple of things pertaining to lessons, usually it’s like the last lessons because those are the ones that are still very fresh in my mind, but maybe stuck on a certain part of song, I’m not sure why that just wasn’t working today,

like, what can I do better, you know, that kind of thing. But that's one other thing that I wish there was a little bit better of a system, and I completely understand, you know, back-to-back lessons is just the most convenient, but I wonder if they were just even like 10 minutes in between each one, how much more present I could be instead of just switching person to person to person, so that is definitely something I think about a lot is like what could I shift, or what could be shifted in this practice to better assist the teacher in terms of preparing and reflecting.

Smith: That's awesome and I completely agree with you, if I'm allowed to agree with the research. I'm trying to be unbiased but yeah, I also work in this field so I completely understand.

Singing Teacher 3: So you know.

Smith: It is overwhelming when you have a lot of students and back to your previous example of telling your family you work 4 hours, that could be 8 students if they're half-hour students, or if they're hour long, four students

Singing Teacher 3: It usually is 30 minute, too.

Smith: That's a lot of information and different people, different songs, to pack into a short amount of time. So back to students and talking about how they come to you, is there anything that might keep you from teaching a certain student or telling them, like you were saying, maybe this isn't the best fit?

Singing Teacher 3: That's difficult, I'm going to be real with you, because I am a single individual, so it's hard to turn down money. Especially if you know they're still paying for each lesson and showing up, but I know that they're not very invested, maybe it's because they're younger and their parents really want them to do it, it's really hard for me to connect with those kinds of students sometimes, but I try my hardest. Yeah, I've never, I mean, I've had a couple of students that I met [omitted], and it just didn't feel right, something was like off, and then in terms of that, honestly, they kind of lost contact with me kind of a little bit too, so clearly it was mutual. I've never had to be like, "This isn't working, you need to find another teacher, I can't teach you anymore." I've never had that, but I've actually had parents who, I had one girl who I guess I wasn't being strict enough, her parents switched her to a male teacher because he would be "stricter," so yeah, I guess that always kind of takes care of itself. I easily give up give up, though, I always trying to like, especially if it's like a lesson that I'm feeling a little bit of, I don't want to say dread, but I know it's not going to go as successfully as I wanted to, I'll try to think of anything I can do and try different techniques to make it more successful. But yeah, I don't usually tell people I can't teach them or anything like that.

Smith: Okay, and then, on the flip side, is there anything that draws you towards certain students?

Singing Teacher 3: Yeah, I'm definitely way more drawn to adult students because I feel like I can, I just feel like I can teach them better, I just do. Yeah, I don't know, it's hard to explain, but I just feel like the rapport and the, what they're trying to convey, what they're trying to achieve and what their goals are are just more aligned with how I teach.

Smith: Yeah. And then, before Tuesday, do your students, especially at your other studio, do they meet together? Do they know each other? Or why were they so supportive?

Singing Teacher 3: Yeah, so a couple of them knew each other from recitals previous and I think some of them have the same show choirs or maybe go to the same school, but that's actually more on the rare side. I was so proud of the way that they were so supportive towards each other. I just think the way that they're taught by me is to be respectful and encouraging, and so I really, and I'm not going to take credit for them being that way towards each other.

Smith: No, you can take credit.

Singing Teacher 3: But I feel like I definitely want to make sure that they are receiving that in their lesson, so that they can pass it along.

Smith: Yeah, that was my main question with number 28 about creating a certain type of culture and I really felt that on Tuesday, which is why I asked about that. Anything else that you strive, like thinking, "This is the culture that I strive to create," or just kind of happens naturally?

Singing Teacher 3: I think it just kind of happens naturally, yeah. My main thing with students is if you are learning something and having fun, we're successful. If you're not learning anything or not having fun, like let's figure out, you know, sometimes we'll be working on a song and I can just tell they're so sick of it, like, "Do you want to choose a new song?" and they say, "Please." "Okay, we'll do it. It's taught you all it can. If you're not invested in it and you're just going on auto pilot, there's no point."

Smith: Yeah, yeah. So then number 29, it is likely in our fields that we will be interacting with a variety of different clients. This could be a different race or ethnicity, age, sex, gender identity, religion, nationality, disability, socioeconomic status, or more. Is there any certain way that you approach students with understanding or respect? Or without using names, could you describe a specific time this was difficult to do or easy to do in your teaching?

Singing Teacher 3: Yeah, so I have quite a few students that maybe identify as gay or a few students that also I'm not sure, because they've never spoken to me about it directly, but I have an inkling that maybe they are gender fluid or something along those lines, so I try to remain as neutral as I can with those students, especially, because I want them to know that I'm never judging them and I'm never wanting to create any kind of space that isn't anything but safe for them. And then specifically, I do have one student, and this was kind of, I don't know if difficult is the right word, it was just unsettling. She has

epilepsy and the only information that I had gotten from the front desk was that I was getting a new student and my boss needed to talk to me. Well my boss got really busy and she wasn't able to talk to me before the student's first lesson, but I got an email from the student's mom, a really lengthy email that went into very graphic detail about what she looks like when she's seizing, and it really scared me, because I was like, oh my goodness, I don't you know want to be responsible for her getting hurt in my room, what if I don't know what to do? Even though she sent out a very lengthy email about what to do, but she's like, there's no warning, she can be midsentence, she'll just drop and like start. So it was very in your face email, because she probably needs to be like that, like here this is how it is, here it is, laying it all out for you. And it wasn't like I was like, oh I don't want a student like that because it makes me uncomfortable, but it was difficult in the sense that I had to remind myself that I am a person that is going to be accepting students that have all types of different things going on in their lives that or something more emotional, so I had to kind of step back and check myself, like okay, and then I posted the email with all the details in her folder. So if it ever happens in a lesson with her, all the instructions are there. I had to step back and be like, okay, you're fearful because it's unknown and you don't know what to expect and that's okay, but you also have a responsibility to treat the student the same. And now, honestly when I have her, I don't even think about it, it's totally natural. It's just like in the back of my mind, it, obviously I correlate her epilepsy to who she is, but it's like it's not always, you know, I'm talking to you, and you have epilepsy all the time.

Smith: Right, you're prepared for it, but...

Singing Teacher 3: Yeah, it's not like I forget about it, but you know what I mean? It's not anything different to me now.

Smith: Okay, yeah. And I know creating that safe space, you said that in a lot of ways, is important to you. Is there anyway, this is kind of a vague question and maybe I'm kind of leading the witness here, but is there anyway that the music itself helps you with that? Does that make sense?

Singing Teacher 3: Yeah.

Smith: Like the music that they're singing or the way that you choose songs for people, does that tie into that accepting, safe space. Does that make sense?

Singing Teacher 3: Yeah, I think I understand what you're saying. I think I usually just want to choose a song that's not too difficult in terms of, you know, I only usually play the vocal part for them, but I tried to play accompaniment before and then I kind of had to set a line with myself like, okay, you just really don't know enough piano for that, that's not a safe space for you and then I'll notice I'll get self-conscious and then I'll start playing like the wrong notes or stuff like that. So that for me is like when I choose a song for them, I just have to remind myself that I'm doing enough by being their teacher and playing their vocal part. Sometimes I feel like I'm not doing enough, I'm not doing enough. So I don't know if that ties into your question.

Smith: No, I completely agree with that. And with 30 students, you want to be your best teacher for all 30 of them, and to play 30 accompaniments on a weekly basis...

Singing Teacher 3: It's just wild.

Smith:...is not the same as teaching voice.

Singing Teacher 3: Thank you, agreed.

Smith: That's what piano players do.

Singing Teacher 3: Exactly.

Smith: Great. So then I just have two more questions, thank you so much for your time. I want to know what was your motivation for entering your line of work, originally?

Singing Teacher 3: I always loved singing and I always loved music. And for a long time, maybe without even realizing it, that was like the main way I could express my emotions without feeling like maybe I was being too much or too dramatic. So I feel like music really helps me express myself in a way where I feel like it's not too much for people or too dramatic. I felt that way a lot growing up, like I'm being too dramatic or too much, and so I feel like, I don't know, music, to be cliché, I feel like music is always going to understand you and it's always going to give you a space to have a platform to speak on really any subject. I mean there's songs about everything under the sun. But, and I think even though I was definitely steered away from trying to pick a degree that was in art, I just never found anything that spoke to me the same way and I knew that I would be doing myself a disservice if I didn't choose that. So that was the ultimate reason why, it's like nothing makes me this happy, nothing speaks to me in the same way.

Smith: And then what continual motivation do you find in your work today?

Singing Teacher 3: There's a lot of little things, but I think the main point of motivation that I get is, again, from having successful lessons. Whenever I have one that I felt like I really got through and they really had a breakthrough, I go home feeling like I'm on cloud nine. It's like, this feels so good, this went so well. But I think also personally maintaining my own vocalism. So like I've really kind of fallen off practicing daily, which is just difficult to fit in sometimes, but I feel like when I do that and maintain my own vocal health, that motivates me to express that to others but also to make sure that I am like, you know, when you are singing a part of the song for them, you'll play it for them, and they're like, "I don't know what, can I hear you sing it?" you've got to be on your game, so it's like that motivates me too. It's like, okay, I am also kind of performing for these four hours, like this is a performance, in a way, of itself. So I have to be ready for that. So I have to motivate myself or usually like listen to maybe my favorite musical theater songs on my way to work or if I'm just really musicked out I'll just listen to

podcasts and get myself ready or I'll just be quiet. But yeah, those little things motivate me just to be as present as I can be.

Smith: Yeah, awesome. Well, great, that's all I had. Is there anything else that you want me to know about you or your teaching? Or anything that came to mind while we were talking that you didn't get a chance to express?

Singing Teacher 3: I think that your questions were really well-rounded and covered a lot of different aspects, so I think, yeah, I think you've got it all. Yeah, those were great questions.

Smith: Thanks.

Singing Teacher 3: Really like thought-provoking and just honest and vague enough for me to be personal about them, so I really appreciate that.

Smith: Yeah, no problem, thanks. Thank you so much.

Singing Teacher 3, Interview 2 Transcript

Smith: So a lot of the people I talked to I actually talked to over a year ago before the pandemic hit, so I was asking if anything changed in interactions based on the pandemic, virtual lessons, and we briefly talked about that last time, but I just wanted to give you the opportunity if you had any more ideas about how and if the interpersonal relationship between you and your students has been affected by the pandemic.

Singing Teacher 3: I feel like they come to me a lot more socially open now, if that makes sense. I get a lot more updates on their days and their plans, whereas before I feel like, I don't know, I've noticed since I've been back in person, which was in July, is when I went back in person, I feel like a lot more people have been super open about more of their every day life, or you know what they're going through. Which is been really interesting to me because I just love connecting with people, not just on a musical basis. So I don't know if that counts, but I definitely notice. And somebody said too, I don't know, it might've been on a podcast, they were talking about how being a teacher and being on Zoom, you're seeing so much more into their personal lives because you're like in their home and it kind of connects you on more of a personal way, even though it's online, which I thought was so interesting. I wish I could remember where I heard that, but that got me thinking. I was like, since I had heard that, I was noticing I feel like a lot more of my students that are in person now or just able to connect with me a little bit more.

Smith: It's almost, like, a positive.

Singing Teacher 3: Yeah, in a way, it totally is. but I think in regards to the pandemic affecting interpersonal relationships, did you ask with students? I think it's a little bit harder for them to have determination and drive. I think it's a really awesome thing that [omitted] is doing [omitted] concert, I'm so excited about that. But the other studio I work at, a lot of the stuff that we would usually do throughout the year has been put on hold and we're actually going to be able to do a couple things this coming spring, which has definitely gotten students super excited. But I feel like I had a little bit more of a turnover when I was on Zoom because they were getting bored, there was just nothing really to work towards, so I feel like that definitely was an affect that took place. Or people that came back to in person and were like, "Oh, I feel like I don't have as much of a range as when we were last in person." Totally, more than a couple students probably say that. They're just not singing at school every day, they weren't like out driving around singing their songs, you know all of that plays, you don't think it does, but it totally does, those are a couple things I've noticed.

Smith: Great, yeah. And then something that came up, especially because I talked to teachers of singing and then speech-language pathologists and the more medical side, is do you value being an expert in one or two specific disciplines, and whether that be a teaching technique or a genre of music, versus being versed in a number of different disciplines? And I know a little bit about your background, but I want to hear in your

words, do you think you focus more on one or two things, or you want to be focused on more things?

Singing Teacher 3: I think that the way that my skills are used in the places that I work right now, they're only being utilized to a certain extent and that's okay. Most people aren't interested in singing jazz or classical, I've just come across that a lot and I've learned to take that with a grain of salt. But I also feel like that's taught me how to take my skill set out of those two fields and apply to everything else. Because I know we talked about this last time, when I was in college, I was never trained like how to sing pop music or anything like that, how do you do runs or add distortion to your voice, all that, so I feel like, I don't know, being a teacher has also made me more of a student to. What was the question though?

Smith: No, that's great. Focusing on one or two things or multiple different things?

Singing Teacher 3: Yeah, I feel like if I could say that I focus on one or two things, it would definitely be I talk a lot about vowel modification and just like openness, soft palate, like very technical stuff, I like really like working on technique. That would probably be one place where I'm super comfortable and confident teaching. But yeah, everything else, I don't know, I feel like it just depends on the person, the day, and the time. Like really it does. I'm not definitely closed off to anything, I'm just kind of ready whenever, just depending on what they bring to me that day, try to do the best I can.

Smith: Awesome, yeah. That's great. I can't remember if we talked about this last time, to be honest, but some teachers of singing and then especially some voice therapists see students maybe briefly to fix something or to get them ready for an audition or something. Is there any difference in how you interact with students that you see short term versus long term?

Singing Teacher 3: Yeah, definitely, that's a really good question. I do have a lot of audition preps this time of year, lots of people auditioning for show choir, so it's a lot of "My Country Tis of Thee," and I feel like I do more of a fast-paced, jumpacked lesson each time. Because it's like, okay, let's warm up, this is a really quick explanation of technique, here's what they're probably looking for, it's like vowel modification, consonant modification, maybe you should work, nice and open breath, continue to work with breath, and I have like four lessons to do that. So it's very much okay, today we're going to work on this and then let's add on this, so it's more like a juggling act, like I know I told you to do this, but let's try also with that as well. So it's definitely more fast-paced, jumpacked than I would usually go, and I feel like maybe I build a little bit less of a personal connection with them, but that just is what it is, you know. I'm super easy to get along with and pretty open, so I feel like they still feel comfortable, and I do make sure of that, but yeah, it's basically let's get to it so you can feel really confident.

Smith: Okay, great thanks. And then you already kind of talked about this the last time we talked about, I can't say it verbatim, but you said you can't teach a third grader the same way you approach a man in his 50s, or something like that. So if you don't have

anything you want to add, that's fine, but is there any role that the age of the voice user with whom you're working plays in your interactions with them? Anything else you want to add on that?

Singing Teacher 3: Yeah, let's see, I do remember saying that last time, but I don't remember specifically. If I didn't mention this, I feel like you have to change a lot of the language sometimes, and that can be difficult. If I explain something one way and they're just not understanding, it sometimes it gives me pause and I have to think about another way about it, and if they also don't understand that, then it's sometimes very difficult for me to continue from there, like to try to teach the thing. It's like okay, I don't know what else to do right now, so... but you know you just take a pause, you come back to it, so yeah that's the other thing, it's just, I don't know, it's just hard sometimes, that's it.

Smith: Yeah, I understand. And then we also talked about this, but I just wanted to know if you had any more comments about the role, if any, of either the familial or the personal background of the person that you're working with. Like what they bring into the room with you, basically all those parts of themselves. This is a very broad question. Ways that you see that playing out in how you work with them, does that make sense? So that could be nationality, culture, socioeconomic status, sexual orientation, disabled status, religion, etc. Broad question, wherever you want to go.

Singing Teacher 3: I would say the thing that I think of right off the top of my head, but I don't know if it's specifically under this broad spectrum, but I do have a couple of occurrences that I've happened where I thought this song was appropriate and their parents were just not okay with it. And so that kind of changed the dynamic a couple times. Like, oh okay, there's just one song that had the word kiss it and their parents just weren't okay with that.

Smith: Oh, okay.

Singing Teacher 3: And I honestly just, she had said she had listened to it a lot, so I thought if she already knew it, it was going to be okay, but it wasn't. And then that happened, I find out a little bit later on, she was okay with her singing and lessons, they weren't okay with her singing it in front of her grandparents at the recital. So that was interesting to me, that was kind of my first case of oh, if you feel like your background is maybe a little bit this way, a little bit more conservative, they might not, you know, pick the same music choices as they would in lessons.

Smith: I had something similar like that, but yeah.

Singing Teacher 3: That's the main thing I can think of. I find that, honestly, everyone's so different, again, I have many different students of different cultures and different sexual orientations that I feel like they all are just such their own people, that I just kind of am a chameleon with them. I just kind of go with where they are most comfortable and I'm just kind of that supportive system for them, as best as I can be,

Smith: Great, yeah. And kind of like with that and choosing music, you gave that example, you had to kind of switch the way you choose music, and we talked last time about, like, students playing a role in choosing their music. Has there ever been a time when you felt uncomfortable with a song that a student wanted to do? Or no?

Singing Teacher 3: I don't think based on the subject matter, no. I think, yeah, I don't think so no, not that I can recall off the top of my head. I think generally, they pick pretty, or we pick together, and it's pretty sticking to musical theater or making sure that their parents are okay with it, if they're that young. Adult students, if they're okay with it, I'm okay with it, but no. I don't think anyone's really made me super uncomfortable. Maybe just with like physically, sometimes students will get really close to me, come over to the side of the piano, and I'm like, "Ah, no," especially now, I did have one student who wanted to stand right next to me, this was actually before the pandemic, which was super, that made me a little uncomfortable, it's like, you are too close to me. Yeah, I think she just needed to see what I was doing, she wanted to see like the sheet music, and then she played piano too, so I feel like she wanted to see my hands, and that like helped her with the pitches. So that was a really interesting different kind of lesson structure as well.

Smith: Yeah, it is, that's interesting. Thanks for explaining that. So, like I said, because I'm talking to singers and then more speech-language pathologists, what is the role, if any, of multidisciplinary training in educating voice experts as a whole? So for example, how much should teachers of singing understand voice medicine or the practices of speech-language pathologists or therapists, or how much do you think the other side should understand music, if at all? Any opinions there?

Singing Teacher 3: I would've loved to take a class in any kind of speech pathology or, you know, the book "Anatomy of the Human Voice," if there was a class of that, I would've been super, super interested in that. I do think that would have helped me a lot. Most of the stuff that I talk about with students in relation to the anatomy is just stuff that I've read, and that's okay, you're just continuing your own education. But honest, to be completely transparent and blunt with you, I feel like a vocal performance degree didn't properly prepare me for being a teacher like I thought it would.

Smith: Yeah, and I think you're not alone in that which is why I'm asking these questions and thinking about larger institutions and training programs as a whole, yeah, they're not always...

Singing Teacher 3: A lot of what I do is think about back to my own lessons and how they would teach me stuff and kind of use that as my example, but even just to sit in on a master class isn't the same thing, but to sit in on voice lessons before I started somewhere, or an apprenticeship or an internship, maybe we need to take that a little bit more seriously, rather than like you have this degree you're hired, you know. I never even had to sing for either of my jobs, which I thought was really interesting. And I get it like I have the degree, so clearly I passed, but that always struck me as a little odd.

Smith: Yeah, I agree, and I love your idea about apprenticeships.

Singing Teacher 3: I would've loved a little bit more preparation, and honestly, I can't put all the blame elsewhere. I didn't really know what my career was going to look like, aside from performing, and I don't know how I thought that was going to make a living. That's the other thing there was no, where was the class that was like vocal performance in real life? Vocal performance and voice school is so different, it's so weird. It's like I was dumped out in the real world, and I was like, where are all the vocalists? Where is everybody that wants to talk about music? And honestly went through a big bout of depression when I graduated, I don't know if you ever felt something similar.

Smith: Oh, yeah.

Singing Teacher 3: But I felt like I was so surrounded by music and everyone who wanted to talk about the same things that I wanted to talk about, and sing with me, and joke about music with me, they were all gone. And it was just like in the real world where no one cares about that, really it just was like, oh my gosh it was heartbreaking.

Smith: And no one is there, like friends, teachers, spurring you on, it's a lot of doing your own, putting yourself out there.

Singing Teacher 3: Absolutely.

Smith: What am I going to do? How am I going to find a way? It's a lot to kind of keep in mind, preparing...

Singing Teacher 3: Yeah, or you know like they have in high school, where they have career booths, but those same things for college, like here are some things you could go into. Some kind of preparing, I don't know, in some extra way that just doesn't seem to be there, just something.

Smith: That's a great idea, I'm going to put that in my dissertation, that's a good idea. So I have a couple more questions. One you were kind of the inspiration for, so you kind of already talked about this, but what is the role, if any, of gender in your field? For example, are there any barriers or privileges granted to voice experts or voice users based on gender? So I don't know if you remember, but you said that a student was given to a male teacher because the parents thought he'd be more strict.

Singing Teacher 3: Yeah.

Smith: And it doesn't have to be something negative like that, it could also be positive. What role does gender play in your interactions with either other voice experts or your interactions with students, like your female students, your male students, your transgender students, anywhere you want to go with that. You've kind of already talked about it, but...

Singing Teacher 3: Yeah, that circumstance really threw me off. I think what, too, threw me off is there was like nothing else said about it, but I get it, it's like that weird client thing where the client is always right, even when they're not necessarily, that's just their preference though. I would say, as a female in this field, I feel like I offer a certain amount of, like, nurturing to my students that necessarily maybe others, maybe male teachers don't in the same way. Just sort of like, I view them as, not my children, but kind of as I am their caretaker a little bit during that time. And I don't know if that's the same with anyone else, but I suppose I feel like I have maybe, I don't know what the word is, maybe a leg up in that area because I am a woman and I'm just nurturing in that way. I don't know if that helps at all with that question?

Smith: Yeah, for sure.

Singing Teacher 3: But as far as like, I don't know, being a woman in this field, I've never, luckily, come across anyone that's treated me like I didn't know as much because I was a woman, at least not to my face, so that's been really good. I feel like this field is generally extremely excepting, whereas other fields like maybe the medical field, or the social work field are not the same way. I don't think, I have anything else to add, maybe if I think of one, I can come back to it.

Smith: No, that's okay. So then, you were one of my participants who mentioned how difficult it is to find workshops, masterclasses, a lot of what you rely on comes from books, which then you have to kind of seek out yourself. My question for everyone as a whole was what is the role of funding in your field? For example, have you ever had to pay out of pocket for additional training or to attend a conference, or I would add, to purchase those books that you're using, to purchase music? Just everything that, yes, this is your job and you're getting paid, but how much of that salary are you putting back into the field? Does that make sense? Personally, what do you have to spend?

Singing Teacher 3: Absolutely. Well, luckily one of the studios I work at they're really good about encouraging like going to concerts, like we did stuff like. That the other studio I work at doesn't do that at all, so everything that we put into our careers is our own time and expense for sure.

Smith: Which I think is pretty common.

Singing Teacher 3: Yeah, I agree, I agree.

Smith: Okay. So then, just a couple more questions. What is the role, if any, of voice user disposition? And I had a lot of participants mention teaching perfectionists, high achievers, people with high anxiety. Or, even if you don't want to put a label on it, just how does the personality of the person and your personality, how does that kind of play off each other in the voice lesson?

Singing Teacher 3: Yeah, I do have a couple students where I kind of let them guide the lesson a little bit more than I would in ordinary circumstances. One of my students is an

older male and he owns a company, he's very much in a leadership role at all times, and that's just how his brain works. And so he really does lead the lesson and I just give him feedback because that's the way that he learns and he has improved so much since I stopped fighting against that kind of way, that was a really kind of interesting learning lesson for me. Because at first I was like, I'm the teacher, you're not leading the lesson, I decide what goes on here. But that's just not the way that he learns, and when we were doing that, he would get frustrated, he didn't progress, so that was a really interesting and special case. But I do have a couple off the top of my head that I can think of right now of students that are, I wouldn't say necessarily like OCD, but they have very much if I can't get it now I like have to do it again and again and again till I get it right and sometimes I just have to draw the line with them, like if we keep doing this, it's not going, you're not going to be able to fix it now, it's been too many times, there's too many repeating times of this, that it's not doing your brain any good anymore. It's, you have to like come back to it, you have to leave it there and I call it marinating.

Smith: Oh, I love that.

Singing Teacher 3: Put it in the sauce, try it out, okay, like it's not working right now, let it marinate and then will come back to it later, that is really how that works. But yeah, I would say with students like that or students that have high anxiety, lots of students at first or really, really scared to sing in front of me probably because they're very anxious. I have one student that just now, after three months, it's finally opening up to me and like smiling telling me a little bit more about her day and it's hard as somebody who, I'm not like an extrovert at heart but I am an extroverted introverted I would say, I'm extroverted when I need to be.

Smith: Yeah, I'm very similar.

Singing Teacher 3: And so sometimes you know if I'm in my ego, then I might read that as they were being rude or they're being standoffish, but that's so far from the case, it's just that they suffer outwardly with something that I could be suffering with internally. Maybe I am uncomfortable and shy, but I'm not showing it because I'm able to put on that kind of face, and they're just not, and that's okay. So that, I do have a couple of students like that as well and it's just lots of positive reinforcement, lots of letting them know they did a great job at the end, just lots of compliments and, of course, honest compliments. I'm not going to lie and tell them, "That was amazing," if, you know, there are things we need to work on, but it was amazing that they tried. So yeah, lots of different stuff like that. You just, again, it's like you have to take the individual and assess, like, what works most for them in your lessons with them, and that might take a while, but when you get it, it's like uh! It clicks and we're going, we're good.

Smith: Yeah, great. Yeah, that's a great way to describe it.

Singing Teacher 3: Thank you.

Smith: So my last question you've already addressed and, again, you were kind of the inspiration, but I'm asking other people, so if you have any other comments about the role of scheduling demands. You had mentioned seeing students back to back to back over an extended amount of time, typing notes as the next person is coming in, to reflect on the last person, and you had said that maybe if there were even a couple minutes in between to gather your thoughts, reflect on one prepare for the next. Basically, you don't have to say anything more, but is there any other comment you have on how scheduling affects you as a teacher?

Singing Teacher 3: Yeah, I would say that absolutely hour five, you're not giving as good as a lesson as hour one, maybe, depending on the day. Sometimes if I just get up and use the restroom real quick, I'm back to it, but it's like your voice is more tired, you've been multitasking for five hours straight, four hours straight at this point, that's a lot to be asking of your body and your mind continuously. I don't think people understand, you know, I'll talk to my family, "Oh, four hours isn't long, five hours isn't long," but five hours of their job, they're probably doing something and then they put it away for a second, they're doing different things, but they have that kind of mental time to process. You're engaged with somebody the entire time, there's someone sitting right in front of you, you don't get to just, you don't get to leave. So that is really hard for me because I have ADD and there's sound all around the rooms, I can hear things, so it's like absolutely at hour five, it's so much harder for me to give you that same value of lesson as hour one and I really, really do try as hard as I can.

Smith: Right, and you want to give your best.

Singing Teacher 3: I do think if I had just literally five minutes in between each lesson, five minutes to respond to, because I'm also getting texts that whole time from students and people that need to change their schedule or need to cancel their lesson and want to make up, and just so many different things and I get those all day too, I'm sure you do as well, it's not just confined to those five hours.

Smith: Yeah, oh yeah.

Singing Teacher 3: You're always on, you know. So I think if I just had a couple of minutes just to like sit and breathe and recharge, it would probably change my energy level and yeah, definitely.

Singing Teacher 4, Interview 1 Transcript

Smith: Could you verbally confirm that I have your permission to record this conversation?

Singing Teacher 4: Yes, do you want me to say my name and everything?

Smith: No, that's fine.

Singing Teacher 4: Yes, confirmed.

Smith: Okay, thanks. So thanks so much for meeting with me today and just a reminder that this interview is part of a pilot study to identify interpersonal practices used by teachers of singing, but also speech-language pathologists and other voice experts. So I'm hoping to compare and contrast practices in our fields to design a surveying tool, but also to make recommendations for how we can have better cooperation or practices with our students or clients. So, to being, how would you define interpersonal?

Singing Teacher 4: Just the word interpersonal?

Smith: Yeah.

Singing Teacher 4: Basically, how you communicate with another person, that's how I would. So when you're talking about interpersonal skills, how well do you do with communication with other humans.

Smith: Great, thanks. And I may be taking some notes, I don't know how loud my clicking is.

Singing Teacher 4: That's okay, it sounds very doctoral and very official.

Smith: Thanks. And with that in mind, what do you consider to be necessary interpersonal skills in your line of work?

Singing Teacher 4: Listening and empathy, I would consider part of, you kind of need. I guess we'll start with those, so you have to be a good listener. I guess knowledge, you have to have knowledge, obviously, if you're teaching something. Oh, and interest, like curiosity, curiosity that's what I meant to say, being curious because that helps.

Smith: Great, no that's great. Don't feel pressure at all, what you say is great no matter what. Could you give an example of how you might incorporate some of these interpersonal skills into your teaching or your work?

Singing Teacher 4: Yeah, well usually when a student comes in, I kind of start it, I mean it sounds like it's flippant, but you're like, "Hey, how is your day?" or "How is your week going?" or "How is singing?" But it's really to get the student talking and

comfortable right away, and it shows that you're interested, because you are ,you're always interested in your students, but it initially really engages with them on, oh they really do care about me and stuff like that. And then the next important step is, no matter what they say, you have to really hear what they're saying and then kind of empathize with them and respond in such a way that can keep the communication flow open, cause that's what's so important, especially, with teaching someone how to sing because that's very personal.

Smith: Right, thanks, that's awesome. So do you teach or encourage interpersonal skills from the students in any ways.

Singing Teacher 4: I think so, not like I am, "You have to work on your interpersonal skills," but by getting them to talk, which with some students especially their first year is very hard to do, [omitted] some students just don't like to talk at all. [omitted] And you do, you do have students that tend to be more listeners than talkers, and that's not a bad thing, but you do have to keep kind of that conversation, that kind of inquisitiveness going, so that, at least at some point, the student does open up and offer. The other thing is that you really have to, at least what I've tried to do it, is always tell the students that there's never a wrong answer. So if you're feeling like your singing, the best way to describe your singing is the color blue, then that is fine. Just to get them opening, because everyone, you know, interprets things differently and kind of learning the students' language and how they are describing things, I think it's really beneficial and helpful as a teacher.

Smith: That actually leads well into the next question. I had some approaches to individualized instruction, and I can share those with you if that's okay. Can you see the screen?

Singing Teacher 4: Yes, I can.

Smith: So for number 5...

Singing Teacher 4: I see, okay.

Smith: There are some of these approaches that are familiar in education or common in the teaching world. Are any of these ones that you're familiar with or that you find you use in those interactions with students?

Singing Teacher 4: Probably indirectly. I mean obviously, I've never been like, "Today, I'm going to use the Gallup strengths finder." My actual sister-in-law works for Gallup and she developed surveys and stuff for people.

Smith: Oh, that's cool! I've never taken one, but I've heard people like knowing their strengths.

Singing Teacher 4: Yeah, I've never, have I taken one? I don't know, maybe back in the day in college I took one, I don't remember. Personality types test, so I know that one. Modes, there's like a test called modes where they figure out which one you are?

Smith: Not necessarily.

Singing Teacher 4: Because yeah, like I know that everyone learns on all those three modes, but one is more present generally than the other. Like I'm a terrible, well, that's not true, with language I'm a terrible auditory, does that make sense, like if people read something to me and they're like, so what do you think about that, I'll be like, "Can I see it?" But like music, totally can learn fast aurally. I am fundamentally a kinesthetic learner, though. I don't know, do I know Gardner's intelligences? I mean, I understand what all of these are, but I don't think I've ever heard of those before. Is that what you mean? Wait, I'm supposed to be answering a question.

Smith: Yes. Could I phrase it in a different way? Can I go off of those modes?

Singing Teacher 4: Sure.

Smith: Do you find that students, that your teaching has to be either more auditory, more visual, or more kinesthetic because of the student?

Singing Teacher 4: Sometimes. I try to do all three so that I can, especially the first couple semesters I have students, because then if, especially if the student really starts trusting you and opening up and maybe practicing, doing stuff, then you start really learning what's best for them, you know, you'll find this student, it's best we best learn the song if I just play it a whole bunch of times, whereas this other student, another student may have to study the score more, and then the other students are just singing it over and over again, so that feeling of it. Does that kind of make sense?

Smith: Yes.

Singing Teacher 4: So I guess I do the modes thing, indirectly not specifically like, that's what I'm going to do. I know that I do kinesthetic is the one that a lot of students don't pay attention to when they're learning singing, although they don't realize that when they're actually singing especially exercises in a positive way that is the kinesthetic way of them learning to do something, but they don't make that connection. So I try to help them make another connection, [omitted], but to play their parts, and I talk about that kinesthetic learning and we talk about it briefly. So I'm guessing, maybe I use the modes thing more indirectly than the others, if that's the answer you wanted.

Smith: Yeah, that's great.

Singing Teacher 4: What we're looking for, I know you're not looking for, I didn't mean it that way.

[omitted]

Smith: So kind of to go off of that topic, could you explain a time that you had to alter your technique to help a client or student? Like if it was they just weren't getting it or you had to take a different approach?

Singing Teacher 4: I am currently doing that, actually.

Smith: You don't have to use any names, but yeah.

Singing Teacher 4: But I have had this before, not, I don't think, quite to the extent I have this currently. I have a student, and like I said, I've had students before who cannot match pitch, that just sometimes happens, right, but I've usually been able to figure out like why or maybe how they're relating, maybe their ears just aren't as developed. And relating sometimes, I've like, once, a long time ago, it was a guitar player, for whatever reason, could not sing and match pitch but knew where everything was on the guitar, so I had this person sing with the guitar and then we'd kind of figure out notes and keys and we'd go off from there, so just a little bit more time spent on that then working out in the song. But I currently have a student who, like, they can match pitch, but they can't sing it correctly again and again, does that make sense? Like one week we can work on a tune to a song, and they'll get it down, and they'll get it down pretty decently with the accompaniment, and then next week it's like brand new song. I don't know why, I don't know if they can't remember, I'm still baffled by the student. One thing that has helped that we've worked on a lot is doing solfege exercises in the key of the piece before we do it so that they really hone in that key before they try to sing it, that seems to be helpful. The problem is when it goes harmonically away from the key for a bit and then returns. And it's baffling to me because based on the first song I did with this person, I thought, okay, we are picking songs that the piano doubles the voice, that's just going to be a solid plan. I don't know if they just can't hear, I don't understand.

Smith: And that didn't help, piano doubling, necessarily?

Singing Teacher 4: No. And I even highlighted it for the student, I'm like, "It's doubling you, you just need to listen to it," and then I even asked, "How do you get through choir, I'm like here one on one helping you and you're barely getting it, how are you getting it in choir?" Well they say, "I just do," but of course that's not a credible comment, I'd love to talk to the people who stood around this person to see are they really getting it, are they even singing, I mean maybe it's so quiet.

Smith: Are they singing masked in choir?

Singing Teacher 4: Yeah.

Smith: So you could hide.

Singing Teacher 4: You could totally hide. Yeah, it's currently, it's baffling me. Usually by now I've figured out a method, I'm good to go. They're just slower with the ears or they haven't really felt their voice before because they've never really sung, because that is the one thing that slightly odd about [omitted]. I mean, I've had percussionists, bassoonists, people that singing was not their main instrument coming into music education, and so they're just not used to feeling it, and I totally get that, because that's going to be harder for them, we have to get, you know, that's a huge learning curve and how to feel everything here instead of the positioning and whatever other instrument you're playing.

Smith: That's interesting.

Singing Teacher 4: But yeah, this one this semester and I have enlisted all of my colleagues that are just as baffled as I, because it's not consistent, it's like it doesn't stay. I probably shouldn't scare her like this, but I'm just like, "You may want to just have your ears tested, just to see." Because I have noticed there's definitely a range of notes where this consistently happens that way, as you get a bit higher, easier to, like, hear I guess, it's easier for them to hear and to kind of it's easier for me to get them to match and be on tune in those notes, but not that middle Passaggio to low.

Smith: Yeah, weird. Okay, well thanks for sharing that and some of your approaches. Because even if it's not working now, at least gives me an idea, since I'm looking at how teachers approach their students, the things that you tried with this student.

Singing Teacher 4: Yeah.

Smith: But shifting gears slightly, I just want to talk about goal setting and types of feedback. So just a broad question, you can answer however you want, how do you measure success? And that could be in yourself or in your students, or both.

Singing Teacher 4: Well, I guess in my students is if their voice is growing, right? Because they're going to screw up on songs, although they're, you know, I know most students feel like I feel like they should sing everything perfectly or they've failed me, which I keep trying to tell them, that's not the point, you have to work hard and perfect, so that the singing will be fine. It doesn't have to be perfect, but I somehow don't get that across. I am a bit of a taskmaster though, so that might be why. But yeah, if they get up and recital, jury performance, any other performance, and it goes well and they feel like their breath was really strong especially compared to the beginning you know things have progressed from the beginning of when we started working on this piece to when they're starting to perform it, that's how I measure their success. Understanding it's probably not going to be perfect. My success, I guess I really measure my success from the choir directors telling me how much better their choirs sounds. Because you can't really measure your success, I mean you can senior recitals you can, getting a student to that point of getting up and singing 45 minutes to an hour by themselves, making it through, being successful, consistent breathing and tonal quality, wonderful performance, then I'm like, okay, we did well together yay, so maybe that's a thing. But little performances here

and there, that's hard because so much is impacted by the day you can be distracted for one song in a recital, but the rest of the recital is great, but if you've got one song and that's it and that happens to be the song or distracted on that's an unfair assessment of both the student and the teacher so.

Smith: Yeah. How do you set goals? Either for yourself or...

Singing Teacher 4: Oh, for myself or students? Well, the students, it's kind of all timeline-based because, it's also because there's a grade associated with it. When I have private students, it's kind of, I take my goals for them what they tell me they want, right, so if a student just wants to learn the music to sing for their moms retirement party or something then, you know, that's our goal and we kind of break down how we're going to achieve that goal. If it's to get into something, like [omitted details about specific choirs] and they want that me to help them, you know, set those goals. So then we decide what, well, you've done an audition, what did you do well, what did you not do well, what can we work on, and then we work on their tonal quality, as well as often at sight reading, you know, none of them feel like they do well on the sight reading. And with that, I just kind of tell them, "It's not really about the sight reading if you get all the notes right for the choir directors because you're never going to have to sight read a song in concert," and they kind of look at me, but it's all about staying in tune. If you can just keep track of tonic, it probably won't matter as much if you screw up some notes.

Smith: That's really great advice.

Singing Teacher 4: If you go away from tonic, oh, the choir director doesn't think you can keep in tune, so.

Smith: I've never heard that before, for some reason this is blowing my mind. I feel like sight-reading wasn't the most difficult to me. That's really good advice.

Singing Teacher 4: But you probably stay in key.

Smith: Yeah, mostly. So once you've set those goals, can you tell me about how you select exercises, or vocalises, or the sung repertoire? Like you mentioned that one student you chose repertoire with voice doubling and yeah, how do your selections relate back to the goals?

Singing Teacher 4: Okay. First semester, even first year that I have a student, I don't know their voice, right? They don't know my technique, so at that point it's picking basic material and you have to pick it so quickly because you have hardly any chance to get to know the student before you're choosing songs. But basically, it's just kind of let's just do some songs, let's figure this out, let's hear what you got, we'll start working on basic exercises. It's very generic to start with, just until I can have a little bit of that you know lesson by lesson assessment, so I can see what are their strengths, what are their weaknesses, what do we need to work on, what do they respond well to, what do they not respond well to, things like that. And so then based off that, once I have that, let's say

after the first year, then I start figuring out, you know, what they kind of need. Because there are singers that are like the coloraturas of the world that can sing all of this little fast flitty stuff clearly for days, but can they hold notes for like eight beats on a slow song? Not so much. So you have to kind of, you give them a little of the stuff they can do well, so they feel successful, and then I also give them those challenge pieces. Or I notice pretty much across the bat, I usually give this in the first year anyway, I try to give them something wordy because I've just found Americans in general have lazy articulators and we should just work on that as a country just that because, so I tend to then find, you know, if they continue to have trouble with that, as they are getting older and older I keep giving them more songs. I've even given like juniors and seniors patter songs if I feel like they really haven't, although they're getting by doing the languages and stuff, they really haven't found it, I'm like, okay, it's time, you're getting some fast Gilbert and Sullivan, so it's things like that. Or if they're a voice that is that beautiful lyrical, long, big, legato but can't do the fast stuff, I give them the fast stuff so that their voice is more versatile, so working all sides of their voice. And then exercises are really based off then that literature. So and that's why often I'll ask, especially the younger students, what are we working on today before we do any vocal exercises because if they tell me that we're going to work on my Handel aria that's you know very slow and drawn out, then I will probably do some more longer exercises, maybe that has some runs in it just to challenge the movement of the notes, but also that has some holds in it, some longer things in there. Also if they, same Handel, but different aria, like "Rejoice" or something has crazy in it, and then we do lots more of those exercises to kind of work the voice towards that.

Smith: Awesome.

Singing Teacher 4: Does that help with that?

Smith: Yeah, that's awesome. And it's just great to have things in your own words.

[omitted]

Smith: In terms of feedback, I want to know how you provide feedback to students and if there's any certain way that you balance encouragement and critique?

Singing Teacher 4: Okay, [omitted], my critiques tend to be with humor, you know, it's served better with humor than directness. However, sometimes, with some students you have to be direct and that, you know, once you figured out that relationship. Some students, you can just tell, they are too, I don't know, tenderhearted or emotionally on the verge, or, you know, that you can't really be like, "That was terrible, let's do this again," that would just destroy them. You have to sugarcoat it, if you will, that I use humor, that's usually what I do. I'm always honest with my students, but maybe not as direct with some as others. Usually by the time, though, that students get older, I'm more direct because we have that relationship and that trust and I can be more direct with them, they know I'm not being mean. But yeah, that is always hard to do. I mean, especially, back to this my current student who it is sometimes really painful to listen to, but I have to keep looking like I am inquisitive, I try to make sure that my face is, that's actually a positive

about being online, I can be like, what's my face look like? But yeah, so I try to look encouraging and positive, so they don't think I'm just like, "What is that?" But then trying to always encourage. I always start with positive comments, always, and then after that go into the criticism, because then at least they are receiving the criticism in a good place, instead of just feeling. Another thing that I do sometimes is I'll just ask them before I say anything, "How do you think that went?" [omitted] "How did that go?" Just to see what you're taking away from it, usually you guys are way more critical than I ever am, so then we can go off of that because you've actually blown the bad news to yourself, so I don't have to tell you anything, and then we can go from what to work on. Does that make sense?

Smith: Yeah.

Singing Teacher 4: So, if you have them self-analyze, then sometimes it takes a lot of that blow away.

Smith: Yeah. So then kind of talking about people and knowing them and taking care of them, how much of a role do you take on as a like a mentor, a nurturer, as someone who takes on not just musical concerns, but emotional and personal concerns? If at all?

Singing Teacher 4: Yeah, I always, [omitted], she always said, "I swear half of teaching is being a therapist, we should get therapy degrees." Like you're not even joking and it's true, because we are our instrument, right? I'm not the piano player who can walk away from that and on some level think the piano was the reason why my performance was awful. It's you and when people are judging, they're judging you and your voice and coming deep within you, especially if you're connecting to it emotionally. So that's really hard, so just being willing to do that is, definitely, I'm always willing to do that. However, I'm not pushy, so I allow the students to make the first move if you will, in regards to that. Some do, some don't, which is fine. I think it's more their, it has to be their comfort level with me. I am more of an open book and totally comfortable than a lot of students are, so it has to come from them. I don't push myself into their lives.

Smith: Yeah. Is there any certain things that you do to create that safe environment, though? Or they just feel like they can trust you?

Singing Teacher 4: Well, I think it's that whole, I'm always asking them how it's going, and you know, sometimes we just go onto the lesson. Sometimes, most of their lesson is them breaking down in tears because of what happened Friday night, or whatever. And so I let that time happen and then, if time allows, again online has been more helpful with that, because I am available a lot more online than if I have to drive back-and-forth to these places, so, but yeah, if, and if a lesson is hijacked because of emotional day and I feel like they really need to have the lesson or they really want to have a lesson then we do, I just make it clear, this is totally fine, why don't we do your lesson, how's Friday? How does that work for you and then we can take that time to talk about whatever they want. Definitely, you know, I'm a talker, but definitely at these moments, I just let them talk. That's when you just listen and then when they cadence in such a way or look at you

or ask you something that you know you're supposed to respond, then, I mean, it's hard to talk about it, but yeah that's basically what, be an empathetic listener is basically what it is. And yeah, and I've talked to students about that, do, you know, when they say, "This performance didn't go well," or this year I've been having them submit videos to me every so often, mainly so they can get more feedback than the lesson, because half the lesson is stupid technology stuff, and so I've been trying to give and they're like, "Oh, this was terrible" And I usually say to them, "Why is it terrible? Are you tired?" "Well, yes because this happened, and my mom called and my cat died," and I'm like, "Well, see, that's why. You are your instrument, so if you are sad or unhappy or somethings happening, you know, it's going to affect your singing, and that's okay." So just letting them know it's okay, that's the thing, they feel so bad, like they totally botched a video or sang bad in a lesson, I'm like it's fine, it's just you and I. So making them try to feel as comfortable as possible. So I don't know if that answers your question.

Smith: No, great, it does, it does. So we're going to shift gears a little bit for the next twenty minutes, if that's okay?

Singing Teacher 4: Yes.

Smith: Because the other aspect of this study is identifying and comparing the types of training in both of these fields, so teachers of singing and speech-language pathologists.

Singing Teacher 4: Okay.

Smith: So I'm going to ask some questions about curriculum, education, professional memberships, beliefs and ethics, and some other things like that. So do you belong to any associations or hold any memberships?

Singing Teacher 4: Okay, so this is super terrible, no, I used to be a NATS for a long time. [Omitted]. But when they change the way they did their judging sheet, I did not agree with it. My students had a horrible time that year following after that, and I'm like, I think I'm done. And so I literally actually just forgot to pay my dues that year, so I lapsed and I'm like, I don't think I'm going to re-join.

Smith: What exactly did they change?

Singing Teacher 4: Well, they changed, for instance it would say, "Has clean vocal tone: all the time, some of the time, half of the time, not so much, never," right? And those were associated, I think, with numbers. So you can have someone who's coming in there and essentially yelling at me, right, but they have clean tone, so I have to get them full marks. And that's what I was finding was happening. Students that I did not feel were singing vocally healthfully or correctly were getting ranked higher than students who were way more artistic, way more expressive, but they just didn't have the cleanness of tone, or the volume, or all those other things that they had on this list, right? Like I could put their artistic stuff up, and that kills smaller schools because, you know, a lot of students who are crazy about, you know, a lot of the students to go to the bigger schools

have probably had lessons for forever, they've probably been competing in vocal things for forever, or been in things, like, in their local areas a lot, and are gung ho, you know, going performers. The smaller schools don't really have performing degrees, right? They have music minister degrees, they have music education degrees, they might have a music performance degree, but it's more of a generic things and an add on to the other things, more than anything else. So here are there are singers that are singing, really for their age and the maturity that is normal, they're singing great and wonderfully, but they're getting these low marks, terrible comments from other judges in our district and in our region, and going to finals because I tell them, "Go to finals, you'll see why, you know, you didn't go on the finals," and then finals, it's a bunch of people that aren't singing healthfully and they're looking at me, and I'm like, yeah, okay, I'm out.

[Omitted]

Smith: So do you hold any other memberships, or no?

Singing Teacher 4: Yes, I'm in Sigma Alpha Iota, that's a music professional organization. Is that it that? Probably is it. That relates to music, right?

Smith: Yeah.

Singing Teacher 4: Yeah, and you're not talking about boards that I'm on are you?

Smith: No, I don't think so. What boards are you on?

Singing Teacher 4: I am on the [omitted] board. [Omitted conversation with personal details].

Smith: So could you briefly describe your training?

Singing Teacher 4: Briefly? Okay, well, official training or like how long I've sung?

Smith: Both.

Singing Teacher 4: Okay, I've always been a singer, been in choirs and stuff like that most of my life. In middle school, I got into the show, swing choir, they didn't call it show choir, swing choir and was in that, in addition to regular choir. And then in high school, same thing, I was in sophomore swing choir, and then junior year, in the concert choir, as well as the varsity swing choir, and that was a lot of obviously singing and dancing, but smaller and more, not risers with just jazz hands, but swing choir is more, think of musical theater chorus, where you're singing together and actively dancing, that is what swing choir is, cause swing choir, that is more there's 16 of you maybe 20, some years there were 20, they have more and some other parts. And then lots of solos and various, you know, talent shows and things like that, so I decided to major in music and I got my bachelor's of fine arts in musical theater from [omitted], [omitted] but mine was a music major, a theater major, and a dance minor, all the courses for all that, which, again,

to me was invaluable. But then I went onto [omitted] and got my Masters in music in opera performance. And then I took a little bit of time off, I was going to go and be a singer, but life plans, changes happen, and I decided to get my doctorate back at [omitted] in vocal performance. So, lots of master classes along the way.

Smith: Great, and this is kind of a big question, but can pinpoint anyways in which your training influences your current teaching specifically? Like not just the singing, but the teaching.

Singing Teacher 4: Yes, okay, yeah. First of all, all the different all the teachers I've had, and vocal coaches, some really, they all are very different, let me think about that. [Omitted] and [omitted] were probably the closest, but they all had different ways to teach singing. My very first teacher, [omitted], she did those crazy, like, sing it like you're skiing down the mountain side, very out there technique, and that's okay, because some people respond to that, so I'm glad I know about that information, and then [omitted] was very technical, part of that, though, was because I was a doctoral student. I'm not sure if undergrad she does the same thing because I only know her as a doctoral teacher, but she was very specific and technical, which you also need. And then I guess [omitted] was just kind of the generic, I shouldn't say generic, she was at [omitted] but everything there was for performing, because you were there to be a performer. And I performed constantly, all the time, classes were performing, just constant never-ending performances. And kind of learning how to balance all that and singing a lot and a lot of different styles all the same time that's kind of what she taught me. So just mixing all of those together, I just call it my bag of vocal experience and then you just pull out what you need for the students you have, and hopefully you can match something up. The other thing is also paying attention to the way other teachers around you were teaching and you would know that based on your friends. So I kind of knew how [omitted] taught because I had a lot of friends who taught in her studio when I was an undergrad, that's why she was an easy pick for me when I came back and decided to do that, but yeah knowing all the different teachers in their styles and kind of knowing what I felt like they did good, kind of keeping that in mind, what I thought they struggled with, maybe also keeping that in mind not to do, things like that, at least that I didn't think worked. So vocal pedagogy classes help, because you understand things a little bit better after you take those but then also, especially taken as a doctoral student, you are asked to watch other teachers teach and that is kind of eye-opening to see how other people teach. And then your colleagues, you know, when you're talking about various students or talking about, you know, how they're doing especially if you have students that you both know and both work with, type of thing. So that's helpful to me.

Smith: Yeah, yeah, of course. Is there any training that you wish you had received once you got into teaching?

Singing Teacher 4: Isn't that terrible to say no? But no?

Smith: No, that's great, awesome.

Singing Teacher 4: The other thing I forgot to say that's been a plus for me, and that I think I would say if I didn't have this, was all of my dancing and theater training. That's been invaluable. And especially [omitted], you know [omitted], I am the teacher. Everybody just, I'm it. But at [omitted], there's like five of us, six of us. So seeing everybody's students and getting the comments from my colleagues, wow your students are just always so, like, polished and performance ready, I'm like, it's because we work on it. But, you know, a lot of singers don't, especially if they've stayed classical opera, other than them doing operas, there's not a ton of like acting and movement classes that are required. Like all of that was from my musical theater major, I had to take one dance class at [omitted] and one acting class at [omitted], that was it for a semester. That was all, that's not enough.

Smith: Yeah, no, that's really helpful, thanks.

Singing Teacher 4: So that would be things I would say I wish I would've had that I was lucky enough.

Smith: You got them, yeah, that's awesome.

Singing Teacher 4: I know one, you'll laugh at this, more piano training.

Smith: Oh, my goodness, I am with you.

Singing Teacher 4: Well, not so much piano. I can play tunes, right, and if I really work on it, I can play fast tunes. But the deal is, I am just not that great at accompanying, and I don't know that it's my piano skills per se, it's me being a perfectionist that's a problem. I can place stuff by myself, actually a lot. Once the student's there, and they're trying to sing, you know, I'm paying attention, I'm not even listening to them at this point, I'm trying to play. I think having maybe some classes that taught you how to accompany, how to listen, leave stuff out, my leaving stuff out is, you're getting the baseline. I just leave a whole hand out so, because that's hard. It's not that my piano skills are necessarily bad, I just never really had to work on accompanying, and so I don't, so sorry. So that is an answer, that is a class, I did think of something, you're right, accompanying, playing piano.

Smith: So I do have a couple more questions if you have time?

Singing Teacher 4: Sure. We're not doing anything I don't think. [Omitted].

Smith: Do you use research-based practice in your teaching? Either from like reading publications or articles and can you describe anything with that?

Singing Teacher 4: I have to admit I've been bad lately about doing that. Having been, okay this is what happened a year ago, fall, I've thought it would be, and this is not even true, it was the spring before a year ago, fall I thought it would be great if I responded to the music department chair at [omitted], like, hey do you have any general music classes

that you could teach for us that would be some ideas? I put some ideas out there, well, they took the bait and then, they're like, so you need to start teaching this next fall, so it has been crazy busy ever since that, doing film music, I'm now in my third semester teaching it, but I think finally now, after this semester, I have it settled down, and I know what I'm doing, and it's all good.

Smith: That's cool, though.

Singing Teacher 4: Yeah, but that's taken up a lot of extra time. So I have not for the past, it'll now be almost 2 years, been reading it. But yeah, I do try to read things, what was the last thing, I started reading but I didn't finish, because this is when film music hit "The Naked Voice," by, who is that by, W. Stephen something?

Smith: W. Stephen Smith.

Singing Teacher 4: Yes, that's who it is. It was recommended to me by [omitted] as well as [omitted], and yeah, just reading different things and hearing. I do like, also, sometimes, when they'll have those YouTube interview of singers, especially if it's about their singing and stuff like that. That's kind of fun to watch and hear these master singers and how they view it. But yeah, I try to. Of course, it doesn't help that I'm not a member of NATS, so I don't get the *Journal of Singing*, I used to get that, read that. I should probably just, I should just swallow my pride and become a member and just not participate.

Smith: No pressure from me.

Singing Teacher 4: You know, it is, you bring up a fair point. I'm not getting the journal, so I'm not reading that stuff anymore and hearing, but quietly frankly...

Smith: It's expensive, too.

Singing Teacher 4: It is expensive and the last, I would say, year and a half, two years, there are a lot of things in there that I didn't agree with. I was just like, "What? No."

Smith: Yeah. So my next couple of questions they maybe apply and they maybe don't. Because I know you said at [omitted], you are the teacher, but at [omitted] or with private students, how do students come to you? And I'm going to say three things at once and then you can address what you want, how do they come to you? Is there anything that might keep you from teaching certain students and are you allowed to refuse anybody? And then, three, is there anything that draws you towards certain students? But it may or may not apply in your situation.

Singing Teacher 4: If they are willing to fly me for monthly lessons to London, I would totally take them as students, I'm just joking. Okay, so this is what happens at [omitted], we get, there's a stack of schedules of students that are taking voice and you just grab the ones that fit into your schedule. Now I will say, [omitted] must like me, because he

always has a special stack for me. So he filters me students, I will say, also, I'm very disappointed that he gives the one male teacher all the male students, that makes me very sad. So when [omitted] was there, that's how it was, [omitted] only wanted to teach guys, which is fine, and I get that. Guys understand the guys larynx better than women do, fundamentally from an actual performer perspective. I mean we understand it up here, but their transition is different than ours, and I don't know what it feels like, just like they don't know what ours feels like. So I get that, but it's so sad because I like teaching guys, too, I like that balance. Fortunately, I get it at [omitted], but like for now, I have no tenors, so I don't know. But anyway, so sometimes it's happenstance at [omitted], sometimes [omitted] sends me people. They make it really easy to switch studios at Concordia, in my opinion, a little too easy, mainly because of the fact that they allow students to switch without telling the teacher they're leaving.

Smith: Oh, that's awkward.

Singing Teacher 4: It's very awkward, because then all of a sudden you come back and you're like, "Oh, is this person not taking voice?" "Oh no, they requested to go to blah blah blah," "Okay, interesting." So I'm like, no you've got to make them talk to the teacher, they need to, you know, that's just professional, that's just not cool, you know, they hold space for you, they think of songs for you. I have been fortunate that the leaving doesn't happen as much to me. I get the awkward end where I get the request to be the teacher and that first lesson, "Oh does so-and-so know that?" "No, I just decided to switch." And I'm like, okay awkward. So then I'm usually the one emailing my friend going, sorry they chose me.

Smith: That's an uncomfortable position to be in.

Singing Teacher 4: It's not good. Sometimes, you know, the students are very good. I had a student last spring tell me that she wanted to continue with lessons but wanted to try another teacher. She only had me for a year, just because she wanted to try lots of different techniques. Like okay, sure fine, if you want to come back, you just have to send me an email before so I save space in my schedule for you. Yeah so, and that's fine, and she's not even a music major that's why, I don't, I thought that was very weird, just random learning techniques. So private students, it's word of mouth, people like [omitted] and he was like, "Hey, do you teach private lessons?" I'm like, "Well, I predominantly do colleges, but if I have time, yes I can take," so like my name went up on his board and I sometimes get contacted. But that's usually word of mouth, but I've never had the, needed it be any more than word-of-mouth, since I have the [omitted] jobs. So that's that. I know in the past, I taught at a local music studio, I was one of the voice teachers. I did that when [omitted] was born because I had taken a year off from [omitted] so I could be home with [omitted] most of the time, and honestly, it's because also [omitted] gave me more money to stay, they were the school I was going to take a year from, but [omitted] ponied up and [omitted] did not, so I stayed at [omitted] that year. The year after I went back to [omitted], so it kind of didn't matter but. But yeah, so I taught there before. And obviously, that's a different, that was just for like a year, I think I extend it another half year, just because I had some students that I had taught that

were still there. That's an awkward thing to do because you will literally get students that come to you for four lessons because they want to learn how to sing better for a wedding or they, my favorite are the ones that come to you for two lessons because they have an audition and then they start singing for you and you're like, two lessons, please don't tell them I'm your voice teacher when you go audition, oh my Lord. So I kind of didn't like that at all because I didn't like the fact that students could come and go that easily and not commit to lessons, so yeah, but those are the three ways that that's happened. Oh my gosh, what was your question?

Smith: No, that's great, that answered everything. But I do have a couple more questions if that's okay.

Singing Teacher 4: You said a three-parter and I think I only answered one.

Smith: No, no, that's great. So this is another two-parter, kind of goes together. How do you prepare for sessions or lessons and then how do you reflect afterwards, if at all?

Singing Teacher 4: Okay, well I show up. Well, I guess I warm up a little bit, well, you know, I've been terrible with Zooming. I forgot how much I warmed up in the car. Here I'm just doing stuff and I walk in the sing in my first lesson, I'm like, oh that's kind of rough, I haven't sung yet today, or I've had like a half hour drive to warm up and I don't have that anymore. But yeah, I warm up, I kind of get the space ready, even at, like, my office space, not just, like, this is my house, so I have to get it ready because the children were in here last, but just kind of like getting the space ready, getting everything kind of set up, making sure I have enough water, mainly so I don't ever have to leave the lesson, let's see what else, how do I prepare get ready for the students? Well in the, for the first student, I can open up, see what we worked on, things like that to prepare for that, I sometimes have a little bit more time, for each subsequent student it's just when that one student is leaving I go to the next student, so I do kind of read and that's my reflection. I actually have a chart, week, weekly lessons, I usually write really quick notes – exercises we've done, so I don't keep doing the same one over and over again, or I do it because I have a note up there that says "Do this exercise every week," right? It's whatever my reflection is, right? And I kind of write, briefly, what we worked on and the things they need to work on, so that the next time I see them, I can instantly remember, oh right, this is what they were working on, this is what they need to work on. And then on the next week where my reflection should be, if I've asked them to do something, especially if it's like perform something, then I kind of put a parenthetical phrase with that information in, so I don't forget they need to do their memorization for me, or they need to perform something for me, something like that, does that make sense.

Smith: Yeah, yeah.

Singing Teacher 4: And then I guess that would be it, I would read the reflection from the week before to prepare for the next lesson.

Smith: [omitted]

Singing Teacher 4: Well, you know, and a lot of teachers don't do that, but when you're [omitted], and you have [omitted], 20 some students, it's not that you don't remember them, it's not like I don't, I don't forget my students, but to remember the specificity of where they are at that moment, that's what gets hazy. Especially if they're, sick so in essence it was two weeks since you've seen them, at least you remembered where they were the last time.

Smith: Okay, awesome. So then I have two more questions.

Singing Teacher 4: Okay.

Singing Teacher 4: They'll be quick. And you kind of already touched on this, you've always been a singer, but what was your motivation for entering more teaching specifically? For entering this line of work?

Singing Teacher 4: You'll probably not like to hear this, so here I am in [omitted] and I'm at the, I had no interest in teaching, none, and here I am in [omitted], and I'm singing and singing a lot, and I am the head of the gig office for [omitted] so, and that just means, you know, the [omitted] got lots of calls for various musical needs and I would go through all the artists that was registered with us. Basically, if you were a student and you wanted to be in the gig office, you were. And I would go through and filter them in order until we found a match, or someone took the job and so that it was equally distributed. And then I just started getting a lot of calls for teaching, you know, people teaching, especially singers, a lot of voice lessons. And I can't remember if I just didn't have someone, I don't remember why, but I started. I was like, I should just, there's so many of these people that, this can't be that hard. And so I thought, well, you know, I'll try it. And so I did it, just as, like, a gig office thing. And then I realized when I did that, how much better the singer I became when I had to teach someone else. I thought, huh, I should keep doing this. And so then, and I would talk to my teachers, I would talk to my vocal coaches, you know, ask them things. I was always trying to do a good job, although I seemingly flippantly decided to do it, I did want to do good once I made that commitment. Because it was someone else's voice, I think it always terrified me to work with someone else's voice, just because, at the time when I went through, there were a lot more singers who sang with bad technique and would hurt themselves than there are now. And so I was just always terrified I would be that teacher that would be getting people to hurt themselves, I didn't want to be that responsible for that. But you know, by my masters, while I was working on my masters, I must have felt more comfortable, to do that, so yeah, so I thought. It was interesting because I got, I got this 40-year-old guy that was like trying, he had a bass voice and he was trying to do some Sarastro, and just wanted to work on it because he loved the music. And this is my first student, this is amazing. I might've had like a 20-something, I didn't have too many students, I had a few. Yeah. Oh, I know the question I didn't answer, people you turn away, so then I'll come back. I still wanted to be a performer, but going, you know, I could teach, I enjoyed teaching, I thought I did a good job, my students seem to like me and kept coming back. And so I thought about teaching, but not until I was going to get settled in Chicago,

where I was going to be the opera singer, and then when life plans changed, and I decided to do my doctorate I was like yeah, I think I can do that, I think I would teach, I think I would like this. And I was like, you know, [omitted] jobs pretty cushy, like teaches, has fun with opera, occasionally goes and performs, that sounds like a great, great life and so, yeah.

Smith: Yeah, great.

Singing Teacher 4: Okay, you asked about students I could turn away. Yes, if, like, there's a student being passed around at [omitted] because there a problem, yeah, I don't take those. And then for private students, when people would call me, especially parents, I tended not to take anybody that was younger than high school. I just don't want to teach kids. I don't have interest. That being said, I have taught some middle schoolers because they were friends to my son and regretted it. I actually helped one through kind of some vocal change in a show, that was helpful. But yeah, that's why, I didn't want to do that, and here I get a boy in eighth grade that's [voice crack] or seventh grade, and I'm like why did I do this? So yeah, I knew there was one part of that question that I didn't answer, but I hope I answered your evolution of my teaching.

Smith: Yeah, yeah, that's great. So then my final question to play off of that is what continually motivation do you find in your line of work now?

Singing Teacher 4: I think it's the students, you know? It's like this never ending thing, maybe I'll stop teaching after [omitted] gets done with her recital, I'll be done. But then, you know, there's other students that are up-and-coming that you're really excited about and their voices and they're working hard, and their voices are exciting and you're getting a good rapport with them, it's kind of, it's almost like a narcotic. You just, you think you're going to be done and you get a new fix. [Omitted]. It's just hard, and then you hear these voices, and you get excited about things. And I think the whole thing that it's never the same. No voice is ever, ever really, truly like any other voice. And every person is unique and so it's always brand new. Even if you're teaching the same song, it's brand new every time and so that's I think what brings me back.

Smith: Yeah, awesome, great. Well, is there anything you thought of while we were talking? Anything else you wanted to add or clarify?

Singing Teacher 4: I don't think so, unless you can think of anything.

Smith: No.

Singing Teacher 4, Interview 2 Transcript

Smith: Okay, so that's recording. The last time we talked was after the pandemic had already started, but had some people that I had started interviewing in January and February of last year, so I was just wondering, since I had the same questions for anyone, is there anything else you want to add about how the pandemic has changed your interpersonal interactions? I know you mentioned having to have positive facial expressions because you're seeing them, you know, so close up. Are there any other positive or negatives about what we're doing right now?

Singing Teacher 4: I will say that like this semester, I decided to do, to go more often, because I felt more comfortable, you know, back last spring, it was just scary and fall it was scary, everything just shut down in the fall, and they're all like, you know, you're going to get Covid like this, they just didn't know. And so, you know, I saw them at the beginning of the semester and then I never saw them again, right? We were all on zoom and I didn't like that and I knew one of my colleagues had tried kind of going every so often on, so I decided this semester to go once a month, and that's been very helpful to just kind of have that contact with them, at least I mean, yeah we're all masked up and everything, but at least we have that contact, which has been really good. And I think the students have better, you know, outlook and they're more positive, and some of them are getting more stuff done because I'm seeing them in person, so they're going a bit further with that. So just noticing that even just that once a month kind of contact makes a huge impact for the student. I mean, I knew it would, I guess I just didn't realize how much they especially would miss, I mean, I was missing it too, but they were especially missing it. And, you know, the students have been great having to put up with all this I can't imagine.

Smith: Okay. Yeah, great. And then you had mentioned when we first talked kind of about your "bag of tricks," maybe that's not the words you used, but different experiences you've had, different teachers, different training and kind of comparing that to responses I got from other participants, do you have any other comments about whether you value being an expert in one or two specific disciplines, whether that's a teaching technique or a genre of music, versus being versed in a number of different disciplines or techniques?

Singing Teacher 4: Well, I think it depends on the student you're trying to teach, right? So being an expert in many different serves an undergraduate and younger student better than a more advanced student. So my skills, I'm kind of, that's kind of on par for the course, it's really kind of good. However, having the expertise I do in some areas and helps when I get a more advanced student because, you know, sometimes you'll get undergrad students who have had lessons forever, and/or their voice has just matured at a faster rate than typical, then you can challenge them to more things, then you can get into more specifics and sometimes, especially, they like it because I know opera pretty well, but not everybody likes to sing opera, so we kind of go that way. I do do pretty well with French the language, in and of itself, not to mention the music, [omitted], but that kind of background and knowledge I think then helps to gear some of the more advanced

students and then would work if I taught at a place that had graduate I would utilize those skills more.

Smith: Yeah, great.

Singing Teacher 4: And then the other thing that I know helps me with all of my students, that not a lot of voice teacher colleagues of mine have, is that knowledge of theater and dance, so I can really help students move better on stage and in character whether that's for an actual show or whether it's just to loosen them up to get them to sing art songs so that it's meaningful. I guess I didn't really answer your question, did I?

Smith: No, you did!

Singing Teacher 4: Both kind of help, but I think their broader knowledge really helps the younger more beginning and intermediate students until you get those advanced voices, then when you get those advanced voices off and it's more those specialized that helps.

Smith: Yeah, that's a great answer. I mean that's awesome. Great, thank you for explaining that. And then last time we talked, you had talked about some people who come, more when you do some private lessons, that maybe just come for an audition and just kind of like briefly getting them ready and then you don't see them again. Just to expand on that, is there any difference in how you interact with them on those interpersonal levels, in terms of communication, relationship building, are there differences that you see between those long term and short-term students?

Singing Teacher 4: Well, it all depends on the student that comes short term. Obviously, all the long-term students are always trying to develop good working relationship with a lot of trust, right, which is easy to do over time because you have some people who are really reticent about that, so it takes a little bit longer, when you have the time, that's great. However, when you have these little, I'm going take lessons for a month to prepare for this, you know, hopefully those are people I know, I've been lucky that a lot of time they've been people I know or kids of people I know, so I know the kids because they're friends with my son, but that helps, but I already kind of have a relationship. But the stone cold, don't know them, that's hard because you have this interesting dichotomy of don't know them, need to kind of develop that relationship quickly, which you also need to work on the music rather quickly and the technique rather quickly, so I'm guessing probably the interpersonal stuff might suffer a little bit just because of their need, what they're coming to me for, but I try to do it as much as possible. You know, I still have conversations with them at the start and end of the lesson to kind of figure out who they are. Generally, before they start lessons, I send either them or their parent, if it's an underage person, a big, long email about me you know who I am, what I do, where I live, my degrees, places I went, stuff I've kind of done musically, just so that they kind of have some background knowledge of me at first, before they come. So that saves time in the lessons, so I try to do as much as that as possible and I also try to garner a lot from them when they first contact me, like who they are, why they're taking lessons, what they want out of it, what else do they do, kind of stuff, does that kind of makes sense? So I try to do some of that maybe more ahead of time than I would at undergraduate level when

I'm going to have them for four years, but it does, it has to affect it, right? Because if you're trying to spend all that time trying to get to know them, then you're not getting to the music that they're coming to you to work on.

Smith: Right, right, that's smart though. Thank you for explaining that. I like that ahead of time prep, great. And then, we also briefly talked about this. I feel like a lot of these are a little repetitive, but if you have anything else to say about the role, if any, of the age of the voice user with whom you're working. So you just mentioned the difference between undergrad versus more experienced, or maybe the kids of people versus adults. Any other comments on how the age of people influences your teaching?

Singing Teacher 4: Yes, I basically don't teach children. I do sometimes, only because they're friends of my friends, and I know their parents, well I'm just joking, I've had some other cold calls and stuff like that yeah. So that one, that's hard, right, because they're underage and, for instance, my interactions with them, especially if I don't know them that well, is I basically tell the parent you can come, come to the lesson, and if your son or daughter does not want you in the space with us, you can sit right outside because you just, unfortunately these day in age, we have to cover our bases that nothing inappropriate is going on with an underage person. And so, and you have that a little bit, you know, at the collegiate level, but that's why we have the windows in the door and things like that. But yeah, so I guess I do that a little different with the underage, you know, high school and younger students that I've had, because I try to really let everything be very transparent. I really encourage them to tape their lessons, I mean I do that with everybody, but especially the younger kids, and for them it's kind of a covering my base in case something were to come up, but also because those kids just don't remember stuff. And so that's kind of helpful that they can play through that lesson to remind themselves of things over and over again, but yeah, did that answer your question? I think I did.

Smith: Okay. Yes, you did. Thanks, that was great. And then we also briefly talked about this, I'm just going to ask it again though, if you have any comments on the role, if any, of either the familial or personal background of the person with whom you're working? So this could include nationality, culture, socioeconomic status, sexual orientation, or [omitted] any role that religion plays in your interactions with students, if at all?

Singing Teacher 4: Maybe at first, just because I don't know them, right, and so as you know, there are some pretty hot topics in some songs we have, even in classical songs, and so you have to, you don't want to make a student do something they are not going to be comfortable with. So kind of figuring out, you know, what is their comfortability, are they going to be okay to talk about death in the sense that the Germans used it or I think I'm going to be okay with that, right? And so you kind of feel that, but that's kind of those first two years when you kind of get to know your students, they're chill, they'll be fine with this, or this person maybe not, you have to find out their personalities really, more than anything. I wouldn't say, you know, religion, gender, any of that kind of labels of who they are doesn't really play as much as really them inside, their personality and what, I mean, yeah, religion may play a part of who they are in the inside, but it's really

what they believe and stuff like that. And then especially mentioning [omitted], because a lot of the college students really are desperate to do musical theater and there is a lot of what I would say other people who are musicians at [omitted] would consider inappropriate literature, but students want to do it, right? I have no problems with them doing it so because it's part of that repertoire and if they want to go on and do musical theater, then those are the choices they're going to have to make, and so we talk about that. [Omitted conversation with personal identifiers]. Again, I want to help the student explore whatever they want to explore, but we have to have those parameters of, you know, I don't want them to get in trouble, right? I don't care if I get in trouble, but I don't want them to get in trouble, so institutions tend to go for the students before the faculty so.

Smith: So yeah, right, right. So kind of like protecting them, but giving them the experiences that they need or want.

Singing Teacher 4: Yeah, I would say religion has been the only thing, and the rules of the school, have been really the only issue I've had to kind of balance with students. [Omitted conversation with personal identifiers].

Smith: Thanks for explaining that. [Omitted]. And then you briefly mentioned gender, and that not playing as much of a role as personality, but I did have kind of a loaded question about the role of gender in your field, especially if there are any barriers or privileges because of gender? [Omitted]. At one point, I think you said that a lot of the male students went to a male teacher, which sometimes has a lot to do with repertoire and like registration and that kind of thing, but are there any other comments you have on that?

Singing Teacher 4: No, not so much. I think, you know, when that happens, [omitted], okay, fine, if I have to teach all females just because my colleague doesn't feel, and it wasn't that he didn't feel as comfortable with the voice, but I think it was all when that kind of Title IX and sexual assault stuff was starting to kind of come, and he was worried about the things he might say, he would never touch students, but things he might say or do would be misinterpreted, because I will tell you a lot of the students [omitted] are very sheltered, and so there are things you say or do that come in their heads wacky doodle and you're like, "What?" So I could see how he would have reticence, would feel, have reservations about doing that. So I think it stems from there. But yeah, I don't feel that it's, I mean obviously, you can garner the most from your voice type teacher, right? They're, the that's the voice they're the most expert on because it's their voice, but that doesn't mean they can't teach the other voices, does that kind of makes sense?

Smith: Yeah.

Singing Teacher 4: [Omitted comments with personal information].

Smith: So just a couple more questions. So since I'm talking to both singing teachers and then speech-language pathologists, and people on that side, what is the role, if any, of

multidisciplinary training in educating voice experts. So for example, how much should singing teachers understand voice medicine or the practices of those people, or much do you think doctors and SLPs should understand music and singing, if at all? Any comments there?

Singing Teacher 4: Yes, I think those totally need to have, we both need to learn from each other a little more. Mainly because as the teacher, they come to you as like an actual doctor sometimes. Well, I'm feeling this today, and I'm just like, "Oh, sounds like you have drainage, I'd do this," right? And then I do have some more expert, if you will, not really, I'm not an expert, but I have a better understanding of vocal medicine than probably a lot of voice teachers, just because of I went through stuff, so I kind of understand how that works. But yeah, the whole, you know, I felt like if I would have just one class in vocal medicine or vocal issues that dealt with those sides, that would be beneficial to all teachers to help their students. Because most of the time, these students are coming to you with issues that are solvable or something they can do until they can actually see a specialist, but and then occasionally, you might have someone that's, it's a little more serious than that. But yeah, that would benefit, but I can definitely attest to the speech pathologist and doctors that have musical language or have that sense of the voice and how we use it as vocalists is hugely important. I was very lucky that my speech pathologist was a singer, so she was like you came from singing and then went into speech pathology, so she totally knew how to deal with me when I was like on vocal rest and how to prepare for roles and stuff through this issue. And then once I had my surgery and stuff, how to get back fairly quickly to singing and to performing, because she knew kind of how to do that. And I'm not sure that if I just got speech pathologist person that didn't have any knowledge of singing, I'm not sure how that would go. And my laryngologist was like, this is the person you have to go to because she's a singer. So to me that implied there is a difference. And it was great. In fact some of the exercises [I do] are from her, not from others. [Omitted]. Yeah, she gave me singing exercises in addition to speech exercises

Smith: And then have you ever walked through that with a voice student? [Omitted].

Singing Teacher 4: Like helping students to recover from? Yeah, I just kind of did, I don't have knowledge of this, other than what she did with me, but I kind of did the same thing. It's like, okay, you've been on vocal rest, much like a cast on your arm, you can't go back to full on activity when you're allowed to do that. So, you know, humming, sighing, little exercises, not too high, you also don't have to go in the basement, just kind of middle of the road, gradually kind of working higher, higher, a little bit longer, longer, usually the weird exercises, not actual singing for a while. So yeah, I've kind of done that with students who have had not as vocally severe, maybe, but kind of that exploring their voice. The interesting thing about the tonsils, because I've had quite a number of students who have had tonsils taken out, is that they have to get used to that different space. Imagine that, having those things in their singing space in their resonating space for all those years and now it's gone. And so kind of how they are interpreting their voice is drastically different, right, they're not experiencing their voice the way they did before, so kind of navigating that with them is very interesting.

Smith: Okay, yeah.

Singing Teacher 4: So yeah, but yeah, of course, again, tricks of the bag, Brianna, tricks of the bag. You know, I've found that just the singers who are amazing singers naturally, usually are not good teachers because they haven't ever really had to try or struggle through stuff, whether that was a technique thing, a health thing, both, they just kind of don't know that. Much like when I have students who have problems with ear training, I'm like, "I will not be a good teacher for that because I'd just get it." Theory and ear training was easy for me, so I had no struggling, so I'll be the person going, "Well, I don't understand why you don't hear that," so I kind of attribute it to that. So I think the more experiences you have, again, you do, you just fill that bag with more stuff that you can lean on when you have these different individual things that pop up. I don't know if I'm lucky I had all those vocal health experiences to have that to lean on, but...

Smith: Right, but now you can use them for good, so. So yeah, just a couple more questions. What is the role, if any, of funding in your field? For example, have you ever had to pay out of pocket for additional training, to attend a conference, membership dues, etc.

Singing Teacher 4: Yes, yes to all of that. That is the drawback [Omitted conversation with personal identifiers].

Smith: So has that specifically prevented you from doing things or do you feel like you're willing to pay your own money for certain things?

Singing Teacher 4: I think I'm willing to pay for it. I mean the whole reason I am adjunct is because of the family, right? [Omitted]. I don't travel mostly because of them, not as much because of me. I mean, I do travel sometimes to things, I haven't for a long time, but yeah, as the kids get older, they have more activities that I guess I'm just not willing to miss, so.

Smith: No, that's understandable. And then what is the role, if any, of voice user disposition? I think we talked about this a little bit last time, but you might have people who are perfectionists, high achiever, high anxiety, or maybe the opposite, not super motivated or that kind of thing. Just any ways that you can think of that the personality, kind of like you were saying earlier, that the personality or the learning dispositions of the singer influences how you teach them?

Singing Teacher 4: Kind of. Sometimes it affects how I assign them, right? So if I have an under-motivated student because they really hate classical music, but they want to do musical theater, I just, it's like I give them the checklist, I'm like well, as soon as we get your technique down and you can show me you have proficiency in this, this, this, this, this, I am happy to assign half of your literature musical theater. And so kind of like, you just figure out what that carrot is that you want to dangle in front of them to get them motivated. With the overachievers, it's, sometimes I give them more to do, just because

then they feel like, like more steps, I should say, not more to do. In essence, all the students have the same amount to do. But maybe with a high achiever that needs to have more of a gradual check of songs, I'll go, "Okay, well get it, send me a video of you performing this," or "Send me a video of you performing the German," so they feel like they're accomplishing stuff. Because, you know, it's kind of a weird kind of void of, "I don't know what to do between lessons," like they know they have to do all this music by the end of the semester, half of it midway, the rest, but how they assign that to themselves, they don't really get, sometimes ever, hopefully they develop that by their junior or senior year, but sometimes they don't. [Omitted conversation]. [The calendar], that's another thing that I have, that I think serves the purpose for all the students, because your little checklist people that need to do all these things, then they know specifically what they have to work on all the time they love it and they're happy. And then they actually are harder on themselves and I am, they will come to lessons apologizing to me that they don't have this task done. And I'm like, "Okay, I'm not checking that calendar weekly, I'm checking it memorization times and at like performance times," right, that's all I'm checking, so that kind of helps them to be less stressed, they're just, you know, doing their own thing. And then the under motivators, that is kind of a way to kick them in the rear a little bit about getting going on their stuff, while they have that dangling carrot down sometime in the future. So that tends to work well for most students. I think each student takes it for what it, how it's helpful for them. Smith: Okay, great, yeah. So then my last question is what is the role, if any, of scheduling demands? More, so you were just talking about student schedule and their things, more on you. Looking at your semester and then also looking at your daily schedule. [Omitted]. Are you, with Zoom and everything, are you still seeing students back-to-back-to-back?

Singing Teacher 4: [Omitted], yes. At [omitted], although it's really weird, there are 25 minute lessons or they're 50 minute lessons, rather than 30/60, if that makes sense. And so the nice thing about that is that I can have that extra five minutes between students for like air settling and stuff like that, but, like, you know, truth be told, to be completely honest, when we don't have the pandemic, they are back-to-back. Because those five minute, or 10 minute increments, add up and if that allows me to get done earlier so I can get to children's faster, I will do that. Sometimes I still have that in there. But every so often, I have to have an extra five minutes because, you know, I want this lesson to start at 1:30, but that's when that student gets out of class, so I have to do 1:35 and so. But those are like little bathroom breaks throughout the day or, you know, getting ready, writing notes I didn't have time to finish because I do go back to back to back to back.

Smith: Right, cause that was kind of my main question. Is that taxing, mentally and physically? Or do you like, I mean, I understand wanting to be done earlier.

Singing Teacher 4: I kind of like it, I do actually kind of like it, I know that's terrible.

Smith: No, that's good, though, because that's kind of the paradigm you're working with.

Singing Teacher 4: That is the paradigm I'm working with anyway, but I do kind of like it because, you know, although I can take notes and do stuff, I feel like I am, you know, that's my like five minutes. And inevitably, when I used to schedule, [omitted], lessons would be on the hour or the half hour, so I would always have that five minutes, right? Inevitably, person would go late, next person would come early. One or both of those would happen. So I was never seeing those five minutes, right? Which, you know, it doesn't seem like a huge thing, but when it's constantly every day, all day, I'm like why am I not just teaching back-to-back, I might as well be. So that's kind of when I made the plunge to back-to-back, [omitted]. I finally did it and then I realized how much early I was getting out, I felt happier because I didn't have, you know, while I'm trying to eat some thing or fill something out, I didn't have students, their breathing, and I know they were fine with me starting at their lesson time, but you know how you just feel anxious, you're like, oh they're here, we should start.

Smith: No, definitely, I get that.

Focus Group Transcript

Smith: I really want this to just be an open conversation. And if more people join, that is great and we'll just kind of keep going. And I'm going to listen, hopefully, more than I talk and if you have questions or things that you want to bring up, or if we go on a tangent or a different direction, I'm totally great with that too. So, do we...Okay, so, I sent you those questions and I'll just kind of start with that, but we don't have to necessarily, yeah, stick with that. So, just to begin, are there any aspects of your training that you find more influential or most utilized in your work? And if anyone wants to go you can just kind of jump in

Member 2: I'll go, I'll go since I haven't muted myself yet. Well obviously, you know, the pedagogical training that we got. I mean obviously that's the primarily tool that we use is how we were trained to teach others to sing properly. So that was all really I had written down for that one.

Smith: Okay, great, yeah.

Member 1: I would completely agree with [omitted] and just the continued pedagogic courses that I kept taking. And then even certification in LoVetri method changed my entire life, especially being a musical theatre specialist. Definitely that continued idea of how science keeps changing and staying on the front end of that and all of the new information that's coming out.

Smith: Great, and if I could ask a follow up question about that, your continued education, is that something you, or another participant, if you want to jump in, you pursue in your career?

Member 1: Completely. Completely, because I know as a woman who is aging, my voice continues to change and how it affects my singing, my age, it's frustrating at times and I know I need to understand that so that I can then help my students who are also needing that type of instruction as well.

Smith: Right, right great. Yeah, I completely agree with what you guys are saying and I know, I think, from some of my own pedagogical training how that plays out, but in terms of utilizing your training, is there ever a moment when you're working with someone? And you can point to, oh, I'm so glad I learned that. Or, yeah, you pointed to the LoVetri method, things like that. Any other examples of how that plays out in your interactions?

Member 1: I would say yes. I mean there are definitely very specific things that I remember learning in pedagogy class. Bernoulli effect I grasped to that and cling to that all the time with breath management. I would say how different things affect the thickness of the vocal folds, I use that every single day, because then it helps a student feels like they're more in control of their voice, if they understand how things actually affect the voice.

Smith: Yeah. Great, yeah, any other comments or ideas about the training that you did receive? So, maybe we'll switch gears. Is there any training that you wish you would have received? Or once you got into more of your full-time work, topics or techniques you wish you would have had more formal training on? From anyone?

Member 5: Well, to be honest with you, both of the degrees I have, [omitted], one thing I will say is that in our schooling, at least where I went to school, both places, there was like so much emphasis on, how do you say, the actual like music theory, which was good and I'm really good at it, but I notice that there was a lack of technical teaching except for when we did take some pedagogical courses, but that wasn't the focus. And a lot of my techniques came from the private instructors that I had both in the universities and outside of the universities. Does that make sense?

Smith: Yeah, yeah. No, yeah, and anyone is free to jump in. At least we're a smaller group, we shouldn't be, yeah, talking over each other too much. And I, just a little background, I interviewed four teachers of singing and four speech-language pathologists here in [omitted], and then I created the survey to see what was more nation-wide or applicable, and then I wanted to do this focus group to get, yeah, more of your insights and opinions. And yeah, [omitted], I definitely had more of those interview participants express something similar, in sometimes not received the technical training, teaching, depending on your program, and looking to, yeah, the individual instructors for some of that pedagogical technique or guidance. So yeah, that definitely makes sense. [Omitted], were you going to say something?

Member 2: I was going to say that one thing that I am, granted I'm probably older than all y'all, so it's been a while since I was at school, but and I realized this might be something that is currently addressed in classes, but I know that I would have benefited from, and it's going to sound, I don't know if I'm going to say it correctly, but anyways. But I would have benefited from knowing better how to teach someone of a different cisgender, just based on biology. However you identify, that's not really what I'm after, but just the knowledge of the registration for the male voice is so vastly different than it is for the female voice. And you know there are times that I'm working with male students, and I'll say to them, you know, "I'm going to show you an example of what I'm trying to explain, but you're not going to sound anything like me because, you know, I'm a soprano and you're a bass, and it's going to sound very different, but see if you can figure out what's the same." But just if that had been more formal, just a hundred million years ago when I was back in school, that would have been helpful to me. So, I tried through continuing education to glean as much as I can how to cross that bridge with my students, so that would be my big takeaway, so there we go.

Smith: Great, thank you [omitted]. And welcome [omitted], I'm Brianna. We're just talking a little bit about training, and if you have any thoughts, you're welcome to unmute and jump in wherever. Specifically, if there were aspects of your training that were helpful and that you use frequently, or if there's any training you wish you would have received or any training on certain topics? So yeah, any other ideas, comments, open to anything regarding that.

Member 1: Brianna, I'm going to tell you, I was super lucky because I had the same teacher that [omitted] had and that's kind of how I stumbled upon your research and I'm sure he's talked about [omitted] with such love. He was such a man of knowledge, that he always imparted all of that on us. And he taught the ped class and so I was very lucky to have a teacher who really instilled in us the idea of teaching, and how to break it down, and how to accomplish a good lesson. And he always made a point in our lesson, in my lesson, especially, to give me information if I asked for it and wanted it, he would always tell me why we're doing what we're doing. But I'm also someone who's hungry for information. So, I feel kind of lucky because I had that type of education.

Smith: Great, great, yeah, yeah. And that kind of goes back to what [omitted] was saying about sometimes the teacher you have can be so influential on the topics, you know, you receive. If I could kind of jump a little bit. It was number seven in that email: what motivates you? So, [omitted], you mentioned that thirst for knowledge and you wanting to know motivated a lot of the answers you received. Are there other types of motivation that the four of you can point to that you recognize in your work?

Member 3: I'll just jump in because I really want to, so, first of all sorry I'm late. I had another meeting that I was coming out of.

Smith: Oh, no problem.

Member 3: So yeah, there's so much lacking for me, there was so much lacking for me in my learning about singing. And, you know, I came from a world and lived in a world in which a teacher passes on what their teacher passed on to them. And so, I don't know if you touched on that, but now, of course, it's different. And there's lots of books, and vocal pedagogy, and voice science has just taken off, and sort of began in the 60s, and then really sort of began to go crazy over the last couple of decades. But there was nothing going on in that realm when I was first studying. And so, it was by guess and by golly. And there was all this terminology that, as I have come to realize, is absolutely not useful now like singing to the mask or whatever that means. Now, of course, I know how to interpret that, but back then I had no idea. And so, for me it would have been the physiology. But in terms of my own training and my success as a teacher, it would absolutely be understanding what it is that allows me to relate to different students and different personalities that are unlike my own and do not have my own experience. So, just one second sorry, take the kettle off the boil. So, you know, I, there are all these people that I would not have typically expected, and so those students have been really challenging. And not just in terms of my ability to communicate with them, but challenging in their sort of attitudes, which I was not familiar with. And I think particularly each generation presents their own set of characteristics that are present new challenges. And so, learning about learning styles, learning about what is effective, and of course we're just finding all of that out. I don't know if anyone else was at the NATS chat most recently, but Kitty Verdolini and Ingo Titze were talking about what is effective in the studio and what isn't, and it's totally not what I was taught when I was taking singing lessons at first. And now, I recognize that that's just fantastic. You just

don't say anything, don't say anything for three to four seconds, just don't respond, you're engaged and you're listening and you're just letting the singer process what they've just done, and then you nod and go on to the next exercise. I mean, what? So, how are they supposed to know what they're doing? But they do, and apparently that's the most effective way. So, in terms of me, for motivation, I will tell you that it's what I didn't get that motivates me and motivated me to go and do a PhD in vocal pedagogy from the [omitted], cause suddenly I realized, after study, that there is all this literature out there. That vocal pedagogy is a thing that's actually being written about and voice science research and there's facts and you can start to separate facts from myths. So, it was amazing. And our whole NATS code of ethics, where we vowed to do no harm, that's not easy. You think, oh I just won't hit my students, I won't wrap them on the knuckles when they sing a wrong note. Well, no, to do no harm means you have to give them the right information and you have to guide them in a loving way and a nurturing way, but also in a factual way, you know, you can't give them misinformation. So, that's motivated me a lot to continue to learn how to teach and to sing, obviously.

Smith: Great.

Member 1: [Omitted], I will say that that code of ethics is the thing that scared the death out of me because I thought I had this person's voice in my hands, I need to do the best I possibly can because that's all they get. They get one instrument in their lifetime, and I feel like that also really motivated me to learn as much as I possibly could so that I could give them the best information and continue to give them the best information I possibly can. So, I'm so thankful for that code of ethics

Member 3: Well, you know, also, it's not just having the voice in your hands, but having their life in your hands. I don't know if any of you have experienced this, but for me, singing was really my life and was the thing that saved my life, I'm sure. So, it's my passion and it's just meant everything to me, probably too much to me, but if my students are feeling that way, then that's such a huge responsibility.

Smith: Yeah, great. And that was a lot of my motivation as well, particularly this topic, is I have a very similar outlook, you know, singing, the impact of my teachers, the impact of, yeah, not just the voice, but the impact it had on me as a person. And [omitted], am I saying that right? Welcome, I'm Brianna. We're just having a conversation; you can unmute and jump in whenever you want. But basically, what we've been talking about, and if you have any comments you'd like to add, is our training and our motivation. So, if there's any training that was particularly helpful to you in your field or any training that you wish you would have received, and then, yeah, any motivating factors. And then yeah, if anyone else wants to give their thoughts or their perspective feel free.

Member 2: I'd like to share about my motivation. I interpreted this as what motivates you as a teacher in your studio, and my motivation completely comes from my students. I adore every single one of my students. And one of the principles that we talk about when I first meet someone new, is that we each have a gift that we are called to use to the

fullest extent. Not all of us are called to sing on a stage, some of us are merely called to sing in the shower, but we're going to be the best shower singers that we can be. And not only do we, as the others have said, not only do we have the responsibility to keep that beautiful voice healthy and strong and to teach our students to do the most with it that we can, but we also have a responsibility to their hearts, as well and to really protect that, because not every student has that future where they're going to be professional singers. For some of them, they will never sing anywhere outside of their bathroom. For the majority of them, they might sing in a community choir or something like that, but it's certainly not, I mean for me anyway, it's certainly not the majority of my students by any stretch of the imagination, but I still have that responsibility to them. And I get such joy when they're able to communicate to me that they understand, oh, if I do this this way, this other thing happens and yay, isn't that great? Because it feels better and it sounds better and they're able to...when you have that light bulb moment, when you see that they actually get it, and when they can tell you why they understand it, and how they understand it, and how it works for them, that to me is like boom, fireworks going off, happy as can be as a teacher, because I love it when they had that moment when they really get it, no matter if it's just a simple little thing or if it's a bigger skill it doesn't matter, every little one I celebrate.

Smith: Thanks [omitted].

Member 4: I'd be happy to share in response to that question as well. Hi, everybody and nice to meet you, you too Brianna. I've met you over email, it's nice to meet you in person. Well, "in person." Looking at the question, you said, what aspects of our training are most utilized in our day-to-day work? What I've really found in my teaching career, I fell in love with opera at a very early age and my training was focused on working towards an operatic career. And so it was a lot of years of studying in a little hot room with a little old lady learning how to do skills and arpeggi and all these great things and I studied abroad for a number of years. But when it came to my teaching career, when I started a family and transitioned away from performing and more towards teaching, what I've been struck with is a lot of what I accepted as just the way it was, I've had to reexamine. And I had to do a lot of additional study, and that wasn't part of my training, so that I could teach the students who came and help them sing the best they could the music they were most interested in, which is often very different than my interests. And a big thing that I had to do in addition is reexamine a lot of the underlying philosophes behind the way music was taught to me previously, which I don't think serves many of my students. I generally teach students who are interested in contemporary music, most of them are of color, most of them are of a wide variety of linguistic and cultural and religious backgrounds, and so to honor where they're coming from I've had to really, like I said, examine some of the things that I just assumed were okay and were the way, in capital letters, in order to best serve them. And so, that's how I approach my teaching in my studio is I'm here at their service and I use all available tools that I can to help them achieve the goals, that we figured out are the best for them. But really, they're leading the experience. And while I do still teach classical technique, I make a really big point not perpetuating white supremacist thinking and some of the cultural evaluations that were

just part of my training wasn't really questioned by me or my teachers, and that has been what I hope, I think I've been successful in that and I think it served my students well.

Smith: Thanks [omitted].

Member3: Can I ask a question, [omitted], of you. I was going to say, is that, are you talking about aesthetics when you talk about western classical musical ideal or the sound that is the one and only perfect sound that is often cultivated in the studio, or are you talking about something else in terms of communications and cultures/lifestyle?

Member 4: I think one of the, mainly what I'm talking about is this, I was taught a lot of the, what used to be pretty common for a lot of teachers to pass on, that belting is harmful and singing nonwestern music or singing contemporary music can cause issues for people. And while I know a lot of that has changed in the last 20 to 30 years, it's still surprising how often it can show up in training that my students have experienced when they are one on one with somebody in a room and being told that the way your cultural group has sung for generations without harm is intrinsically harmful. And so, really what I try to do is try to parse out what's a value in what I'm trying to convey to them and what's actually, there's the science of it and then there's the culture of it in the way that we package it, and I think personally I have a duty to parse out what's culturally-based as the right way and what's this is a cultural preference and it's a good one and it serves people in a variety of different circumstances. And then in other instances what may be a cultural preference isn't actually the best way, it's just your preference like any other so I really approach it, I approach western European music as an ethnic music like any other and, to quote Christopher Small, I think it's of value and I think there's many reasons why we want to continue to train people in these ways, but I don't think it's the only way and it doesn't serve all students. Does that answer your question?

Member 3: Yes, thank you. I just thought of the legit term that gets used in musical theater, which is, you know, it's addressing that that is what it's called because that's the legitimate singing of the legitimate voice and so, therefore, the right voice or the right technique or the right sound, etc. So, I get that, and I suppose not only do you have to approach it from a cultural point of view in terms of each student, but also from an individual point of view and their own needs or wants in terms of expression, self-expression.

Smith: Thank you, thank you both. And yeah, feel free to ask questions of each other questions as well, I really appreciate that. And I have a question that wasn't written down or in my email because I didn't know if we would have any speech-language pathologists, but I think we're all singers. So, a question about the repertoire that I didn't include that came up in some of my interviews with some teachers of singing in my state was how it can be difficult, as [omitted] was saying, to teach repertoire outside of what we were trained in or find repertoire outside of what we were trained in. So, just to kind of play off of that, do you have any comments about finding diverse repertoire, teaching diverse repertoire? And diverse in cultural group, style, performance venue, etc.

Member 1: I would say just being aware of different styles of music is kind of that first step, because I do know a lot of teachers of my same age that get caught up in just one style of music because that's what they're taught. I've always been a very eclectic listener since growing up, you know, listening to Prince, listening to all different kinds, Wynona Judd, all different spectrum gospel and church and everything, and I've really kept that. And it has really been a value to my students because I do teach, like I was telling you Brianna, musical theater is my specialty, but so is contemporary styles. So, I have lots of students who come to me at the collegiate level who want to sing pop/rock and I have to be able to meet them where they are and that music. And sometimes, that means spending some time researching and going to my Spotify list and seeing what I can find that makes sense, and, yeah, it is extra time, but I'm their teacher it's my job. My job is to help them find something that is good for their ears, but also good for their voice, and good for their soul, so something that can kind of lead them on their journey, but still, I can get my points across in that type of music. But also, I find in a lot of the groups for teachers on Facebook, people are very helpful, yeah sometimes they get nasty or sometimes they say crazy things, I just shrug that off. But there are lots of people in those groups who can be very helpful with their styles that maybe you don't really know. If you put it out there and you say, "Hey, I'm looking for an art song that has this type of range, set at this point in the voice, are going to be helpful with this," there are lots of people that could be helpful, so I turn to those.

Smith: Great, thanks.

Member 3: I'll just jump in and say that, by the way I'm a vocologist so if you have any speech pathology questions, things that are Related to voice habilitation then you can ask them and I'd be happy to but with this, I think with regard to whatever style of music or cultural origin students come from, the requirement, I think, if I have to quantify it, is for us to be able to do something that allows them to repeat a successful performance of whatever that style is, that is vocally free and healthful. And so sometimes, that takes [unclear] and how do you create a sound and aesthetic that is culturally relevant, when you've never had any experience with it before? So it does take some time and it does take some research, but as [omitted] said, it's absolutely, well, if we're going to take that student on, then we have a responsibility to do that well. But freedom of vocal health and repeatable success of performances.

Smith: Thanks [omitted]. Yeah, I like how you put that into very clear outcomes. Any other, yeah, comments or questions for each other on that topic?

Member 4: In terms of repertoire, one of the things that I've found that has often been a challenge with students is they'll fall in love with a certain singer or a certain song in contemporary music, but not make, because pop music they talk so much less about vocal categories, even it's male/female and that's kind of it, high/low it seems like a lot of my pop singers. And so, getting, I don't want them to be thinking about *fach* or anything, but I found that by helping them identify singers that are similar in voice type to them, what I would think of as a *fach* categorization really helps them get a better idea of how they can make something similar to their goal singer or their exemplar that suits their particular

instrument. And there's actually a series of videos that actually inspired this type of approach, a series of videos on YouTube called "What the *fach*?" and it looks at a contemporary singer, oh excuse me, a classical singer and then a series of singers in contemporary music over the last 40-50 years with a similar voice. And so, especially like my light lyric, what I would call a light lyric coloratura, to hear somebody like [unclear], then you get to hear all of these great R&B singers, you're like, "Oh, that's why I don't sound like an alto, I'm not one." It's just like such a lightbulb moment for them and then they get an idea with that sort of education, I send them out to look for a repertoire that they think will suit their voice and then it becomes like a discussion, so it's like I get to learn along with them what's going to be the best, what will best suit what their voice's natural characteristics are as they continue develop. So, I highly recommend the series.

Smith: Awesome, thank you.

Member 1: Along the same lines as that, something I found years ago that is so helpful when it comes to pop music: last.fm. You can put in an artist name, and they will show you who they are similar to. And it will send you down this rabbit hole of linking who the sounds are similar to and I often send students to that site and say, "Okay, you're interested in Sara Bareilles, put in her name, and she'll be connect to Ingrid Michaelson, Fine Frenzy, stuff like that," and it will help them, you know, bring down the idea of this vastness of music that you're trying to find for your student, because it can be overwhelming.

Smith: Definitely. Yeah, wow, I had never heard of either of those things. Thank you both for sharing. Yeah, any other comments?

Member 1: Say that again, [omitted], I can't hear you.

Member 2: What was that website?

Member 1: Last.fm

Smith: And if we ever want to circle back or if anything comes up while we're talking, we can always return to a topic or come back, but kind of shifting gears, I guess, a little bit. Do any of you work with larger groups of people? And if so, do you see any differences between working with individuals versus working with larger groups?

Member 2: I also direct a children's youth choir, as well as having some of those students privately. There's a world of difference and I don't know if it's just my skill level as a choir director or if it's across the board, but it's a lot harder to accomplish the same amount of work when you're dealing with, you know, twenty children as opposed to one child. So, I would say that yes, I accomplish a whole lot more when it's just one student.

Member 5: I'm going to second that, definitely. Right now, I'm currently teaching mainly private students, but I also have some small groups. I have taught in classrooms prior to the pandemic, but I find that I have to go super slow or, like you said, just focus on three

or four things on the agenda, like main ideas, rather being able to jump as quickly because it takes longer to shift from one topic to another when you've got multiple students learning. Because I, when I was going to school, and even now when I go back to school, cause I still do, that I learn better with just being the only person in the classroom, maybe with just a couple other students, but when it gets bigger, it causes more anxiety for me. So, maybe I'm feeling that way both as a student and a teacher, but I do agree that I get a lot more accomplished when I teach privately more than when I teach in groups, and I still get a lot more stuff done. I don't know. I still do groups and they're still popular, but I prefer individual.

Smith: Thanks, yeah. Oh, go ahead.

Member 1: I was just going to say, I think it's so much easier to be specific one-on-one because then you're working with that instrument, and we all know that every single instrument is different. We have voice classifications yes, but the function needs to be the same, but sometimes people have issues that they have to work through. And so, I find like if I have to teach a class voice or I'm music directing the musical, I have to think more in general terms and what could benefit everyone as a whole, and then maybe get a specific with individuals on my own time. But yeah, I definitely find that the specificity that can be used one-on-one, to me, is better because I like to find those tiny little things and help the student along the way, whereas I know if I give them general ideas, there's still going to be a lot of lingering questions.

Smith: Yeah.

Member 5: There's one thing that helps for me: If I teach in groups, and then I give them some individual asynchronous assignments, that each, now, not everyone has the same assignments, but it works better in smaller groups, but each student is accountable for showing what they worked on when they meet live. In the group they have to show that they improved, or this is what I'm working on right now. So, the group class is kind of like a show and tell for part of it and then another part of it is general ideas or concepts that everyone needs to do anyways. So, I try to do this hybridized approach to learning, anyways, while helping the individualized student in a way that's going to be helpful to their needs, if that makes sense.

Smith: Yeah, awesome. And that kind of made me think of another question that I didn't put on here because I didn't know if it applied across the board, and I was thinking more generally. Do the five of you work with studios, like your singers all at once throughout the year, or, yeah, are you ever bringing everyone together in those group settings? Does that question make sense?

Member 3: So, at the university I have a voice seminar, of course, every week and so they are brought together, but they're not singing together, so I'm just working with individuals in a setting where they're able to watch each other. But I also working on some of the opera ensemble, and I do some things with choirs at times. And I can't address, I can address functional issues, like this is the body map of breathing, I can teach that to a choir or something, but in terms of the ensemble, especially because some of the students are

singing with other teachers, I can't get very technical. I can say, "This is the sound that I want and I'm going to ask you to produce that, and if you're having trouble producing that, then I'm going to ask you to go to your teacher and figure it out," but I can't really address the technical issues. But what specifically made you want to ask that question, I guess?

Smith: Yeah, thank you for that follow up question. Because I, in working with, you know, either individuals or groups and I'm looking at these interpersonal interactions and how we interact with each other, I guess I was wondering if there's anything you do to create a safe environment, or, you know, foster relationships in either these individual or corporate settings?

Member 3: So, for me it's all about mirroring. And so, there's a level of empathy that has to take place in that way and so I have students actually turn to each other and watch each other, we're all just going to sing an [a] vowel, we're all going to make the [a] vowels the same as the person who singing the [a] vowel back to you, you're going to match each other and then they switch and do it. And so, I get a lot of better vowel modification or homogenization with that kind of exercise. You know, there's research out there that talks about the fact that when a choir sings together their hearts actually starts beating at the same time together. So, to me, that's a phenomenon that is reflective of the communal effort, so I would say that that's the emphasis in any kind of group ensemble work, just that empathy and that mirroring.

Smith: Yeah, thank you [omitted]. Yeah, other comments on this? Yeah, [omitted]

Member 2: I was just going to say that all of my students are individually taught. The only time that I bring them together is for my high school students, when they have an audition coming up because everyone is auditioning for the same show, so they all come together and perform in front of each other. Basically, they're doing their audition piece you know kind of as a trial run in front of their peers. And then at that point, I open it up to discussion you know so that everyone gets a chance to be the encourager and the teacher, if you will. And they really enjoy it. They have found it to be very helpful and, you know, so if it makes them happy and good stuff comes out of it, then, you know, we keep going.

Smith: Yeah.

Member 1: I did notice that you asked if the pandemic has impacted interpersonal interactions, which is kind of leading into what we're talking about now, and I would say completely. Because when we do studio classes were still doing it all on Zoom. We put our singers in their separate practice rooms and then everyone else has wherever they are meeting, or has a space, and then we all meet on Zoom. Well, sometimes we can see their entire body when they're performing and sometimes, we can't. So, it's the same thing when I'm teaching, and I don't get the same type of cues I used to get when from body positions. Like if someone is standing a certain way, I used to be able to tell kind of like what their mood is or how they were going to interact with me that day, and I don't

necessarily get the same type of language, body language, that I'm used to. So, I would definitely say it has it's changed those kinds of relationships.

Smith: Yeah, thank you. I've heard that comment as well. And then obviously, I'm teaching and then, because I am a grad student, I'm still a student, so I'm seeing both sides and there have been challenges or technology challenges. You're not hearing, maybe not only their singing voice, but maybe something in their spoken tone that is cuing you into their mood that day or, like you said, how they're going to interact with you. There's a literal break and divide between you and the student. So yeah, if we want to, if anyone else wants to jump in, I know we've maybe been pandemic-ed out, we've talked about it a lot, I know I have, but especially because my topic is interpersonal, between people, and we are apart, any comments on that in your own perspectives?

Member 3: I'll just say that – I'm sorry [omitted], this is quick. It's just checking in with the students. So, over the internet, I think that I hear a certain thing, and then I've got to make sure. So, this is what I've heard and I'm not sure if it's the way I heard it because of the medium that we're in or if this is what's really going on. So, it's always just checking in and making sure that what I hear and what I am saying is relevant because that's exactly what the student has experienced.

Smith: Great, thank you [omitted]. And [omitted], were you going to say something?

Member 4: I was just going to say, I wanted to make sure I understood your question. So, you're asking how has being, teaching through Zoom and other forms of technology at a distance impacted our interpersonal interactions with students?

Smith: Yes.

Member 4: I mean, one of the big things for me, the difficulties we really had in the fall, which is when I got hired for a position teaching voice online, is figuring out all of the technology and then I found that I really have to have some way to sort of track where they are at the start semester, so I have incorporated, more than I ever would have thought to before, a lot of recording at certain points throughout the semester, just so that we both have a document to return to that tracks where they were at certain points and that provides us with really rich data. And the other thing that I've had to do in order to maximize the technology and not allow it to become quite as much of a barrier is really insist on certain production values. You know, my students know that I'm just really particular, but I have to see a certain amount of your torso while you're performing. I have to have good lighting, you can't be backlit, it's just like why? If you're going to do a whole lesson with a halo behind your head. And you have to have a good mic and I've been lucky that the school that I teach for the university I teach for has given students a stipend to purchase a certain amount of equipment, and that just has made such a difference for all of us, no matter what it was we were teaching. But all of those things has helped mitigate some of the difficulties with communicating. I'm just having to rely a lot more on their ability to describe to me the sensation, the feelings, because I just don't

trust my ears with a wide range of microphones and headphones and everything that we're all navigating through to hear each other.

Member 1: [Omitted], I would say, actually, that last thing you said is such a plus. Because I have found that my students really do have to pay attention more to give me the information and really have to listen and stop relying on me playing everything for them.

Member 4: They've been more independent in my studio as well. And it's interesting that you bring that up, because I was thinking recently while writing some notes after finishing my teaching for the day, was I was realizing, huh, how much were they not being independent and how much was I fostering their lack of independence before, which like now, it's like "Nope, it's you, you've got to tell me."

Member 3: I'm on this empathy thing today, but you know it's amazing that this is such a medium that is so accessible for us. And I'm a bit of a quantum physics geek and so I know that it doesn't matter how far away we are geographically, we can still feel each other, and we can have that empathy and it's instantaneous. And body language does translate, but I think it's more than the body language, I think it's electromagnetic energy that we're feeling. So, if I feel a certain emotion from someone in these rooms, it's, I'm going to feel it, it's real, and it's kind of instantaneous. So, you know, and in fact, I might even be more aware and more, I'm going to be searching for that in a way that I wouldn't normally when I'm in the room, because I'm going to rely more on visual and body language and oral. And the rooms, and in these rooms over the camera, I'm going to be looking for that feeling, that empathy, that psychic-ness. We say it's psychic, but it's really just electromagnetic energy. We can all do it, it's just part of being human.

Smith: Yeah, that's fascinating. I've personally never thought of that or heard that, thank you. Yeah, any other comments on, I guess that was number six? You don't have to be looking at the questions, but.

Member 2: Yeah, I guess I'll put my two cents in on that one. I fully get the whole, you know, electromagnetic vibes thing when you're in person, because I know especially with my youngest students, I don't have any that are in college, all of mine are just, you know, independent studio over here, so I have a mix of ages. But my younger ones, especially, I have been able to teach in person on my back deck because you know fresh air and all that business and just being able to get students back to me physically has made such a difference. We can accomplish so much more for the younger ones. I don't find that same difficulty with some of my adult students, they're more able to adapt to looking for the queues and making sure that they're giving me the information, but for my younger kids it's just too hard and there have also, they're kind of "Zoomed out," if you will, with having to do online learning all day. And with that, I lost a great majority of my students because they were just exhausted from physically being on camera all day, so I had lots of them that I lost half of my studio when the pandemic hit and we had to change things up. But yeah, getting them back in person, it's astounding how much more we can accomplish and that's been a wonderful thing. So, it's good when we have good days. But

also, on the other hand, I never would have dreamed that I could actually be successful with some of my students online. If you had asked me a year ago, you know, if a student had said to me, "Oh, I can't get a ride, you know, my mom has to drive my brother to soccer blah blah blah. I can't get there. Can you teach me online?" I would have said, "No, you know, we'll just reschedule, have your mom call me," whatever. But now, oh yeah, I'm totally, yeah definitely, get online, we'll be fine, we'll muscle through. Will it be the absolute best one for a 10-year-old? Probably not, but at least I'm keeping the practice up, I'm keeping the consistency going. So, because of that, that's the silver lining to having to learn how to teach online.

Smith: Thanks, yeah. And then things like this, I get to talk to you guys across the country. So yeah, we definitely have so much accessibility and we've learned how to use our resources. So yeah, any other comments/questions on that?

Member 3: So I have a question, and maybe this is... So, all of my teaching is about preparing students for a live performance, and an in-person performance, versus a live taped performance. So, I'm just wondering what the experience is, if any, for preparing students for a televised or a video performance? Because that's something very, I mean, for me, it's now preparing them to do a live performance on camera, but I want them to treat it as if it's a live performance that's being taped. So, is there a difference? Because I'm not experienced with film or with television as I am with live performance.

Member 1: I would say, were you talking about specifically like for competitions that are on TV, things like that? Or auditions that people have to do self-tapes, or things like that?

Member 3: Yeah, well self-tapes and things like that. I wasn't talking specifically about auditions or competitions, although what I have been doing is preparing students for all to do a live performance and then just to tape that live performance, so is that what you're doing? Or are you doing something different because it's going to be taped and preparing them in a different way?

Member 4: I would say I've definitely been preparing my students differently, especially for their finals, which, at our school, are recorded. And for their recitals, which are recorded. Similar to what you're describing [omitted], where they're performing live, but they're recorded, we've had a lot of discussions in our department about we feel that it shouldn't be just a camera straight on and they're performing straight at the camera that's supposed to substitute for a body in the audience watching them, but instead talking about angles and lighting and position of the camera in relation to the eyes of their performer. But that's been a lot of our discussions as far as how to make it more visually appealing so that the ears stay on, is how we often put it. Because when it's a static image for, it depends on the age of the person, I've noticed how long they can stand to look at a static image, where the person is literally looking straight on for ahead, maybe it's 5 minutes if they're younger, maybe it's 15 or 30 if they're older, but a full hour recital of that is just death, it's death to watch. So, we've been talking a lot about how to change, to leverage all of those different things, like I said, lighting, angling, position of the camera,

and gesture, facial expression, close up, so it's a little bit more dynamic listening experience.

Member 1: Yeah, [omitted], I would say, as far as giving information to my students, cause we also, our juries are going to be done by film and they submit it, that's how all of our auditions have been done, as well. But yeah, so, along the same lines, as far as audience and visual with their thinking is so much more narrow because of how cameras are set, so like I always coach them to, you know, you're not going to sing directly to the camera cause that's intimidating and weird and awkward and nobody wants to see you just staring at them like this cause that's too much energy all at one time. But the idea of keeping this type of reference point and it's not like you would live because you would look over here and the person can still see your eyes and you're communicating, but if you do that on camera, it doesn't translate the same way. So, I would say yeah, there's been a difference in trying to train them according to what medium they're in.

Member 3: And that begs the question, what are the resources, you know, because sorry [unclear], those resources are not something that I have any knowledge about, so I was just curious.

Smith: Yeah, and if I could jump in as a personal, as a singer and a student, I recorded a recital last semester in my church, like I normally would and then I got the comment about, kind of like what [omitted] was saying about the plain white background and I was like, I didn't even think about it. And I didn't think, like [omitted] was saying about resources, should I have, you know, maybe watched a YouTube video about setting up the stage, setting up a background? I just did what I always did, and that's okay, it didn't ruin everything about it, but it was an interesting comment because it is a different medium and a different experience for the singer and the listener. So, I mean, I don't know those resources.

Member 1: No, and I wish we had, kind of like the way everything came about with all of us helping out with microphones and how to set up zoom audio and how to do all of this so that we could have successful voice lessons or whatever instrument lessons online, I don't think we're there yet. Because lighting is such a huge thing. We recently, excuse me, did green screen for our entire musical this semester and put that together and I learned so much, it was crazy. But lighting and microphones, it's huge. And I still don't have my head wrapped around all of this stuff that's needed to make it completely successful and so we just did some junior recitals as well, the lighting was awful. We're still learning cause it's outdoors that we're trying to make it happen. And so sound with wind in [omitted], it's not the best. Lighting, all different kinds of things, it's hard. As far as what I've been able to give is just mostly performance based, not all of the technology stuff 'cause I also teach at a very small university, we have not been given any resources beyond what the student can provide on their own or what we can borrow from places.

Smith: Yeah, and that's a huge thing too, funding, resources, your location, size of your studio or your program. Yeah, great thanks. Yeah, any other comments or questions related to that? We might shift gears a little bit. [Omitted] had brought up working with

students who are with other teachers and so number four, do you regularly collaborate with other voice experts? If so, what contributes to those working relationships?

Member 2: Do the NATS chats count as collaboration?

Smith: Yeah, yeah, and you can speak to that!

Member 2: Great, well I thought, I think those have been great. They've been very helpful, to not only go through what techniques are working for other people, as far as getting lessons online, how are they working well, so that part's been really helpful. As I mentioned, I'm just an independent studio over here, so I don't have other professors and whatnot down the hallway that I can chat with about things, so whenever I can do a webinar or attend a training session, anything, I try to do that because it is helpful. And there have been a lot of things that have come to mind simply because of listening to a webinar, just, you know, dialing into the NATS chats, things like that. So, it's been really vital, especially with all of this isolation.

Smith: Right, thanks [omitted].

Member 3: I'll just say that I think NATS is a godsend, in terms of the available information that's out there now. We don't have to go and rifle through various journals and try to figure out what the latest research is, it's really presented right there in the NATS *Journal of Singing*, and people are sharing so many ideas. I just I think there's a kind of cooperation and collective contribution that didn't exist in years gone by. It's so different and I'm so encouraged, in general, in terms of the way the world is working now that is, yeah, it's the way of the future and it's good. 'Cause there's always going be opinions and there's always going to be discussions about is it this way or is it that way, but as long as we're all looking for, keeping an open mind and looking for something that is a cooperative venture and something, and looking at the students interests as our primary goal, then we're going to be okay.

Smith: Great. And [omitted], can I ask you a follow-up question as a vocologist?

Member 3: Sure.

Smith: Is there collaboration that you see across voice experts in singing and medical and speech pathology? And does that play out at all in your life? Or if anyone else wants to comment, too.

Member 3: Yeah, I don't, I'm living in a small town, so it doesn't, that doesn't play out in my life so much, but I watch that kind of interaction going on at conferences and, you know, even at the NATS chat with Ingo and Kitty, I asked, because I've done a fair amount of work with [omitted] and he works out of [omitted], so there's just this kind of question about registration and is there, you know, something more than just the modal voice and the falsetto voice, or is there something in between and what is it? And so there's, it's not a agreeing to disagree, but trying to see someone else's point of view and

figure out, you know, we're still, while stuff still is going on research is expanding exponentially, there still is so much research to be done and we still don't know what's going on. So, it's about looking at someone else's point of view and seeing that perspective and adding it to the whole. Kind of like the poor blind man feeling the elephant and ones saying it's a tree and the other one's at the tusk and oh, it's a sphere, and etc. or it's a wall, the blind man that's on the side, and so they're all true. And we need to recognize that, and take all of those bits of information and those perspectives and see if we can't get a better picture of the whole.

Smith: Great, thank you, yeah, that's a great analogy. Any other comments on collaboration? Or maybe even people you go to with questions or concerns when you're facing trials in your teaching, that kind of thing?

Member 1: I will say that that is actually another thing I love about LoVetri's Somatic Voice work is Jeanie does bring in scientists and speech pathologists and we're all in the same room learning together. And it's made me forge good relationships with those medical experts and staying in contact with SLPs that are here in my area. I've had to go speech therapy recently, so understanding the importance of that and understanding the type of collaboration that needs to happen for all voice users, and the importance of that type of relationship, and getting students to understand that it really is an important relationship that they should have.

Smith: Yeah, thanks [omitted].

Member 4: I would say I collaborate most frequently with fellow teachers in my area. And I used to turn a lot to my teacher that I worked with over the last 10 years the most, but she passed away a few years ago and so now, what I find myself doing a lot more, as I said, is looking people up when I have questions, or we just want to bounce ideas off of or chat about stuff. Also, each summer I go to, I'm always taking additional classes over the summer and staying in contact with people from those different things to keep the conversation going during the school year.

Smith: Yeah, thank you. Great, so we have about 20 minutes if you guys are still good, if you need to leave, I totally understand. I have just a couple more questions that you can go as broad or specific as it applies to you. This feels very broad to me, how do you communicate with voice users? That could be verbal or nonverbal, we've talked a little bit about the virtual communication, or some have talked about the in-person communication. Is there, just, anything that stands out to you in your day-to-day communication?

Member 2: As [omitted] mentioned about that wonderful NATS chat that we just listened to, putting that pause into the feedback, you know, right after one of my students, you know, sings something and just pausing for a moment. And even if it's just this [gesture] for my younger students, 'cause they need a little bit more of a visual cue that it's their turn to speak, so I've done that this week and it's been so eye opening, it was very fun. And there was just one particular student who immediately after she finished, you know,

singing an exercise I just went like this [gesture] and she said, “I know exactly what you're going to say and this is what I did that I want to change and I want to do it again,” and it was so delightful. And I thought, wow, I would have missed if I had not paused for one second. So for me, I didn't even have to wait four, it was just putting that little breath in and giving the student a chance to process. I found that with my older students I could just actually give the three to four seconds and it worked for them, but for the younger students because, I guess, because they need the feedback, they don't have the tools, they don't have as many of the tools yet, so for them, other than that one young lady who's like, “I know what you're going to say,” for the other students it was almost uncomfortable for them, again that's for the younger students. And I'm wondering if that is specific to those age brackets or if it's just a fluke, I don't know, but I would have liked to have asked that of the presenters for the NATS chat, but of course that's after the fact, so I can't ask them, but I thought that was really eye opening, so it was a lot of fun. That's all.

Smith: Yeah, thanks.

Member 3: I'll say two things. One is, “Feel your voice, don't listen.” And the other is, “Feel your feelings and allow that,” because of course the voice is innervated by the vagus nerve, which innervates our emotional center in the body, so everything we feel is going to be reflected in the voice. So, for me, it's about vocal freedom first, and then it's kinesthetic sense memory and then emotion.

Smith: Thanks. Yeah, it can be uncomfortable doing that pause. Any other questions or comments on motivation, or communication? Otherwise, I do have a couple other questions we could move to.

Member 5: Well, I know for me, I actually have my students that need to see my face, it's funny 'cause I'm not showing my face right now because I've been exercising and now I'm actually eating, but having multiple devices join the Zoom meaning can help, they just don't connect to audio, I'm sure you've all encountered that, but it really makes a huge difference if they want to know how I'm feeling or what I'm trying to say, cause the expression makes a huge difference. And in terms of communication, I think one of the points you had was with other teachers, I know that I've been having a lot more Zoom meetings because of the pandemic and also, it's something that I had done prior to that. Maybe I should shed a little bit of light, prior to the pandemic I was 60% online, now I'm 100% online, so it wasn't as big of a shift for me. I'm also a computer tech, so for me it was easy, but I also think you don't have to be a computer tech to be good at communicating online, you just have to practice it, kind of like music you know, it's just practice it and do it. And a lot of times teachers would reach out to me for help with setting things up or how do I set up this and that. Sometimes though, they would reach out to like pedagogical reasons like for opinions, a second opinion on what's happening with the student, right? But another thing I want to talk about with communication is, that students are using, they used it before the pandemic but it's more now, this app I call have called Tonara, I'm not sure if anyone else has encountered that app, but they can send messages, they can send videos, photos, and I evaluate them that way. I already talked

about how we do a lot of asynchronous teaching too, so it's definitely helped, and it really enhances the live lessons too.

Smith: And [omitted], how do you spell that? Tonara, right?

Member 5: Oh yeah, T for tango, O for Oscar, N for November, A for alpha, R for Romeo, A for alpha. TO-NA-RA.

Smith: Great, thanks. Yeah, I hadn't heard of that either.

Member 5: It's really good. Students can even use it to track their practice, so they can click "start practice," you can give them three assignments, four, five, and it will show you how they are practicing. It, one of the questions I like to ask to make them comfortable, and also to make them be honest, as well, is to ask how they are practicing is going. And I can see it, I know if they haven't been practicing, but I still ask it too.

Smith: Yeah, yeah, definitely. And asking questions, that's a big part of communication.

Member 4: As far as using tech for communication, the university where I teach, we use Canvas for coursework and to have online classes now with Zoom through canvas. And I decided when I got hired by the music department to teach voice lessons in that setting, they said it's going to be online, we'll just do all of the Zoom through Canvas, I decided to create a course around it. and I don't know why my peers didn't, but apparently, with my students, I'll just say this, with my students it's worked really well, and it's actually something I plan on doing when we return when we go back to in person in the fall, if everything goes to plan. I create little lessons each week and ways for them to share a practice journal and it's kept them more engaged than it has for a lot of my peers who just meet once a week online and everything otherwise is separate. And I've just seen that, it's not that I didn't have structure when it was in person, but there's just so much more that's been communicated in person that never occurred to me to add to it when we're already doing it in person, it's made such a huge difference in keeping them engaged, and whereas a lot of my peers have lost their students from one semester to the next because they just don't like the online format, I've kept all my and gotten a couple of other peoples because they like that there's more of a, the technology embraces their experience and provides some structure.

Smith: Great, thanks [omitted]. [Omitted], were you going to say something earlier?

Member 1: Yeah, so I was just looking at Tonara as well. We just started using something similar called Collabra. And the Collabora platform, you can get an institution agreement with them and the student pays a per-month fee for it or the institution can do it, and we've used it for practice journals, for submission of assignments, we're using it for our juries as well, and I have found that I communicate with my students more during the week. Because with the platform, I'm able to, if they bookmark something that they want me to watch, I can go to that specific bookmark and watch whatever it is and they give my feedback immediately into it, so that they're getting more from me during the week in

between their lessons. Yeah, it takes some time, but I'm not going to watch all 18 of my students practices for the entire week. I tell them if you want me to watch something specific, bookmark it and I'll watch it and I'll give you feedback on it. And I'll say, [omitted], as well, same thing, all of my students have been very engaged because I continue to use the communication through the tools that they find effective and it's very helpful.

Smith: Yeah, and [omitted] said they have Canvas, their college too, so does mine, yeah, it's, sometimes takes adjusting to whatever system your school or, if you're, yeah, [omitted], private, however you choose to communicate.

Member 4: I was going to say, to piggyback off what you were saying [omitted], it strengthens the relationship, right? In a moment when we could be floating away, those midweek check-ins, they're really useful. And they feel a lot less like they're kind of wandering in a field by themselves and we eventually call out, "How's it going?" You know?

Smith: Yeah, great. So I just have a couple more questions, thank you all so much for your time and input. Numbers eight and nine kind of go together. Are there particular techniques or approaches to voice care that you frequently use? And some of those have already been mentioned, and do you adapt techniques based on the voice user with whom you're working?

Member 2: Okay, I'll go. So, I use the SOVTs with everybody, depending on, you know, how old the student is, you know, my 72-year-old choir singers blowing their bubbles through the straw, you know, it works better with little 10-year-olds, but whatever, sometimes they like that too. So, that's a big one that I use just across the board, but yeah of course, we adapt whatever technique, whatever technique we're trying to teach, we adapt that to the person depending on age, experience level, you know, where they're at, what they're able to understand. And I wanted to just say, also when [omitted] mentioned earlier in the session about the different personalities of students that you're dealing with, I try to in my initial assessment of a student, I try to identify what personality type they have. There was a little course that I took a while ago where you have them look at the shape and that tells them a lot about their personality, I won't get into it, but anyway. But I have one that's a circle and circles are very outgoing people and so I know, and she's an older woman, but I know when I schedule her, I have to add 10 minutes at the beginning where she's just going to talk a blue streak, and I have to let her do that, because if I don't, I'm not going to accomplish anything in the class. So, I just, I pad her lesson time, that's just how I choose to do it, but I put an extra 10 minutes in there and I know, 'cause she's going to come in and she's going to tell me everything in her life, and once she has vomited, then the cleanup can start. But if I don't, then after every exercise or every phrase, something is going to come out. So, that's a technique modification, if you will, to help make sure that that student has a successful lesson and that she feels she's gotten, you know, her money's worth, if you will, of our time together, and then I also am honoring what I know about her personality, in order to make sure I don't get frustrated as

a teacher you know when she's constantly wanting to interrupt me. So, it works for both of us, but anyway, that's just a little thing I do.

Smith: Yeah, that's a great explanation. Did that shape thing have a name? I know some people use, yeah, personality quizzes, or typing, but I've never heard of the shape one.

Member 2: Yeah, I can't remember the name of the person who did the presentation, but the basic personality types, shapes, if you will, circle is your most outgoing. And then you have a triangle, is you're more analytical and need about 3 feet of space during, you know, normal, non-pandemic times. And then a person who identifies more with the square, they're the ones who really want you to stand 5 feet apart and they don't ever want you to say, "Okay, look at my mouth," that's too close to them, and you have to take it very slow and things like that. And then you have your squiggles, and that's what I am, we adapt to, you know, what the pervasive personality is around us. But using that, I know, some of my younger students, I would have to say to them, "Will you turn sideways, so that I can look and see if you're in alignment?" Because if I were to walk up to them and say, "Okay, let's make this back in alignment," they would be like, "Oh my gosh, I need you to stand back over there." So, I don't even remember who said it, but if you do circle, square, triangle, squiggle, just Google it, you'll find it, but it's really helpful.

Smith: Yeah, that's really fascinating and that brings up a good point about, when we are in person, respecting boundaries, creating that safe environment, knowing what your students are comfortable with or not. Yeah, other comments? Yeah, I know, if you need to go, feel free, but particular techniques or how you adapt techniques in your teaching?

Member 1: I'm also a big advocate of SOVT exercise. Just through my own speech therapy, understanding how important it is to me and how freeing it is to the voice. I use straws, I use kazoo's, and then, of course, without those two things, using your own mouth to make exercises. And I've found that they are very helpful. I have one student who needs jaw surgery and so her semester has been difficult because she wants to finish out the semester, but articulation is not going to be the best because it hurts all the time. So, adapting exercises so that it's not as much on her jaw is definitely something I've had to do this semester.

Member 3: It's such a huge topic, but and, of course, every voice is different as [omitted] already pointed out earlier. But I think, and this goes back to a sort of a *fach* thing, there's big voices and there's small voices and there's high voices and there's low voices, and so just trying to identify the voice first is key, I think. And then we can adapt to that, as well as adapt to the personality and communication style. So, yeah, it's a huge topic and I think ultimately, and this goes back to where we kind of started when I came in, and that's what is it that the student wants to express? What is their ultimate goal and how can we help facilitate that?

Smith: Yeah, and this might be obvious, but just to be, to put the question on there, is there a process that you give use for determining those goals? Do you just ask? Do you use some kind of form or are you assessing goals as you progress? That kind of thing.

Member 3: I always have the interview with a student or the initial interview, but also subsequent interviews in lesson contexts and I just want to find out as much as I can about the student, but without feeling like they're on, you know, on the stand or revealing too much about themselves. But the more I know from the beginning, the better. And really talking about what is it that brought the student into the studio. So yeah, it's an interview kind of thing for me.

Member 2: Yes, I do the interview kind of thing too and I also don't have a formal form or set questions that I read or have them fill something out. It's just informally during the first lesson. Just so, you know, getting to know you, tell me about yourself, what would you like to accomplish, those kinds of things. To put them at ease with the process, as well, especially since these are not people who are pursuing professional degrees, they're just people who want to sing better, so keeping it as informal as possible from my perspective works really well. And just asking: what do you want to get out of this? How long do you want to spend doing this? That's another question that I ask as well, you know, there are some people who have specific goals: "No, I just want to take lessons for six weeks because that's all that, you know, I can afford and what can you teach me in six weeks?" "Well, where are you at right now?" Those kinds of things. But definitely finding out what their goals are is the way that we begin the whole process, because I don't know what their goals are, I don't know how to give them what they're looking for.

Smith: Right. Great, yeah that's a great question, the time, time spent. Yeah, thank you guys so much. I want to be respectful of your time, so if there are other comments, yeah, I am free to stay. [Omitted], were you unmuting?

Member 4: I was just going to share something, but if we're wrapping up, that's totally fine.

Smith: No, please, that's fine with me. Yeah, please do.

Member 4: I was just going to share I teach students from like I said from a wide variety of backgrounds, and so I try to get a handle on their musical and vocal training, but also their movement background, whether they've been involved in sports or dance or anything else using their body, because they often can use that to help them better train their voice, if they already have experience with training their body to do a complex physical activity [unclear]. And then to get their linguistic backgrounds. A lot of my students are multilingual and knowing what languages I can kind of leverage if they're having trouble with English. And then trying to get an idea of who they're listening to and who they're trying to sound like and then at the end trying to figure out their voice. So, I do have a form that I do have them they use. I have a couple assignments at the beginning of the semester that I ask them to share their couple favorite artists and then later to share their best song at the moment, and then we spend the first lesson or so talking. And I told

them that right off, and they're going to sing, so I let them sing something at the end for me, but I really think it's important to establish a rapport, so we often spend the first lesson getting to know each other and sharing who I am as their teacher.

Smith: Yeah, and that's important showing yourself, too. [Omitted], go ahead, or [omitted].

Member 3: I was going to ask, [omitted], how soon do you introduce vocal pedagogy into the students, with the college student? Because I'm thinking, because of what [omitted] just shared of the physical movement, and if they know the way their voice is put together and they understand the principles and they do something like listen to Scott McCoy's "Inside the Voice" voice ratings and you just play that game, and I find that's very, very helpful and so I try to get them into vocal pedagogy by their second year. I just wondered what thoughts were.

Member 1: Do you mean at like the collegiate level? If I could have them all freshman year, wouldn't that be amazing. Isn't it crazy how in college, it's like junior or senior year? I think that's kind of crazy. I think there was a discussion one of the Facebook forums about this, how early do you introduce this? I just think the earlier the better, because the sooner you learn your instrument, the sooner you can accomplish more things, that would just be my perspective. And I do use a form taking information from the student. I tell them from the get-go, "This is going to feel a little bit like a doctor's visit but not as dry, because I'm going to ask you a lot of questions, but you get to ask me questions too, because you're basically hiring me to help you achieve some goals." And then I like to have them think of, maybe not on the spot, but think of a couple of short-term goals to have and then maybe a long-term goal, like I would love to add a note to my range. Well, that's a great long-term goal, let's think of some may be short-term ones that we could accomplish, like this song or maybe having an easier time in my lower register.

Member 4: Goals, I do goals as well and in answer to your question [omitted] about vocal pedagogy, we have this interesting situation at my university. If take elective lessons, they start out taking group voice, and vocal pedagogy's kind of introduced right away. If they start as a music major, they don't get it till the third or fourth year, depending on whether they're going with music ed or performance. Which I just think it is so odd. I used to run a high school pre-conservatory training program at a performing arts high school and we started them right away in ninth grade, learning the basics because, like you said, [omitted], why would it be bad for them to know how the instrument is set up and how it works at it's functional best? So, that's part of what I do with the Canvas course that I created is we have lessons every week on vocal pedagogy and how that applies to their particular instruments and do it at lessons to show, demonstrate their understanding of what I taught and how it relates to them.

Smith: Yeah, yeah, I think that's imperative. Great, well any other comments, questions, concerns? Like I said, I'm so appreciate of your time and everything that you brought and your honesty.

APPENDIX F: Quantitative Data

F.1 – DEMOGRAPHIC RESULTS

Variable	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
Finished	146				0.3
FALSE		6 (12%)	3 (4.8%)	1 (3.0%)	
TRUE		44 (88%)	60 (95%)	32 (97%)	
Pronouns	146				0.4
He/Him/His		14 (28%)	16 (25%)	15 (45%)	
She/Her/Hers		26 (52%)	35 (56%)	12 (36%)	
They/Them/Theirs		5 (10%)	9 (14%)	5 (15%)	
All of the above		1 (2.0%)	0 (0%)	0 (0%)	
Prefer not to answer		4 (8.0%)	3 (4.8%)	1 (3.0%)	
Voice Users: 0 - 5 years	146	12 (24%)	29 (46%)	12 (36%)	0.054
Voice Users: 6 - 11 years	146	24 (48%)	34 (54%)	17 (52%)	0.8
Voice Users: 12 - 18 years	146	23 (46%)	26 (41%)	21 (64%)	0.11
Voice Users: 18 - 65 years	146	29 (58%)	18 (29%)	13 (39%)	0.007
Voice Users: 65+ years	146	29 (58%)	18 (29%)	13 (39%)	0.007
¹ n (%)					
² Fisher's exact test; Pearson's Chi-squared test					

Variable	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	P-value ²
Elementary School	146	16 (32%)	31 (49%)	13 (39%)	0.2
Middle School	146	12 (24%)	24 (38%)	17 (52%)	0.036
High School	146	9 (18%)	19 (30%)	19 (58%)	<0.001
College or University	146	21 (42%)	14 (22%)	15 (45%)	0.027
Hospital	146	2 (4.0%)	10 (16%)	7 (21%)	0.036
Doctors Office	146	3 (6.0%)	7 (11%)	5 (15%)	0.4
Rehabilitation Facility	146	1 (2.0%)	11 (17%)	6 (18%)	0.012
Private, Medical Office	146	2 (4.0%)	4 (6.3%)	3 (9.1%)	0.6
Private, Non-Medical Facility	146	2 (4.0%)	5 (7.9%)	2 (6.1%)	0.8
Private Studio	146	20 (40%)	0 (0%)	1 (3.0%)	<0.001

¹n (%)

²Fisher's exact test; Pearson's Chi-squared test

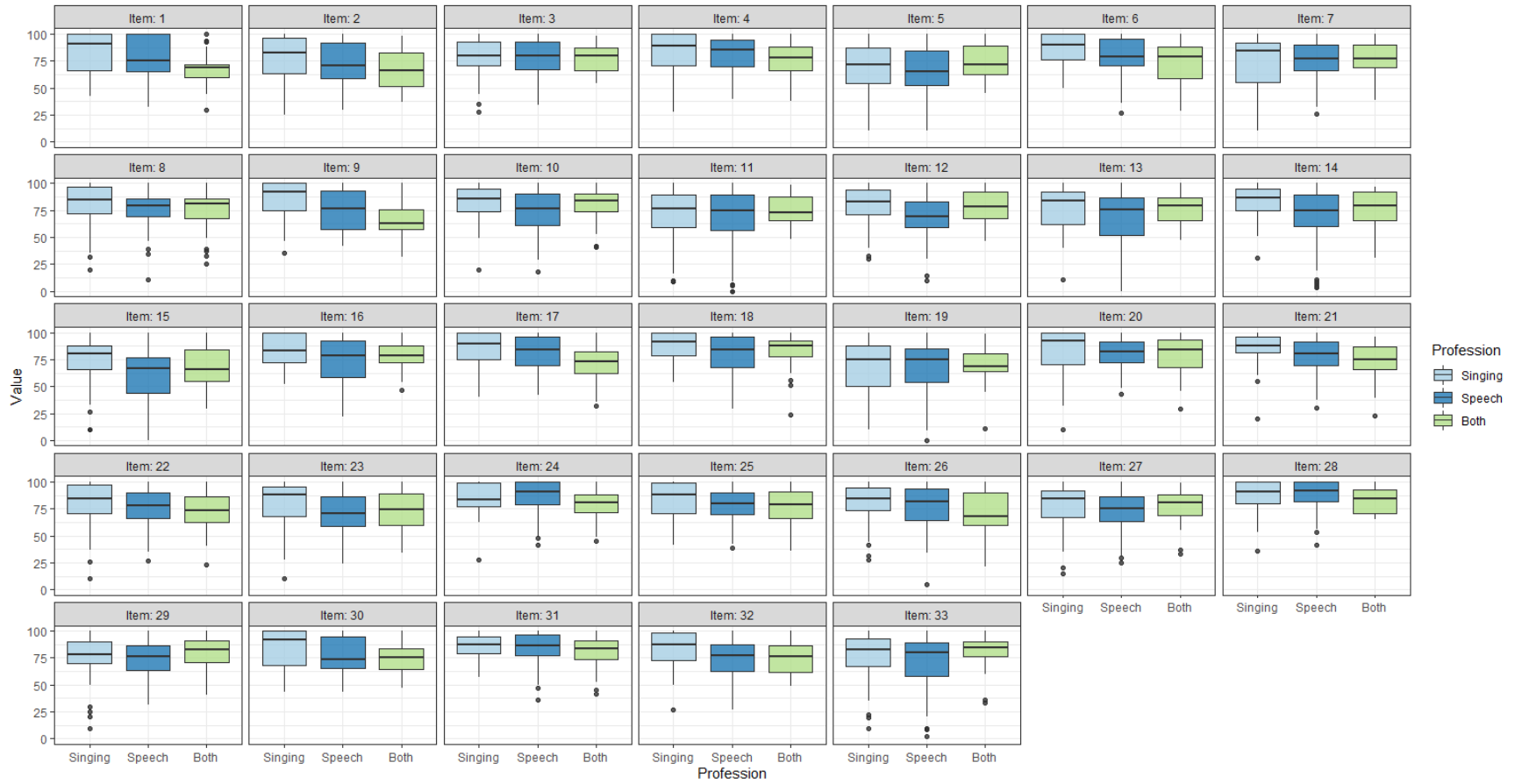
F.2 – VALUE OF INTERPERSONAL SKILLS RESULTS

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
listening	143	90 (66, 100)	75 (65, 100)	68 (60, 72)	0.005
knowledge of the anatomy and physiology of the human voice	143	83 (64, 97)	71 (58, 92)	66 (52, 83)	0.044
humility	142	80 (70, 92)	80 (67, 93)	80 (66, 87)	0.6
starting with fundamentals and building from there	143	89 (71, 100)	85 (70, 94)	78 (66, 88)	0.056
community outreach	140	72 (54, 87)	65 (52, 84)	72 (63, 89)	0.2
making voice users feel safe	143	90 (76, 100)	79 (70, 96)	78 (59, 88)	0.019
using technology	142	84 (55, 92)	77 (66, 90)	77 (68, 90)	>0.9
continuing my education	142	84 (72, 97)	79 (69, 86)	81 (68, 86)	0.12
giving voice users a space to vent and/or be vulnerable	141	92 (74, 100)	76 (57, 93)	62 (57, 76)	<0.001
reading publications in my field	142	86 (74, 95)	76 (61, 90)	84 (74, 90)	0.061
contributing research to my field	138	76 (60, 90)	74 (57, 89)	73 (66, 87)	0.8
reflecting on my encounters with voice users after a lesson, session, or appointment	141	83 (71, 94)	69 (59, 83)	78 (68, 92)	0.014
¹ Median (IQR)					
² Kruskal-Wallis rank sum test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
developing pedagogical content knowledge, either through research or experience	141	86 (75, 95)	75 (60, 89)	80 (66, 92)	0.017
being a life coach to the voice users with whom I work	142	80 (66, 88)	67 (44, 77)	66 (55, 84)	0.005
pursuing personal growth in my field	143	84 (72, 99)	79 (58, 92)	79 (72, 88)	0.064
humor	142	90 (74, 100)	84 (69, 96)	73 (62, 82)	0.004
giving feedback in a concise manner	143	91 (78, 99)	84 (68, 96)	88 (78, 92)	0.1
specializing in one or two specific discipline areas and/or techniques	143	75 (50, 88)	75 (54, 85)	68 (64, 80)	0.9
flexibility in instructional techniques	143	92 (70, 100)	82 (72, 91)	84 (68, 93)	0.14
using my intuition	142	88 (81, 96)	80 (69, 91)	75 (66, 86)	<0.001
setting realistic goals and/or expectations with voice users	141	84 (70, 97)	78 (66, 90)	74 (63, 86)	0.052
collaborating with others in voice related fields	141	88 (68, 96)	71 (59, 86)	74 (60, 89)	0.028
empathy	141	83 (77, 99)	91 (79, 100)	80 (72, 88)	0.011
¹ Median (IQR)					
² Kruskal-Wallis rank sum test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
preparedness	141	88 (71, 99)	80 (70, 90)	78 (66, 91)	0.2
interacting with diverse voice users	141	84 (73, 94)	82 (64, 94)	68 (60, 90)	0.091
being a friend to the voice users with whom I work	141	84 (66, 92)	75 (63, 86)	80 (69, 88)	0.3
trust	138	91 (80, 100)	92 (82, 100)	84 (71, 93)	0.037
being versed in a number (3+) of different discipline areas and/or techniques	141	78 (70, 90)	76 (63, 86)	82 (71, 91)	0.2
respectful relationships with voice users	141	92 (68, 100)	74 (65, 95)	75 (65, 84)	0.048
allowing voice users to make decisions	140	87 (79, 95)	86 (77, 97)	84 (74, 91)	0.3
using prompting questions	141	87 (72, 98)	77 (62, 88)	76 (62, 87)	0.021
attending and/or presenting at conferences	140	83 (67, 93)	80 (58, 89)	85 (76, 90)	0.11
¹ Median (IQR)					
² Kruskal-Wallis rank sum test					

VALUE OF INTERPERSONAL SKILLS BOX PLOTS



See [Table 3.1](#) for each item name.

F.3 – TRAINING OF INTERPERSONAL SKILLS RESULTS

Item	Training	N	ToS, N = 46 ¹	SLP, N = 61 ¹	Both, N = 31 ¹	p-value ²
listening	Formal Education	138	23 (50%)	35 (57%)	17 (55%)	0.7
	Supplementary Education	138	17 (37%)	21 (34%)	13 (42%)	0.8
	Self-taught	138	17 (37%)	14 (23%)	4 (13%)	0.05
	No Training	138	1 (2.2%)	1 (1.6%)	0 (0%)	>0.9
knowledge of the anatomy and physiology of the human voice	Formal Education	132	24 (55%)	31 (55%)	12 (38%)	0.2
	Supplementary Education	132	21 (48%)	25 (45%)	14 (44%)	>0.9
	Self-taught	132	13 (30%)	8 (14%)	5 (16%)	0.13
	No Training	132	0 (0%)	0 (0%)	1 (3.1%)	0.2
humility	Formal Education	125	11 (26%)	21 (38%)	14 (50%)	0.12
	Supplementary Education	125	12 (29%)	14 (25%)	9 (32%)	0.8
	Self-taught	125	18 (43%)	20 (36%)	4 (14%)	0.039
	No Training	125	4 (9.5%)	5 (9.1%)	1 (3.6%)	0.8
starting with fundamentals and building from there	Formal Education	119	25 (61%)	33 (62%)	13 (52%)	0.7
	Supplementary Education	119	20 (49%)	18 (34%)	11 (44%)	0.3
	Self-taught	119	11 (27%)	11 (21%)	1 (4.0%)	0.056
	No Training	119				
	No		41 (100%)	53 (100%)	25 (100%)	
¹ n (%)						
² Pearson's Chi-squared test; Fisher's exact test						

Item	Training	N	ToS, N = 46 ¹	SLP, N = 61 ¹	Both, N = 31 ¹	p-value ²
community outreach	Formal Education	119	9 (23%)	22 (41%)	16 (62%)	0.008
	Supplementary Education	119	12 (31%)	15 (28%)	6 (23%)	0.8
	Self-taught	119	13 (33%)	18 (33%)	4 (15%)	0.2
	No Training	119	9 (23%)	7 (13%)	1 (3.8%)	0.081
making voice users feel safe	Formal Education	121	13 (32%)	27 (50%)	14 (52%)	0.2
	Supplementary Education	121	8 (20%)	18 (33%)	6 (22%)	0.3
	Self-taught	121	19 (48%)	14 (26%)	6 (22%)	0.039
	No Training	121	6 (15%)	5 (9.3%)	1 (3.7%)	0.4
using technology	Formal Education	119	17 (42%)	25 (47%)	13 (50%)	0.8
	Supplementary Education	119	14 (35%)	25 (47%)	8 (31%)	0.3
	Self-taught	119	14 (35%)	13 (25%)	5 (19%)	0.3
	No Training	119	5 (12%)	0 (0%)	0 (0%)	0.007
continuing my education	Formal Education	121	17 (44%)	35 (64%)	19 (70%)	0.057
	Supplementary Education	121	19 (49%)	17 (31%)	6 (22%)	0.061
	Self-taught	121	12 (31%)	14 (25%)	2 (7.4%)	0.074
	No Training	121	3 (7.7%)	0 (0%)	0 (0%)	0.042
¹ n (%)						
² Pearson's Chi-squared test; Fisher's exact test						

Item	Training	N	ToS, N = 46 ¹	SLP, N = 61 ¹	Both, N = 31 ¹	p-value ²
giving voice users a space to vent and/or be vulnerable	Formal Education	123	13 (32%)	24 (44%)	13 (46%)	0.4
	Supplementary Education	123	13 (32%)	16 (29%)	13 (46%)	0.3
	Self-taught	123	13 (32%)	19 (35%)	0 (0%)	0.002
	No Training	123	8 (20%)	3 (5.5%)	2 (7.1%)	0.076
reading publications in my field	Formal Education	122	19 (48%)	30 (55%)	15 (56%)	0.7
	Supplementary Education	122	9 (22%)	15 (27%)	10 (37%)	0.4
	Self-taught	122	15 (38%)	17 (31%)	1 (3.7%)	0.006
	No Training	122	5 (12%)	4 (7.3%)	2 (7.4%)	0.7
contributing research to my field	Formal Education	122	22 (54%)	25 (45%)	13 (50%)	0.7
	Supplementary Education	122	10 (24%)	14 (25%)	10 (38%)	0.4
	Self-taught	122	8 (20%)	9 (16%)	3 (12%)	0.7
	No Training	122	6 (15%)	11 (20%)	0 (0%)	0.033
reflecting on my encounters with voice users after a lesson, session, or appointment	Formal Education	121	12 (29%)	30 (57%)	17 (63%)	0.008
	Supplementary Education	121	9 (22%)	17 (32%)	8 (30%)	0.5
	Self-taught	121	21 (51%)	11 (21%)	3 (11%)	<0.001
	No Training	121	5 (12%)	4 (7.5%)	0 (0%)	0.2
¹ n (%)						
² Pearson's Chi-squared test; Fisher's exact test						

Item	Training	N	ToS, N = 46 ¹	SLP, N = 61 ¹	Both, N = 31 ¹	p-value ²
attending and/or presenting at workshops and/or clinics	Formal Education	122	14 (34%)	23 (42%)	14 (54%)	0.3
	Supplementary Education	122	15 (37%)	21 (38%)	9 (35%)	>0.9
	Self-taught	122	12 (29%)	12 (22%)	2 (7.7%)	0.11
	No Training	122	8 (20%)	3 (5.5%)	1 (3.8%)	0.047
developing pedagogical content knowledge, either through research or experience	Formal Education	121	24 (59%)	27 (50%)	14 (54%)	0.7
	Supplementary Education	121	17 (41%)	16 (30%)	9 (35%)	0.5
	Self-taught	121	15 (37%)	7 (13%)	3 (12%)	0.008
	No Training	121	3 (7.3%)	7 (13%)	0 (0%)	0.12
being a life coach to the voice users with whom I work	Formal Education	121	11 (27%)	17 (31%)	17 (65%)	0.003
	Supplementary Education	121	12 (29%)	20 (37%)	3 (12%)	0.062
	Self-taught	121	18 (44%)	4 (7.4%)	5 (19%)	<0.001
	No Training	121	7 (17%)	15 (28%)	1 (3.8%)	0.027
pursuing personal growth in my field	Formal Education	122	11 (27%)	23 (42%)	12 (46%)	0.2
	Supplementary Education	122	17 (41%)	19 (35%)	8 (31%)	0.6
	Self-taught	122	18 (44%)	18 (33%)	6 (23%)	0.2
	No Training	122	4 (9.8%)	1 (1.8%)	0 (0%)	0.11

¹n (%)

²Pearson's Chi-squared test; Fisher's exact test

Item	Training	N	ToS, N = 46 ¹	SLP, N = 61 ¹	Both, N = 31 ¹	p-value ²
humor	Formal Education	120	7 (18%)	24 (44%)	16 (62%)	0.001
	Supplementary Education	120	7 (18%)	6 (11%)	8 (31%)	0.091
	Self-taught	120	23 (59%)	22 (40%)	1 (3.8%)	<0.001
	No Training	120	6 (15%)	5 (9.1%)	1 (3.8%)	0.4
giving feedback in a concise manner	Formal Education	118	20 (50%)	27 (51%)	9 (36%)	0.4
	Supplementary Education	118	12 (30%)	21 (40%)	11 (44%)	0.5
	Self-taught	118	14 (35%)	13 (25%)	4 (16%)	0.2
	No Training	118	3 (7.5%)	1 (1.9%)	1 (4.0%)	0.4
specializing in one or two specific discipline areas and/or techniques	Formal Education	120	25 (61%)	26 (48%)	14 (56%)	0.5
	Supplementary Education	120	12 (29%)	27 (50%)	9 (36%)	0.11
	Self-taught	120	12 (29%)	9 (17%)	2 (8.0%)	0.1
	No Training	120	4 (9.8%)	3 (5.6%)	0 (0%)	0.3
flexibility in instructional techniques	Formal Education	119	23 (56%)	26 (50%)	15 (58%)	0.8
	Supplementary Education	119	18 (44%)	25 (48%)	7 (27%)	0.2
	Self-taught	119	18 (44%)	15 (29%)	4 (15%)	0.044
	No Training	119	1 (2.4%)	1 (1.9%)	0 (0%)	>0.9
¹ n (%)						
² Pearson's Chi-squared test; Fisher's exact test						

Item	Training	N	ToS, N = 46 ¹	SLP, N = 61 ¹	Both, N = 31 ¹	p-value ²
using my intuition	Formal Education	120	15 (37%)	13 (25%)	11 (42%)	0.2
	Supplementary Education	120	11 (27%)	18 (34%)	11 (42%)	0.4
	Self-taught	120	19 (46%)	23 (43%)	3 (12%)	0.008
	No Training	120	4 (9.8%)	2 (3.8%)	1 (3.8%)	0.5
setting realistic goals and/or expectations with voice users	Formal Education	120	23 (56%)	39 (72%)	12 (48%)	0.08
	Supplementary Education	120	12 (29%)	20 (37%)	10 (40%)	0.6
	Self-taught	120	18 (44%)	8 (15%)	3 (12%)	0.001
	No Training	120	4 (9.8%)	0 (0%)	0 (0%)	0.025
collaborating with others in voice related fields	Formal Education	120	15 (37%)	27 (50%)	12 (48%)	0.4
	Supplementary Education	120	13 (32%)	21 (39%)	7 (28%)	0.6
	Self-taught	120	14 (34%)	8 (15%)	6 (24%)	0.087
	No Training	120	7 (17%)	4 (7.4%)	0 (0%)	0.054
empathy	Formal Education	119	15 (37%)	21 (40%)	16 (64%)	0.068
	Supplementary Education	119	6 (15%)	10 (19%)	7 (28%)	0.4
	Self-taught	119	23 (56%)	20 (38%)	2 (8.0%)	<0.001
	No Training	119	5 (12%)	6 (11%)	1 (4.0%)	0.6

¹n (%)

²Pearson's Chi-squared test; Fisher's exact test

Item	Training	N	ToS, N = 46 ¹	SLP, N = 61 ¹	Both, N = 31 ¹	p-value ²
preparedness	Formal Education	117	26 (63%)	28 (53%)	9 (39%)	0.2
	Supplementary Education	117	14 (34%)	15 (28%)	10 (43%)	0.4
	Self-taught	117	20 (49%)	18 (34%)	4 (17%)	0.039
	No Training	117	1 (2.4%)	2 (3.8%)	0 (0%)	>0.9
interacting with diverse voice users	Formal Education	117	21 (52%)	20 (38%)	10 (40%)	0.4
	Supplementary Education	117	17 (42%)	18 (35%)	11 (44%)	0.6
	Self-taught	117	19 (48%)	17 (33%)	4 (16%)	0.032
	No Training	117	2 (5.0%)	7 (13%)	0 (0%)	0.1
being a friend to the voice users with whom I work	Formal Education	119	13 (32%)	18 (34%)	14 (54%)	0.2
	Supplementary Education	119	3 (7.5%)	12 (23%)	8 (31%)	0.046
	Self-taught	119	15 (38%)	21 (40%)	4 (15%)	0.082
	No Training	119	10 (25%)	5 (9.4%)	1 (3.8%)	0.034
trust	Formal Education	117	12 (31%)	19 (37%)	12 (46%)	0.5
	Supplementary Education	117	7 (18%)	13 (25%)	10 (38%)	0.2
	Self-taught	117	22 (56%)	23 (44%)	4 (15%)	0.004
	No Training	117	4 (10%)	3 (5.8%)	1 (3.8%)	0.6

¹n (%)

²Pearson's Chi-squared test; Fisher's exact test

Item	Training	N	ToS, N = 46 ¹	SLP, N = 61 ¹	Both, N = 31 ¹	p-value ²
being versed in a number (3+) of different discipline areas and/or techniques	Formal Education	115	17 (44%)	31 (61%)	14 (56%)	0.3
	Supplementary Education	115	15 (38%)	24 (47%)	8 (32%)	0.4
	Self-taught	115	18 (46%)	9 (18%)	5 (20%)	0.007
	No Training	115	3 (7.7%)	1 (2.0%)	0 (0%)	0.3
respectful relationships with voice users	Formal Education	114	13 (33%)	23 (45%)	16 (67%)	0.036
	Supplementary Education	114	18 (46%)	13 (25%)	5 (21%)	0.05
	Self-taught	114	19 (49%)	21 (41%)	3 (12%)	0.012
	No Training	114	1 (2.6%)	3 (5.9%)	1 (4.2%)	0.8
allowing voice users to make decisions	Formal Education	114	16 (41%)	23 (45%)	14 (58%)	0.4
	Supplementary Education	114	8 (21%)	17 (33%)	5 (21%)	0.3
	Self-taught	114	22 (56%)	18 (35%)	5 (21%)	0.014
	No Training	114	4 (10%)	3 (5.9%)	0 (0%)	0.3
using prompting questions	Formal Education	114	17 (44%)	30 (59%)	15 (62%)	0.2
	Supplementary Education	114	10 (26%)	26 (51%)	6 (25%)	0.019
	Self-taught	114	21 (54%)	8 (16%)	3 (12%)	<0.001
	No Training	114	4 (10%)	1 (2.0%)	0 (0%)	0.14
attending and/or presenting at conferences	Formal Education	113	16 (41%)	23 (46%)	13 (54%)	0.6
	Supplementary Education	113	9 (23%)	17 (34%)	9 (38%)	0.4
	Self-taught	113	13 (33%)	10 (20%)	2 (8.3%)	0.06
	No Training	113	8 (21%)	6 (12%)	0 (0%)	0.048
¹ n (%)						
² Pearson's Chi-squared test; Fisher's exact test						

F.4 – USE OF INTERPERSONAL SKILLS RESULTS

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
listening	131				0.4
Daily		21 (48%)	34 (58%)	9 (32%)	
Weekly		12 (27%)	13 (22%)	10 (36%)	
Every other week		8 (18%)	8 (14%)	5 (18%)	
Monthly		3 (6.8%)	4 (6.8%)	4 (14%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
knowledge of the anatomy and physiology of the human voice	124				0.7
Daily		22 (54%)	20 (38%)	15 (48%)	
Weekly		9 (22%)	19 (37%)	7 (23%)	
Every other week		5 (12%)	7 (13%)	6 (19%)	
Monthly		5 (12%)	6 (12%)	3 (9.7%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
humility	124				0.2
Daily		21 (50%)	28 (55%)	10 (32%)	
Weekly		7 (17%)	14 (27%)	11 (35%)	
Every other week		7 (17%)	4 (7.8%)	7 (23%)	
Monthly		7 (17%)	5 (9.8%)	3 (9.7%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
starting with fundamentals and building from there	119				0.6
Daily		19 (49%)	29 (55%)	14 (52%)	
Weekly		12 (31%)	10 (19%)	8 (30%)	
Every other week		2 (5.1%)	8 (15%)	2 (7.4%)	
Monthly		6 (15%)	6 (11%)	3 (11%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
community outreach	103				0.2
Daily		10 (28%)	12 (32%)	17 (57%)	
Weekly		8 (22%)	10 (27%)	5 (17%)	
Every other week		5 (14%)	5 (14%)	4 (13%)	
Monthly		13 (36%)	10 (27%)	4 (13%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
making voice users feel safe	122				0.071
Daily		26 (63%)	23 (43%)	8 (30%)	
Weekly		7 (17%)	14 (26%)	12 (44%)	
Every other week		4 (9.8%)	10 (19%)	2 (7.4%)	
Monthly		4 (9.8%)	7 (13%)	5 (19%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
using technology	127				0.3
Daily		21 (51%)	27 (48%)	12 (40%)	
Weekly		11 (27%)	17 (30%)	6 (20%)	
Every other week		8 (20%)	6 (11%)	8 (27%)	
Monthly		1 (2.4%)	6 (11%)	4 (13%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
continuing my education	108				0.015
Daily		13 (34%)	14 (34%)	15 (52%)	
Weekly		14 (37%)	6 (15%)	7 (24%)	
Every other week		7 (18%)	10 (24%)	7 (24%)	
Monthly		4 (11%)	11 (27%)	0 (0%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
giving voice users a space to vent and/or be vulnerable	122				0.3
Daily		21 (50%)	18 (35%)	18 (62%)	
Weekly		12 (29%)	16 (31%)	5 (17%)	
Every other week		6 (14%)	9 (18%)	2 (6.9%)	
Monthly		3 (7.1%)	8 (16%)	4 (14%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
reading publications in my field	109				0.8
Daily		12 (31%)	15 (35%)	13 (48%)	
Weekly		14 (36%)	14 (33%)	9 (33%)	
Every other week		6 (15%)	8 (19%)	3 (11%)	
Monthly		7 (18%)	6 (14%)	2 (7.4%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
contributing research to my field	87				0.8
Daily		9 (41%)	15 (43%)	13 (43%)	
Weekly		6 (27%)	8 (23%)	6 (20%)	
Every other week		1 (4.5%)	6 (17%)	6 (20%)	
Monthly		6 (27%)	6 (17%)	5 (17%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
reflecting on my encounters with voice users after a lesson, session, or appointment	119				0.4
Daily		25 (64%)	22 (44%)	12 (40%)	
Weekly		11 (28%)	18 (36%)	12 (40%)	
Every other week		2 (5.1%)	5 (10%)	4 (13%)	
Monthly		1 (2.6%)	5 (10%)	2 (6.7%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
attending and/or presenting at workshops and/or clinics	81				0.03
Daily		7 (35%)	9 (26%)	12 (46%)	
Weekly		6 (30%)	10 (29%)	9 (35%)	
Every other week		1 (5.0%)	10 (29%)	5 (19%)	
Monthly		6 (30%)	6 (17%)	0 (0%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
developing pedagogical content knowledge, either through research or experience	101				>0.9
Daily		10 (29%)	12 (30%)	11 (42%)	
Weekly		15 (43%)	14 (35%)	8 (31%)	
Every other week		7 (20%)	10 (25%)	5 (19%)	
Monthly		3 (8.6%)	4 (10%)	2 (7.7%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
being a life coach to the voice users with whom I work	110				0.07
Daily		17 (46%)	18 (40%)	16 (57%)	
Weekly		13 (35%)	10 (22%)	9 (32%)	
Every other week		5 (14%)	10 (22%)	0 (0%)	
Monthly		2 (5.4%)	7 (16%)	3 (11%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
pursuing personal growth in my field	114				0.8
Daily		13 (34%)	16 (33%)	11 (41%)	
Weekly		12 (32%)	18 (37%)	5 (19%)	
Every other week		7 (18%)	8 (16%)	7 (26%)	
Monthly		6 (16%)	7 (14%)	4 (15%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
humor	125				>0.9
Daily		25 (58%)	35 (64%)	18 (67%)	
Weekly		11 (26%)	9 (16%)	5 (19%)	
Every other week		5 (12%)	8 (15%)	3 (11%)	
Monthly		2 (4.7%)	3 (5.5%)	1 (3.7%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
giving feedback in a concise manner	124				0.4
Daily		24 (60%)	27 (47%)	11 (41%)	
Weekly		7 (18%)	19 (33%)	9 (33%)	
Every other week		6 (15%)	8 (14%)	3 (11%)	
Monthly		3 (7.5%)	3 (5.3%)	4 (15%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
specializing in one or two specific discipline areas and/or techniques	114				0.8
Daily		13 (36%)	18 (37%)	11 (38%)	
Weekly		16 (44%)	16 (33%)	11 (38%)	
Every other week		4 (11%)	7 (14%)	5 (17%)	
Monthly		3 (8.3%)	8 (16%)	2 (6.9%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
flexibility in instructional techniques	128				>0.9
Daily		26 (62%)	33 (57%)	14 (50%)	
Weekly		10 (24%)	15 (26%)	10 (36%)	
Every other week		4 (9.5%)	7 (12%)	3 (11%)	
Monthly		2 (4.8%)	3 (5.2%)	1 (3.6%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
using my intuition	125				0.7
Daily		23 (56%)	36 (63%)	12 (44%)	
Weekly		11 (27%)	15 (26%)	10 (37%)	
Every other week		5 (12%)	4 (7.0%)	4 (15%)	
Monthly		2 (4.9%)	2 (3.5%)	1 (3.7%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
setting realistic goals and/or expectations with voice users	116				0.2
Daily		23 (62%)	19 (37%)	12 (43%)	
Weekly		7 (19%)	20 (39%)	11 (39%)	
Every other week		3 (8.1%)	6 (12%)	4 (14%)	
Monthly		4 (11%)	6 (12%)	1 (3.6%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
collaborating with others in voice related fields	112				0.002
Daily		7 (19%)	14 (30%)	19 (68%)	
Weekly		11 (30%)	15 (32%)	5 (18%)	
Every other week		7 (19%)	11 (23%)	3 (11%)	
Monthly		12 (32%)	7 (15%)	1 (3.6%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
empathy	125				0.6
Daily		26 (65%)	37 (64%)	16 (59%)	
Weekly		8 (20%)	8 (14%)	8 (30%)	
Every other week		4 (10%)	8 (14%)	3 (11%)	
Monthly		2 (5.0%)	5 (8.6%)	0 (0%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
preparedness	129				0.2
Daily		25 (61%)	29 (49%)	15 (52%)	
Weekly		6 (15%)	20 (34%)	5 (17%)	
Every other week		6 (15%)	6 (10%)	7 (24%)	
Monthly		4 (9.8%)	4 (6.8%)	2 (6.9%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
interacting with diverse voice users	112				0.9
Daily		18 (49%)	21 (45%)	15 (54%)	
Weekly		10 (27%)	18 (38%)	7 (25%)	
Every other week		5 (14%)	4 (8.5%)	4 (14%)	
Monthly		4 (11%)	4 (8.5%)	2 (7.1%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
being a friend to the voice users with whom I work	116				0.082
Daily		22 (61%)	20 (39%)	13 (45%)	
Weekly		3 (8.3%)	19 (37%)	9 (31%)	
Every other week		6 (17%)	7 (14%)	5 (17%)	
Monthly		5 (14%)	5 (9.8%)	2 (6.9%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
trust	130				0.4
Daily		25 (58%)	37 (64%)	15 (52%)	
Weekly		7 (16%)	13 (22%)	4 (14%)	
Every other week		7 (16%)	6 (10%)	6 (21%)	
Monthly		4 (9.3%)	2 (3.4%)	4 (14%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
being versed in a number (3+) of different discipline areas and/or techniques	121				0.2
Daily		24 (60%)	23 (44%)	14 (48%)	
Weekly		6 (15%)	15 (29%)	5 (17%)	
Every other week		3 (7.5%)	7 (13%)	8 (28%)	
Monthly		7 (18%)	7 (13%)	2 (6.9%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
respectful relationships with voice users	119				0.15
Daily		26 (67%)	27 (52%)	14 (50%)	
Weekly		6 (15%)	11 (21%)	8 (29%)	
Every other week		3 (7.7%)	13 (25%)	5 (18%)	
Monthly		4 (10%)	1 (1.9%)	1 (3.6%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
allowing voice users to make decisions	125				0.8
Daily		20 (48%)	29 (53%)	12 (43%)	
Weekly		10 (24%)	10 (18%)	9 (32%)	
Every other week		7 (17%)	8 (15%)	5 (18%)	
Monthly		5 (12%)	8 (15%)	2 (7.1%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
using prompting questions	127				0.035
Daily		29 (69%)	34 (60%)	13 (46%)	
Weekly		3 (7.1%)	13 (23%)	11 (39%)	
Every other week		8 (19%)	5 (8.8%)	2 (7.1%)	
Monthly		2 (4.8%)	5 (8.8%)	2 (7.1%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

Item	N	ToS, N = 50¹	SLP, N = 63¹	Both, N = 33¹	p-value²
attending and/or presenting at conferences	85				0.064
Daily		9 (41%)	17 (47%)	18 (67%)	
Weekly		7 (32%)	11 (31%)	3 (11%)	
Every other week		1 (4.5%)	6 (17%)	5 (19%)	
Monthly		5 (23%)	2 (5.6%)	1 (3.7%)	
Less than once a month		0 (0%)	0 (0%)	0 (0%)	
¹ n (%)					
² Fisher's exact test					

F.5 – CHECK ALL THAT APPLY TECHNIQUES RESULTS

Variable	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
I ask voice users to fill out an information survey or intake form	146	16 (32%)	26 (41%)	12 (36%)	0.6
I fill out an information survey or intake form myself	146	24 (48%)	31 (49%)	14 (42%)	0.8
I ask voice users to send me videos and/or audio recordings (e.g. YouTube, SoundCloud, etc.) that demonstrate their voices	146	22 (44%)	22 (35%)	17 (52%)	0.3
I record video and/or audio of a student in one of the first meetings to reference or evaluate	146	10 (20%)	23 (37%)	11 (33%)	0.15
I use small talk with voice users	146	20 (40%)	27 (43%)	3 (9.1%)	0.002
I provide voice users with a video introducing myself and my practice	146	8 (16%)	3 (4.8%)	2 (6.1%)	0.13
I offer voice users a sample lesson and/or session	146	14 (28%)	6 (9.5%)	2 (6.1%)	0.01
I follow a formal evaluation or screening test with voice users	146	9 (18%)	14 (22%)	1 (3.0%)	0.051
I attend performances of voice users with whom I currently working	146	36 (72%)	28 (44%)	25 (76%)	0.002
¹ n (%)					
² Pearson's Chi-squared test; Fisher's exact test					

Variable	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
I show investment in the other classes or coursework of voice users	146	21 (42%)	15 (24%)	12 (36%)	0.11
I take an interest in voice users as people outside of their voices	146	26 (52%)	25 (40%)	11 (33%)	0.2
I am aware of Individualized Education Program (IEP) requirements and/or other learning accommodations needed	146	16 (32%)	24 (38%)	8 (24%)	0.4
I ask voice users about their learning styles and/or preferences	146	18 (36%)	19 (30%)	4 (12%)	0.054
I attend performances of any voice users, not just ones I know	146	29 (58%)	18 (29%)	17 (52%)	0.004
I read academic publications outside of my field	146	24 (48%)	28 (44%)	18 (55%)	0.6
I record and watch my lessons or sessions with voice users	146	13 (26%)	15 (24%)	13 (39%)	0.3
I take voice lessons for my own vocal development	146	17 (34%)	9 (14%)	3 (9.1%)	0.007
I hold a professional membership(s)	146	23 (46%)	18 (29%)	3 (9.1%)	0.002
¹ n (%)					
² Pearson's Chi-squared test; Fisher's exact test					

F.6 – CHECK ALL THAT APPLY MOTIVATION RESULTS

Variable	N	ToS, N = 50 ¹	SLP, N = 63 ¹	Both, N = 33 ¹	p-value ²
Service to individuals	146	32 (64%)	41 (65%)	11 (33%)	0.006
Service to community	146	23 (46%)	27 (43%)	18 (55%)	0.5
Taking care of others	146	27 (54%)	32 (51%)	16 (48%)	0.9
Collaborating with other voice professionals	146	22 (44%)	28 (44%)	14 (42%)	>0.9
Working with people	146	23 (46%)	25 (40%)	7 (21%)	0.067
Using creativity	146	24 (48%)	25 (40%)	4 (12%)	0.003
Using problem-solving techniques	146	23 (46%)	22 (35%)	5 (15%)	0.015
Being challenged	146	22 (44%)	16 (25%)	5 (15%)	0.012
Mentoring others	146	20 (40%)	11 (17%)	4 (12%)	0.004
I was/am inspired by personal mentors	146	17 (34%)	9 (14%)	2 (6.1%)	0.003
Building relationships with voice users	146	20 (40%)	12 (19%)	2 (6.1%)	<0.001
Variety in my line of work	146	16 (32%)	13 (21%)	2 (6.1%)	0.018
Positive feedback from voice users and/or their family members	146	20 (40%)	13 (21%)	4 (12%)	0.009
Success in voice users	146	20 (40%)	14 (22%)	5 (15%)	0.025
¹ n (%)					
² Pearson's Chi-squared test; Fisher's exact test					

APPENDIX G: Social Media Accounts

Better Voice LLC [@bettervoice](#)

Christie DeLuca, Voice SLP [@speakingboldly](#)

Dr Shannon Coates [@voiceped](#)

Duke Voice Care Center [@dukevoicecare](#)

Innovative Voice Studio [@innovativevoice](#)

Matt Edwards [@edwards_voice](#)

Pan-American Vocology Assoc. [@pava_vocology](#)

Sarah Whitten [@vocalyogi](#)

VOCO - Vocology for Singers [@vocologyforsingers](#)

Vocology in Practice [@vocologyinpractice](#)

APPENDIX H: Excerpts from a Sample Syllabus for Individual Differences in Music Learning

Description

This course is an in-depth study of individual differences in music learning and development. Specific attention is given to learner variability in music learning environments in terms of ability/disability, gender, culture, and socioeconomic status. Using the framework of Universal Design for Learning, students are engaged in a process for making music learning concepts accessible in a variety of inclusive environments.

NOTE: Our focus for Fall 2020 will be on disability studies and music teacher preparation. We will also focus on anti-racism and racial equity within the context of music education and in light of pivotal recent events.

Prerequisites

Admission to the PhD in Music Program or permission of the instructor

Course Goals and Objectives

At the completion of the seminar, students will be able to:

1. demonstrate familiarity with research-based and scholarly contributions pertaining to a specialized topic within the study of individual differences and supervise an informative and stimulating discussion of this topic; and
2. demonstrate a good working knowledge of the process of designing research studies, collecting data, and reporting findings of the systematic collection and analysis of these data in formats acceptable for publication in research journals.

Texts & References

There is no required textbook for this course. The instructor will provide a series of readings from professional journals, books, and other print and online resources. Readings may be drawn from the following:

Selected Books and Chapters

Adamek, M.S. & Darrow, A.A. (2005). *Music in special education*. Silver Spring, MD: The American Music Therapy Association.

American Psychological Association (2010). *Publication manual* (6th ed.). Washington, D. C.: Author. (Required; purchase at Bookstore or online from Amazon.)

Colwell, R., & Richardson, C. (Eds.). (2002). *The new handbook of research on music teaching and learning*. New York: Oxford University Press.

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- Fuelberth, R. & Laird, L. (2014). *Tools and stories: Preparing music educators for successful inclusive classrooms through universal design for learning*. In Malley, S. (Ed.), *Exemplary programs and approaches in arts and special education*. Washington, DC: Office of VSA/Accessibility Education Division, The John F. Kennedy Center for the Performing Arts.
- Jellison, J. (2015). *Including everyone: Creating music classrooms where all children learn*. New York: Oxford University Press.
- Jellison, J.A. (2006b). *Including everyone*. In G. McPherson (Ed.), *The child as musician*. (pp. 257-272). New York: Oxford University Press.
- Hammel, A. & Hourigan, R. (2011). *Teaching music to students with special needs: A label-free approach*. Oxford University Press.
- Howe, B., Jensen-Moulton, S., Lerner, N. W., & Straus, J. N. (2016). *The Oxford handbook of music and disability studies*. Oxford: Oxford University Press.
- Longmore, P. K. (2003). *Why I burned my book and other essays on disability*. Philadelphia: Temple University Press.
- Mastropieri, M. A. & Scruggs, T. E. (2010). *The inclusive classroom: Strategies for effective differentiated instruction*. Upper Saddle River, NJ: Pearson Education, Inc.
- Ockelford, A. (2008). *Music for children and young people with complex needs*. Oxford: Oxford University Press.
- Phillips, K. H. (2008). *Exploring research in music education and music therapy*. New York: Oxford University Press.
- Turnbull, A., Turnbull, R., & Wehmeyer, M. L. (2007). *Exceptional lives. Special education in today's schools*. Upper Saddle River, NJ: Merrill Prentice Hall.

Selected Journals—music education and disability studies

American Journal on Intellectual and Developmental Disabilities
British Journal of Music Education
Bulletin of the Council for Research in Music Education
Disability & Society
Disability Studies Quarterly
Disability and Rehabilitation
Disability and Rehabilitation: Assistive Technology
Focus on Autism and Other Developmental Disabilities
International Journal of Music Education
Journal of Disability Policy Studies
Journal of Intellectual & Developmental Disability
Journal of Intellectual Disabilities

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Journal of Learning Disabilities

Journal of Literary and Cultural Disability Studies

Journal of Music Therapy

Journal of Research in Music Education

Journal of Special Education

Journal of Teaching Disability Studies

Learning Disability Practice

Learning Disability Quarterly

Music Education Research

Music Therapy Perspectives

Research Studies in Music Education

MUED 989J-Doctoral Seminar: Individual Differences in Music Learning**Course Schedule**

Date	Module/Topic	Assignments
Week of August 17	Module 1: Course Introduction Topics: Individual Differences overview; Music and Special Education-Inclusion;	Module 1 Readings on Canvas Complete asynchronous activities on Canvas
September 2	Module 2 Topics: Music and Special Education/Inclusion Disability Studies *Collaborative research project overview *Resources for a review of research literature	Module 2 Readings on Canvas Please bring two research articles—one related to Music and Special Education/Inclusion and one related to Disability Studies—to share with peers
September 16	Module 3 Topics: Special Education and Music Teacher Preparation Disability Studies Intersectionality *Outline of our collaborative project *Writing sections of a research report	Module 3 Readings on Canvas Work on assigned Review of Literature Section; be prepared to give an oral progress report.
September 30	Module 4 *Review of Literature	DUE: Annotated Lit Review Entries via RefWorks; minimum = 10 entries
October 14	Module 5 Topic: Anti-racism, Racial Equity, and Music Education	Module 5 Readings on Canvas
October 21	<i>BTAA Music Education Research Conference, 4:00-7:00 PM EST.</i>	Details are available on the BTAA Music Education website (http://www.btaamusiced.com/).
October 28	Module 6 Topic: Culturally Responsive Teaching and Music Teacher Preparation	Readings posted to Canvas by discussion leader

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November 11	Module 7 Topic: Gender and Music Teacher Preparation	Readings posted to Canvas by discussion leader
November 18	Module 8 Topic: Learning Styles and Music Teacher Preparation	Readings posted to Canvas by discussion leader
November 23 (Monday)	** **1:00-3:00pm (<i>this is our assigned final exam time</i>) Research Project Section Presentations	DUE: Assigned section of research project; Section presentation to Seminar

APPENDIX I: Singer Intake Form

Singer Intake Form

GENERAL

Name: _____ Email: _____
 Age: _____ Phone Number: _____
 Preferred Pronouns: _____ Preferred contact: Call / Text / Email

Hobbies/interests:

What is the most important thing you want me to know about you?

MUSICAL BACKGROUND

Have you taken voice lessons before? Yes / No

If so, for how many years:

Briefly describe previous training:

Previous teacher(s):

Secondary instrument(s), if any, as well as years studied:

School experiences: Band / Choir / Orchestra / Theatre / Other

Have you ever had trouble getting along with a teacher? Yes / No

If you answered yes, please explain, this helps me understand your preferred style of receiving instruction:

What are your expectations of your training with me?

I learn in the following ways (circle all that apply):

Audio / Visual / Kinesthetic / Other, explain:

Who is your favorite singer or your favorite genre(s) of music? Which artists influence your sound?

What is your usual vocal style(s)?

Please rank the following in order of priority:

_____Vocal technique and development	_____Performance Anxiety
_____Vocal workout regime for touring/performing	_____Vocal health issue
_____Teacher training	_____Other, please explain:

Give 2-3 links to your music (e.g.YouTube or Soundcloud URL):

Current performance load (gigs per month) or estimation of how many minutes a day you sing/use your voice:

Do you play an instrument when you sing? If so what?

Music/performance education and background:

Can you read music? (Y / N). If yes, to what extent?

HEALTH

Have you ever seen an Ear Nose and Throat specialist or had speech therapy? If yes please say when, what was diagnosed, the treatment and any follow up conclusions:

Do you have any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> History of vocal issues such as vocal nodules, polyps, bleeding |
| <input type="checkbox"/> Hay fever/allergies | <input type="checkbox"/> Hypermobility (double jointed) |
| <input type="checkbox"/> Gastric reflux | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Thyroid issues | <input type="checkbox"/> Postnasal drip |
| <input type="checkbox"/> Hormonal issues | |

What medications are you taking currently? Please include over the counter and contraceptive pill.

Do you have any other medical issues or history of major surgery?

Are you a smoker?

Yes, if so, # of cigarettes per day: No

Alcohol consumption?

<input type="checkbox"/> Not when I am singing	<input type="checkbox"/> Weekly
<input type="checkbox"/> When I sing	<input type="checkbox"/> Socially
<input type="checkbox"/> Daily	<input type="checkbox"/> Never

Do you have another job? If so, what is the job and how often you do it?

Is this job vocally demanding or taxing?

Estimated...

hours of sleep each night
 oz of water per day
 minutes of exercise per day, describe:
 stress level (1-10, 1 being not stressed, 10 being significantly stressed)

GOALS

What are some of your vocal strengths?

Top 3 long-term goals:

One vocal goal for this year:

One academic goal for this year:

Is this a: () Hobby () Professional Career for you?

One personal goal for this year:

**We would also include a privacy statement on real form*

APPENDIX J: Singer Reflection Form

WEEKLY LESSON NOTES

DATE:

WORKED ON: (can be completed during lesson)

WHAT I NEED TO DO:

WHAT I NEED FROM MY TEACHER: (text/email within 48 hours if you haven't received materials)

REFLECTION: (to be completed within 48 hours of lesson)

Think about affirmations, motivations, and corrections:

GOALS FOR THIS WEEK:

Think about professional/academic, musical, and personal goals:

WEEKLY REFLECTION

1 – Lesson Day
2
3
4
5
6
7

How did this week help me progress towards my short- and long-term goals?

What questions, concerns, or comments do I need to bring up in my lesson?

What are my goals for next week?

Other reflections: