

BMPF7008: Work-based Learning Project

Accent Method in Singing: A Singing Teacher's Reflection on Literature and Training

Student Name: Emma O'Reilly

Student Number: 2116236

Contents

Contents	2
Project Proposal	4
Project Report.....	6
Introduction	6
Methodology	6
Literature Review	6
Training	7
Research Journal.....	8
Findings	10
Literature Review	10
Training	12
Research Journal.....	15
Conclusion	19
References	21
Appendices	25
Appendix 1: Gannt Chart	25
Appendix 2: Ethics form	26
Appendix 3: Project information sheet	47
Appendix 4: Participant consent form	49
Appendix 5: Video Log and open coding	51
Appendix 6: Training Notes and open coding	51
Appendix 7: Analytic memos for analysis of training	51
Appendix 8: The Research Journal	51
Appendix 9: Diagram of Research Journal Analysis.....	52
Appendix 10: Initial Coding of Research Journal.....	53
Appendix 11: Analytic Memos for Coding of Research Journal	53
Appendix 12: Holistic Coding of Reflective portions of Research Journal	53
Appendix 13: Diagram comparing initial code and first cycle	54
Appendix 14: Classic Accent Method - Phase 1, 2 and 3	55
Appendix 15: Notated Exercises for Phase 2	58
Appendix 16: Hand, Arm and Body movements	61
Appendix 17: Fricatives and closed Vowels	63
Appendix 18: Rationale for the phases of AM	65

Appendix 19: Findings from Thyme-Frøkjær & Frøkjær-Jensen (2001), Grouped by
Measurements 67

Appendix 20: Phase 3 of AM, Modified for Singing 69

Project Proposal

1. Project Title

Accent method in Singing: A singing teacher's reflection on literature and training

2. The Context

McDonald (2019) suggests that evidence-based pedagogy is central to best practice for teachers of singing. In line with this, as an early-career singing teacher, I will study an evidence-based practice to improve breathing for singing, namely the Accent Method (AM). AM is a behavioural therapy that can successfully address certain pathologies or problems in speech, through a system of exercises that gradually train the abdominal muscles to create the appropriate pressure for different vocal tasks (Thyme-Frøkjær and Frøkjær-Jensen, 2001). AM has been applied to singing by pedagogue Janice Chapman (Chapman, 2017), with promising results for singing in a recent study (Morris and Hutchison, 2016). As a novice researcher, reading about, training in, and reflecting on AM seem appropriate tools: all will deepen my knowledge and allow practice of the skills necessary to develop credible qualitative research.

3. Justification

AM is a well-researched technique in Speech and Language therapy, with promising results for singers (Kotby et al., 1991; Thyme-Frøkjær and Frøkjær-Jensen, 2001; Morris and Hutchison, 2016). Studying AM through peer-reviewed articles and pedagogical texts will develop my knowledge, providing a sound basis for teaching breathing to singers. Training with an SLT may increase my skills and ensure safe practice. Inter-professional mentorship can improve a practitioner's confidence and heighten their sense of efficacy and competency (Johnson, 2020; Marshall and Gordon, 2010), and have positive impacts on objective measures of competency after training or mentorship has occurred (Pfund et al, 2014; Lau et al., 2016). A short amount of training can yield significant improvements in student achievement in singing, such in Shaw et al., (2020) and Mahony, et al. (2022), which supports the findings of Lau et al. (2016). The research journal of unstructured observations will support recall, capture rich, complex data about the process of learning, and provide an opportunity to develop reflexive skills (Dey, 1993).

4. The Intended Impact

I intend to develop my teaching and research skills through reading about, training in and reflecting on AM. It will also help me to practice AM safely, understanding when to refer a student for specialised support - outcomes that are in line with with Vocal Health Education's courses for Vocal first Aiders and Vocal habilitation professionals (Vocal Health Education, 2022a, 2022b). This may also yield improved connections to SLTs in the UK in case of future referrals. The autoethnographic journal will develop my ability to gather and code data, improving my skills as a qualitative researcher (Hoey, 2014).

5. The outlined intention

Three methods will be used: an extended literature review, training with an SLT, and a research journal. Reading literature relevant to AM will facilitate an understanding of the technique, preparing me to maximise my training with the licensed SLT. I will find a suitable candidate using recommendations from colleagues and lecturers, alongside online research, preferring SLTs with experience of working with singers. The SLT will determine the parameters of training, which will take place over Zoom. Sessions will be recorded, the SLT will be reimbursed for their time, and their written consent obtained in advance. Their expertise may provide a contrasting perspective to the literature, and observations about this will be included in the final report. Research journals and recordings will house observations and reflections on the process and content of learning, and

facilitate accurate reporting. Coding and analysing this information will support the development of reflexivity (Coen et al, 2018). This project will run between October 2022 and January 2023. Please see the Gantt chart in Appendix 1 (p.25) for more detail.

6. The ethics and insider research

The SLT will receive an information sheet and a consent form in advance. In my notes and in the report they will be anonymised, unless they wish to provide written consent to be credited for their expertise. Any information likely to disclose their identity or location will be removed. Data will be stored on a password protected laptop in a password protected folder, with any videos and documents containing personal information deleted on submission of the project. Email communication with the SLT will be deleted. Some information may be stored on my hard drive, which is encrypted and password protected. I will include as little of my own personal information as possible in the report. As an insider researcher, the tension between objectivity and subjectivity must be managed to produce a credible report (Dunscombe, 2010). The methods in the proposed project serve as triangulation, where training, reading, and reflection offer differing perspectives, enhancing balance and criticality (Creswell and Creswell, 2018).

7. Personal Learning Outcomes

I aim to:

- Improve my knowledge of AM for singing using peer-reviewed literature and pedagogical texts.
- Undergo training with a licensed SLT in order to ensure best practice.
- Keep a research journal for observations about the process, accurate recall of information, and development of quantitative research skills.

Project Report

Introduction

The Accent Method (AM) is a form of voice therapy in the field of Speech and Language Therapy that uses behaviour modification to address faulty vocal production by training healthy patterns of breath and phonation (Morris and Hutchison, 2016). It was created by Svend Smith in 1930 to address the need for additional therapeutic activities to address vocal pathologies, and developed alongside Kirsten Thyme-Frøkjær (Thyme-Frøkjær and Frøkjær-Jensen, 2001; Morris and Hutchison, 2016). AM aims to build awareness and improve the co-ordination of the interdependent systems responsible for phonation - the respiratory system, the phonatory system, and the articulatory system (Morris and Hutchison, 2016). This is achieved through exercises and postures that gradually build in intensity through the duration of the therapy. Semi-occluded vocal tract exercises (with an emphasis on voiced and unvoiced fricatives in the early stages) improve vocal fold closure and allow for the monitoring of airflow, while repetition of the exercises at pre-defined speeds (or tempos) builds conscious awareness of movements in the respiratory system, thereby cultivating efficient use of air pressure (Thyme-Frøkjær and Frøkjær-Jensen, 2001). As an early-career singing teacher, learning about evidence-based approaches to key areas of singing is a priority for me. I first encountered AM in Janice Chapman's work (Chapman, 2017); and as I applied some of the recommended exercises in practice, it emerged there was much about the method that I didn't understand, regarding its practice and the research base that supports it. This study aims to improve my knowledge through the use of literature, training, and to reflect on this process from the perspective of a practitioner, while developing my skills as a researcher.

Methodology

Three key methods will be used in this study: a Literature review, training with a Health and Care Professions Council (HCPC) registered Speech and Language Therapist (SLT), and an ethnographic research journal to record and analyse reflections of the learning process. Each of these methods are considered in more detail below. As this work seeks to analyse and report on a subjective data by an insider-researcher through the findings of a research journal and the experience of an SLT, it falls within the social constructivist paradigm and will require layers of qualitative analysis (coding) to combat subjectivity and bias, and ensure validity and credibility (Creswell and Creswell, 2018 p.8).

Literature Review

A literature review can sensitise the researcher to key concepts, problems, and biases within a specific field (Coen et al., 2018). The learning from the literature review is an outcome of this study, and is discussed in the findings section. As this study explored the potential application of AM for singing, several types of literature were included: Peer-reviewed articles, pedagogical texts, and YouTube videos. The latter sources are not peer-reviewed, but pedagogical texts offer context for breathing in singing teaching, and videos offer demonstrations of sounds and movements related to AM. The review was carried out online. Key words used as search terms were noted in a spreadsheet. For each keyword, the volume of results, names of seemingly relevant articles, authors and year of publication were noted. Abstracts were reviewed to assess relevance for inclusion before reading articles in full. To facilitate this, key acronyms were noted against each article to indicate its relevance as per image 1 (T = Therapy, AM = Accent Method, G= General breathing, SOVT = Semi-Occluded Vocal Tract).

The majority of the literature review occurred within the first six weeks of study, as per Appendix 1, but continued to a lesser degree throughout the study. Reviewing literature in advance of training

Image 1. Key acronyms used to assess articles based on abstracts

Literature Review Accent Method and Singing						
T = Therapy, AM = Accent Method, G = General breathing, SOVT = SOVT, P = Pedagogy						
Year	Author	Title	Relevant? (from Abstract)	Classify	Summary	Status
2001	Thorpe et al.	Patterns of Breath Support in Projection of the Singing Voice	Y - cited widely in Watson, 2014, so it seems important to read it, and it relates directly to singing.	G, S	Ribcage and abdominal motions recorded during professionals singing an aria - greater projection = larger ribcage, decrease in abdom. dimensions. Incl. graphs references tables	Read
2006	Hixon	Chapter: Prelude	Y - Hixon widely cited in Watson (2014) and Morris & Hutchison (2017).	G	Specific reference in this chapter to breathing for singing.	Read
2008	Björkner, E.	Musical Theater and Opera Singing - Why so Different? A Study of Subglottal pressure, Voice Source, and Formant Frequency Characteristics	TBD - Important to have studies about the impact of different sub glottal pressures on singers.	S	MT and Opera measured for formant frequencies, subglottal pressure, closed quotient.	TBD
2009	Collyer, S., Kenney, D., Archer, M.	Listener Perception of the Effect of Abdominal Kinematic Directives on Respiratory Behaviour in Female Classical Singing	Y	G, S	Measured whether changes in abdominal engagement produced audible impacts on the sound. Concludes that habitual breathing behaviours are important. Measurements of movements seem to be taken in study listed below.	Read

allowed time to process and reflect on learning, minimising the time spent explaining AM in training, and maximising discussion about its application. This also bolstered the training's role as a source of triangulation, as it offered a different perspective from the literature.

Training

The application of Acceptance and Commitment Coaching (ACC) to support singing students with Music Performance Anxiety (MPA) offered a frame of reference for training, as singing teachers undertook seven to eight hours of training with a clinical psychologist before practice (Shaw et al., 2020; Mahony, et al., 2022). As AM is used for health purposes, training in this method with a licensed SLT was deemed appropriate. Recommendations from lecturers, colleagues, and organisations like the British Voice Association were used to research SLTs, alongside Google, Twitter, LinkedIn, and other websites where practitioners provided information about their practice and contact details. Potential candidates and relevant organisations were contacted over one month (See Table 1), with information sheets provided via email (See Appendix 3, p.47). Of six respondents, 2 were not trained in AM. When a potential participant was identified, the parameters of training were discussed over Zoom. They proposed two one-hour sessions a week apart and their fee was agreed. A consent form was signed in advance of training (See Appendix 4, p.49).

Table 1: A summary of contact during SLT research

Contacts	Contacted	Responses	Declined*	Responded - more information	Accepted
Organisations	4	3	1	-	-
Voice Clinics	2	2	-	-	-
Private Practitioners	6	5	3	2	1

*2 Practitioners indicated they did not have training in AM, 1 Indicated they were unavailable, but and despite training in AM they did not feel comfortable delivering training, 1 has retired.

The participating SLT is:

- A singer and singing teacher with 26 years of experience
- A HCPC registered SLT with 10 years of experience and a private practice

- A graduate of Music (BA and PGcert)
- An author of published work used to inform clinical practice in Speech and Language Therapy with respect to singers
- A lecturer who has taught with the British Voice Association (BVA), the Association of Teachers of Singing (AOTOS), The Royal College of Speech and Language Therapists (RCSLT), among others
- British Association for Performing Arts Medicine (BAPAM) registered
- Trained in the principles of AM by Sara Harris and Dinah Harris

Training consisted of discussions and demonstrations of AM. Training was recorded to facilitate reflection and analysis of learning, and notes were taken during the sessions (Jewitt, 2012). See Table 2 for analysis process.

Table 2: Analysis of Video and Notes from Training

Stage	Coding methods	Purpose
Data Preparation & Initial code	- Creating a video log for each session, adding tentative codes (Appendix 5, p.51) - Adding tentative codes to notes taking during training (Appendix 6, p.51)	- Identify key points of learning, facilitate recall (Jewitt, 2012) - Observe codes that emerge more than twice, or patterns (Saldaña, 2016)
First Cycle	- Drawing quotations from data to test tentative groups, and re-organising accordingly - Axial Coding - Use of analytic memos (Appendix 7, p.51)	- InVivo codes communicate SLT's presentation of the concepts (Saldaña, 2016, Creswell and Creswell, 2018) - To check for the validity of the emergent groups (Denscombe, 2010) - Axial coding entails the grouping of similar codes together to form categories (Saldaña, 2016)
Second Cycle	- Axial coding and holistic coding used to explore broader themes or priorities in the SLT's practice - Creating diagrams	- Relating data to the aims of the study, and constructing broader categories (Dey, 1993; Saldaña, 2016, - Using visual aids to explore the links between emergent themes and concepts (Creswell and Creswell, 2018)

Research Journal

The ethnographic research journal was used to capture observations, insights, reflections, and the process of learning (Appendix 8, p.51). New entries were added when working on the project, and a total of 37 entries were analysed. The data emerging from this process was plentiful, but subjective in nature. To combat this aspect of insider-research, an inductive approach was taken to allow the themes to emerge from the data itself, as in grounded theory (Coen et al., 2018). The coding process is outlined in Table 3, with further detail in Appendix 10 (p.53) Ultimately two themes emerged from within the journal, grouped under Practical concerns and Reflective concerns in the findings section.

Table 3: Analysis of Research Journal

Stage	Coding methods	Purpose
Creating entries	- Attribute coding - Dates and summaries added to entries	- Organisation of the data for ease of access and analysis (Saldaña, 2016)

Initial	- Initial coding (See Appendix 11, p.53) - Magnitude coding (in analytic memos, Appendix 12, p.53)	- Initial coding utilises a range of codes to interpret data, sensitising the researcher to its content and possible categories (Saldaña, 2016) - Frequency of codes show patterns and importance of certain concepts or ideas in the data (Denscombe, 2010)
First Cycle	- Holistic coding - sections about "Reflection" analysed (See Appendix 13, p.54) - Re-coding this data with open coding, and reflection - Comparison with findings from Initial coding cycle with aid of diagrams (See Appendix 12, 14, p.53, 55)	- Relating the journal to the aims of the study, for a qualitative account of the learning (Dey, 1993) - Recoding and rereading can lead to more meaningful interpretations (Dey, 1993) - Exploring the links between two cycles of analysis with visual aids (Creswell and Creswell, 2018)
Second Cycle	- Pattern Coding (supported by InVivo coding) - Subcoding - Magnitude coding - Concept coding - Analytic memos used for interpretation (Appendix 12, p.53)	- Grouping InVivo codes into a smaller number of categories and observing the patterns (Saldaña, 2016). - Subcoding created more nuance within categories (Saldaña, 2016) - Frequency of codes suggested a hierarchy of concerns (Denscombe, 2010)
Third Cycle	- Analytic memos used to note thoughts and interpretation - Subcoding - Creation of a diagram (See Findings and Appendix 10, p.53) - Theoretical coding	- Theoretical coding interrogates how different themes and concepts interact with a view to creating theory (Coen, Mannion and Morrison, 2018)

Findings

Literature Review

The Accent Method: A Rational Voice Therapy in Theory & Practice by Kristen Thyme-Frøkjær and Børge Frøkjær-Jensen (2001), and *If in Doubt, Breathe Out* by Ron Morris and Linda Hutchison (2016) are central texts to the understanding of AM in this study. Thyme-Frøkjær is a key figure in the development of AM, and carried out a significant portion of the research about it with Frøkjær-Jensen, as discussed in their book (2001). Morris and Hutchison (2016) ultimately apply AM to singing, but their descriptions of the structure AM draw on Thyme-Frøkjær and Frøkjær-Jensen (2001) directly. Many of the studies assessing the efficacy of AM were behind paywalls and unavailable for review, thus this section relies on Thyme Frøkjær and Frøkjær-Jensen (2001) for both its descriptions of AM and as a source for many key studies. An outline of the method is available in:

- Appendix 14 (p 55) - Outlines the structure of “classic” AM in three phases
- Appendix 15 (p 58) - Notated exercises for Phase 2
- Appendix 16 (p 61) - Hand, arm and body movements
- Appendix 17 (p 63) - Fricatives and closed vowels
- Appendix 18 (p 65) - A detailed rationale for each phase.

BREATHING

AM is a holistic therapy that treats the mechanisms of speech simultaneously, balancing the muscles of inhalation and exhalation with phonatory and articulatory muscles (Thyme-Frøkjær and Frøkjær-Jensen, 2001, p.8, p.105). Many exercises within the method begin with attention to the movements of breathing, which should be well-established in the singer before progressing to further stages (Morris and Hutchison, 2016, p.112). Understanding the breathing mechanism is therefore relevant. Pedagogical texts for singers and singing teachers often group breathing muscles into two: the muscles of inhalation, and the muscles of exhalation (Thyme-Frøkjær and Frøkjær-Jensen, 2001; Watson, 2014; Morris and Hutchison, 2016; Ragan, 2020; LeBorgne and Rosenberg, 2021). During inhalation, the diaphragm contracts and descends, displacing the visceral organs, creating lower pressure in the lungs, thus drawing in air (Watson, 2014; Morris and Hutchison, 2016). The external intercostal muscles draw the ribcage up and outward, increasing the space available for the lungs to expand (LeBorgne and Rosenberg, 2021). Inhalation at rest (tidal breathing) is driven by the contraction of the diaphragm, with small volumes of air taken in (Watson 2014). For speech, the duration of inhalation is shorter, and more air is drawn into the body in preparation (Conrad and Schönle, 1979). AM is designed to train people to inhale the correct amount of air for speech tasks, and the exercises in Appendix 15 (p.58) show the cultivation of a shorter inhale over time (Thyme-Frøkjær & Frøkjær-Jensen, 2001). Inhalation for singing can be speech-like, as seen in country singers in Hoit et. al. (1996), but classical teachers like Janice Chapman train a quicker, more voluminous inhalation as “the volume of air required for each breath is considerably greater than for speech” (Thorpe et al., 2001; Watson, 2014; Chapman, 2017).

The muscles of exhalation are the Rectus abdominis, and the abdominal wall, which includes the transverse abdominis, the external and internal oblique muscles, the Internal intercostal muscles, and the pelvic floor (Malde, et al., 2020). In exhalation, the diaphragm releases, creating an elastic recoil, and the muscles of the abdominal wall contract and draw in, creating pressure in the lungs to expel the air (Chapman, 2017). The inner-intercostal muscles draw the ribcage in and down, which can increase pressure (LeBorgne, 2021). In tidal breathing, the recoil from the relaxation of the diaphragm is sufficient for exhalation (Watson, 2014). For speech, expiration increases in duration, and the volume of air flow decreases, with parameters varying according to the speech task (Conrad and Schönle, 1979). The exercises in Phase 1 and Phase 2 of AM (Appendix 14,15,16, pp. 55, 58, 61) train control over the differing air pressures required for various rhythms

and durations of phrases, such as we find in speech (Thyme-Frøkjær and Frøkjær-Jensen, 2001, p.118). The arm, forearm and body movements are thought to relieve tension (Thyme-Frøkjær and Frøkjær-Jensen, 2001, p.111). For singing, untrained singers make few adjustments to the patterns for exhalation (Hoit et al, 1996). Trained singers show significantly more engagement; when lung volumes are very high, the muscles of inhalation remain active at the onset of exhalation, with the muscles of exhalation engaging once lung volumes have lowered (Morris and Hutchison, 2016). Thereafter the muscles of the chest wall and abdominal wall work together to maintain a consistent air pressure (Thorpe et al, 2001; Watson, 2014). The combined processes of inhalation and exhalation here are referred to as abdomino-diaphragmatic breathing, and this is cultivated by AM (Morris and Hutchison, 2016).

THE EFFICACY OF AM

Significant research into AM was carried out with “some 440 clinicians, students of logopedics, and several hundred clients” with vocal pathologies by Thyme-Frøkjær and Frøkjær-Jensen (2001, p. 144). Details of the measures used and the studies cited are in Appendix 19 (p.67). Their research finds that AM:

- Promotes faster abdominal contraction
- Increases vital capacity (somewhat)
- Improves glottal efficiency and closure in both hyperfunction and hypofunction,
- Increases the pitched and dynamic range of the voice
- Improves overall vocal function

89% of participants in Kotby et al. (1991) showed decreased symptoms across a range of vocal pathologies after using AM, and vocal nodules became smaller in all cases. This study noted increased speed in abdominal contraction, increased glottal efficiency, and improved sub glottal pressure (Kotby et al., 1991). Fex et al, (1994) found improved vocal function in disphonic participants, and increased pitch range. Shiromoto (2003) found pitch and dynamic range greatly improved in all participants, with faster contractions of the abdominal muscles than prior to training. AM can be prescribed as a form of treatment or complimentary therapy pre or post surgical intervention (Kotby et al., 1991; Abdelgoad and Alrusayyis, 2022). Morris and Hutchison (2016), in the only study available on AM for singing, found undergraduate singing students training in AM developed a significantly bigger dynamic and pitch range than the control group, and experts judges preferred their singing. No statistically significant differences were found between the groups with respect to contraction of the abdominal muscles, or the length of time students could sustain sound, but the results obtained by those using AM are still significant for singers.

SINGING PEDAGOGY & AM

Pedagogical texts reviewed for this study contain extensive reviews of literature about breathing, giving detailed information about the respiratory system, aiming to exploit natural movements for singing (Champan, 2017; Ragan, 2020; LeBorgne and Rosenberg, 2021). Teachers working in a range of genres cite AM directly as a useful method for teaching breathing - Chapman, Morris and Hutchison, deal primarily in classical voice, Chandler with popular styles, and Ragan, LeBorgne and Rosenberg discussing both classical and popular genres (Chapman, 2017; Chandler, 2014; Morris and Hutchison, 2016; Ragan 2020; LeBorgne and Rosenberg, 2021). Researchers and teachers like Hixon, (2006), Watson (2014), Malde et al. (2020) and LeBorgne and Rosenberg (2021) describe abdomino-diaphragmatic breathing in their writing. In singing, this breathing is sometimes called “belly in” breathing, where the abdominal muscles are allowed to draw inwards on the exhalation. Studies about breathing for singing find varied approaches in use: Speech-like respiratory strategies are used by country singers, which differ from classical singers, where faster, deeper inhalations and higher lung volumes can be observed (Hoit et al., 1996; Thorpe et al., 2001). Both are compatible with AM, as these forms of breathing do not contradict abdomino-diaphragmatic breathing pattern, but rather exploit it to a greater or lesser degree. Studies show directives can influence a singer's breathing (Foulds-Elliot, 2000; Thorpe et al., 2001; Collyer et al, 2009a), although a singer's reporting of such may not always be accurate (Griffin et al., 1995; Collyer et al., 2009a). Thorpe et al., (2001) discusses its findings in the context of training beyond

a single directive, with reference SPLAT ('Singers Please Loosen Abdominal Tension, developed by Chapman) and its clear imprint on the participants of the study in their breathing patterns (Chapman, 2017). It is possible to conclude that training is useful for developing appropriate breathing patterns, although this will vary from singer to singer.

MODIFICATIONS TO AM FOR SINGING

AM is designed to gradually develop control of abdominal contractions, as "efficient voice production is based upon the activity of the abdominal muscles" (Thyme-Frøkjær and Frøkjær-Jensen, 2001 p. 3). As efficiency of vocal production is important for singers, Phase 1 and Phase 2 of AM are useful, but require modification to prepare the singer for the "muscular energy commonly known as support" (Morris and Hutchison, 2016, p.89). Morris and Hutchison (2016) offer these adaptations to the "classic" structure in the context of 10 years of delivering AM for singers in groups.

- A short inhalation is adopted early in Phase 1
- "Support", is introduced at the end of Phase 1 using Primal sounds (such as laughing, crying, a cough) so the singer can feel the energy required to support singing. This is built into the exercises lying on the side, seated, and standing.
- Fricative sounds are favoured over closed vowels, as they allow for monitoring of the airflow by teacher and student.
- The rhythms used in Phase 2 are slightly more challenging, often with faster inhalation to encourage the students to explore partial release of the abdominal muscles.
- Phase 3 is modified significantly to lead the student into singing (See Appendix 20, p.69). This transition overlaps with Phase 2, and begins once students have mastered the exercises in Tempo I.

As a teacher, it is easy to see how these methods can be spread out in private lessons, which is valuable for application in the singing studio where time is limited, and a 10-week course in AM is mapped out for use with groups by Morris and Hutchison (2016, pp. 137-149).

LIMITATIONS OF AM

Not all aspects of AM were easily understood from the literature. Understanding the forearm and hand movements from Thyme-Frøkjær and Frøkjær-Jensen (2001) and Morris and Hutchison (2016) required grey literature to supplement descriptions of movements in Tempo I, II, the sounds of close vowels, and how the exercises might be paired with drums (Intech centre, 2021; Mostafa Refaee, 2018). I could not find examples of the hand movements for Tempo III (Thyme-Frøkjær and Frøkjær-Jensen, 2001). The result is a limited understanding of these movements in this study. The review was hindered by the availability of peer-reviewed material, as many studies about the efficacy of AM are behind paywalls, making it difficult to assess AM independently, rather than relying on the conclusions of Thyme-Frøkjær and Frøkjær-Jensen (2001) and Morris and Hutchison (2016). The review does not address posture, Semi-occluded vocal tract (SOVT) exercises, or phonatory and articulatory mechanisms, all of which pertain to AM's holistic model of treatment. Finally, breathing for singing generally requires further research, and additional studies addressing the application of AM to singing are needed. These limitations notwithstanding, the results of Morris and Hutchison (2016) combined with the literature from singing pedagogy and the Speech and Language therapy present a strong argument for exploring the application of this method in my own teaching.

Training

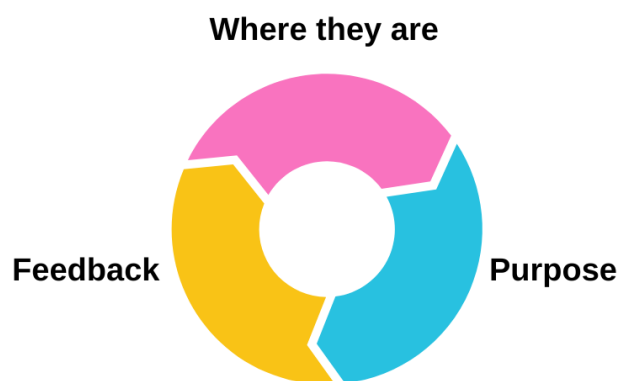
The Accent Method in Practice

In the SLT's practice, AM is used primarily to develop awareness of abdomino-diaphragmatic breathing using a framework of exercises at the individual's own pace; this aligns with Thyme-Frøkjær and Frøkjær-Jensen (2001). Their goal is usually to counter glottic inefficiency; to their knowledge, AM is used most often to treat hyperfunction of the vocal folds (mostly presenting as strained and pressed phonation). This is consistent with the findings in Appendix 19 (p.67). The SLT reflects that AM offers individuals support to "think through" speech tasks, building from small units of speech to prosody. Their description of applying AM contains many of the exercises in Thyme-Frøkjær and Frøkjær-Jensen (2001) and Morris and Hutchison (2016) in the advocated order, although some steps from these texts are not mentioned, or are unfamiliar to the SLT, who has never used the full protocol of AM in their practice, using other methods to bridge individuals into prosody. This possibility is noted by Thyme-Frøkjær and Frøkjær-Jensen, who caution that progression to Phase 3 should constitute a response to the needs of the individual (2001, p.134). Of AM and singing for SLTs generally, they note that AM's goal of "easy voicing" sits within experiential reach of most SLTs "because they speak", but they have not always experienced the range of pressures required to support different registers, tonal qualities, and intensities of vocal use when singing; thus AM is a starting point for singing; this aligns with Morris and Hutchison's modifications to AM for singing (2016). The SLT suggests multiple applications for singers - as a cooldown, as a tool for conditioning during quiet periods, and as a support to the singing teacher in confidently selecting exercises with a basis in evidence.

Prioritising the individual

The needs of the individual govern the SLT's use of AM in practice, and a fluid and flexible approach to practice arises from this focus. This was expressed in three InVivo terms from the data - "Where they are", "Purpose" and "Feedback", which function interdependently as a form of criteria for the exclusion or inclusion of exercise or protocols. In addition to being stated explicitly, these cornerstones of practice were modelled by the SLT in their approach to training. (See Figure 1).

Figure 1. Prioritising the individual



"Where they are"

The SLT forms a holistic view of the individual before treatment. Case studies of the individual are created, psychological and physical issues impeding phonation are noted, in addition to lifestyle and ability, before determining which treatment may be most successfully undertaken. For

example, they note the postures in Phase 1 of AM are not universally accessible (due to mobility, co-morbidity, or trauma), and therefore, certain postures may be unhelpful, or may present differently in different bodies. They question whether certain exercises will fit into the individual's lifestyle, and thus have a chance of being practiced at home. Learning styles, the duration of appointments with the individual - all are factors that may render certain stages or aspects of AM inappropriate for the individual.

“Purpose”

The SLT constantly relates exercises to their intended purpose, influenced by “where they are” and individual “feedback”. In this way methods and exercises are constantly assessed for relevance, and modifications are made where appropriate. As the SLT use AM primarily as a tool for awareness in practice, they never use drum tracks or drums (Thyme-Frøkjær and Frøkjær-Jensen, 2001; Mostafa refaee, 2018), preferring to align the pulse to the natural rhythm and lung capacity of the individual they are working.

“Feedback”

The SLT constantly seeks visual and verbal feedback in practice. Clinical tools like rating effort on a Likert scale, or analysing the difference between phonation times on /s/ and /z/, referred to as the S/Z ratio, assist in assessing for pathology (Rao et al., 2020), while voice diaries, direct questioning, observation and sensory tools (like the individual feeling their breath on the back of their hand) provide further information about the individual's progress and experiences.

AM is measured against these criteria constantly in their practice, never used simply because it can be cited as efficacious - it too is subject to trial and error in practice. Every exercise selected must be justified by “where they are” and “feedback” in order to have a clear “purpose”, and the SLT advises not to feel “confined to continuing with the Accent Method if you feel that they have got it...I'd go in where they are. It's feedback, always feedback from what they're experiencing.” For AM, this can mean cycling quickly through phases, skipping stages, or moving to a new model of treatment entirely. I did not anticipate such an adaptive application of AM prior to training.

Demonstrations and clarifications

As noted in the literature review, several aspects of AM are difficult to observe from written reports; specifically sounds and movements involved. Body movements from Phase 1 and 2 of AM were addressed in training - particularly the “Skater's position” movements (Appendix 16, (p.61), where I was unsure how to co-ordinate more complex accented exercises with the movement (Thyme-Frøkjær and Frøkjær-Jensen, 2001). Through workshoping, it was determined that this movement was not required to be aligned to each accent. Ethical considerations around consent when using touch in practice, particularly for young students, was discussed drawing from both our practices (Coen et al., p.124). Breathy tone utilised in AM was a source of concern prior to training, as I was unsure how to identify if such a tone was unhealthy. The SLT advised that breathy tone would be useful for releasing tension for hyperphonation, but that breathy tone was more likely to be a problem in the context speech or singing, rather than individual exercises within AM. They advised that breathy tone is an issue in specific contexts: if the individual reports excessive effort, pain or discomfort in speech or singing tasks, a lack of access to clear tone, or if tone is a stylistic factor for them as a singer. This kind of context for breathy tone had not appeared in the literature I had read about breathing or AM. The SLT also represented AM as continually developing and evolving, discussing adaptations of singing teachers to the methods as a positive and necessary evolution. Discussion with them about my own practice also highlighted that aspects of AM are already present in my practice (SPLAT, fricative and SOVT exercises), and offered further advice and additions to exercises from AM to support students (adding a book on the abdominals to the first Phase exercises, for example).

Misconceptions and bias

The highly structured, formal tone of information retrieved during the literature review may have created assumptions about AM might be, and how SLTs would conceptualise and practice it. These assumptions were challenged during this process, namely:

- That training of SLTs in AM would be widespread and accessible
- That a common framework for training practitioners in AM existed
- That my training would use this common framework
- That application of AM would largely consist of the steps outlined in Appendix 14 (p.55)
- That an SLT would be the most qualified person to provide training.
- I had not considered the individual's perspective as a potential factor in the efficacy of AM.

Kotby et al. (1991) and Abdelgoad and Alrusayis (2022) advise that AM can be prescribed as a form of treatment, which may have caused me to infer that SLTs would be trained in AM during their studies, or that training would be more broadly available. In reality, many respondents were not trained in AM, and there appear to be no independent training courses currently available in the UK, with few practitioners comfortable providing such. SLTs were not prescriptive about training; rather both positive respondents were interested in what I wished to learn. The idea of practicing AM as strictly as it appears in peer-reviewed literature and key texts was also misguided. The SLT highlighted that priorities of empirical studies call for formal structure to achieve their aims - easy replication, comparison, generalisability (Chilisa and Kawulich, 2012). Whereas in therapeutic settings (and singing lessons), evidenced-based tools support individual outcomes. Assumptions about expertise in AM appear in the criteria set for training. Working with registered SLTs appeared to be the most appropriate approach based on best practice from Shaw et al.(2020), but AM this appears to be more nuanced. Two highly regarded SLTs, recommended to me as being the most proficient in AM in the UK, both independently recommended training with a singing teacher known for their work with AM, which I had not expected. Prior to training, I had not considered how that individual experiences and context might impact on AM's efficacy. In the training, the SLT spoke often of "Filtering": the idea only a selection of what we present will be used or applied by the individual. The SLT connected this to continued professional development as a singing teacher exploring different methods, and posited that just as "we can filter out ourselves what's useful and what's not, we always have to remember that that's what other people are doing." In this way, a strict application of any method may be neither possible nor desirable.

While the rationale behind the use of AM by the practitioner sat well with the findings of the literature review, this training offered a more holistic view of its application. While some aspects of this training, like the philosophies of practice used by the SLT, may have been possible to discover within literature related to therapeutic practice, the time constraints and the scope of the literature review in this study may otherwise have been a barrier to this knowledge. While the application of AM in my own practice may have yielded similar insights, this could take a considerable amount of time to develop, and could be critiqued for being unmoored from the perspective of an experienced SLT. In future training on AM, I would likely seek further clarity on the hand movements described in Thyme-Frokjær and Frokjær-Jensen (2001), as they were not discussed in this training. As this training is one SLT's subjective account of AM, it may also be useful to undertake further training with other practitioners to generate a clearer picture of the practice in a broader context. Despite these limitations, this training greatly expedited the process of understanding how the larger context of AM informs practice, and how practice interacts with literature. It has also increased my confidence that this is a method I can apply ethically and safely in my teaching.

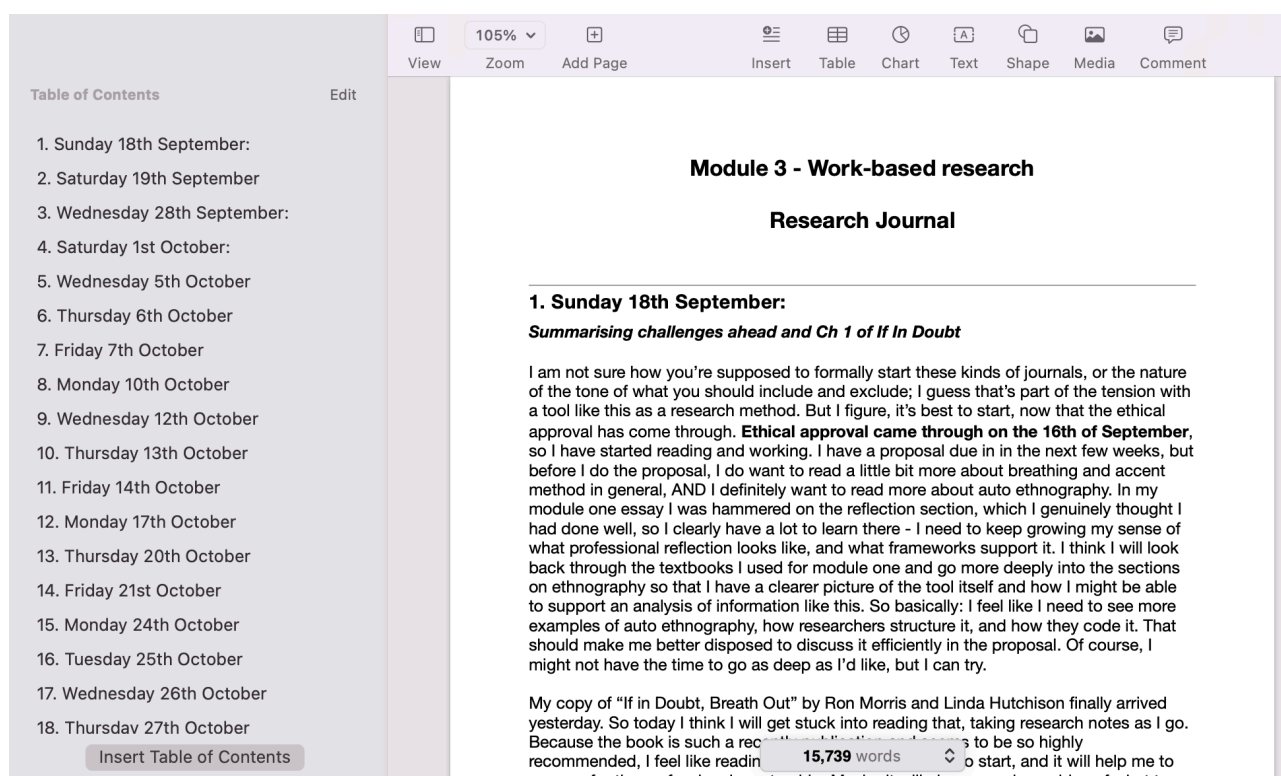
Research Journal

Practical concerns - Planning and reporting

While the research journal aimed to capture observations about the process of learning, the initial cycle of analysis highlighted the functionality of the journal rather than reflection (Appendix 9, p.15), in particular "Assignment parameters" (with 156 codes) and "Planning and reporting (with 89

codes). While “Assignment parameters” and the other categories in the initial cycle are represented within later coding cycles, “Planning and Reporting” is not. Yet “Planning and Reporting” shows the active role of the data in the process of learning. At the micro level of line-by-line interpretation, data within this category contains progress reports, succinct learning summaries, to-do lists, ideas for progress, and inspiration. At the macro level of the body of entries, a sense of planning and looking toward reporting can be found: entries were neatly organised, dated, with informative headings, and formatted so each entry could be accessed easily (See image 2). This category may fall outside of expected autoethnographic concerns, more rooted experiential data (Cohen et al., 2018), but it reveals consistency and organisation, which are important when using ethnographic methods (Creswell and Creswell, 2018). As a learning outcome of this study was the development of skills pertinent to qualitative research, the emergence of this category and the qualities it represents may indicate learning as a result of the study.

Image 2: Organisation, consistency, and ease of access in the Research Journal



Reflective concerns - Integrating working cultures a a novice practitioner

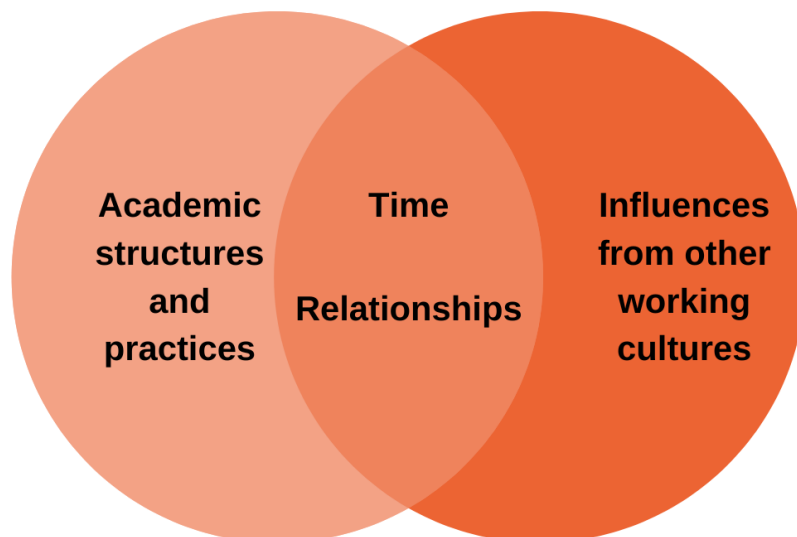
“The cart goes before the horse sometimes, because when you don’t know what a cart or a horse is, it’s understandable that you’d get them in the wrong order.”

In reflective passages of the journal, a key feature was not reflection on AM itself, but the challenges of learning about, and integrating different working cultures in order to produce the study as a novice. Figure 2 shows a diagram with “Academic structures and practices” overlapping with “Influences from other working cultures”. “Time” and “Relationships” exert a further influence on the act of balancing the learning across these elements.

“Academic Structures and Practices”

Figure 2. Reflective concerns

Integrating working cultures as a novice researcher-practitioner



The most prominent concern in the data was filtering learning about AM through academic parameters particular to a researcher and student undertaking an assignment at Masters level. The majority of data representative of this challenge features expressions of overwhelm, frustration, and a perceived lack of knowledge.

"Trying to focus my reading on understanding the subject at hand...trying to find additional time to read more on reflection makes me want to cry. There is just too much I don't know already."

However some academic parameters like deadlines, analytic processes, and the support of a supervisor are positive and useful:

"[My tutorial] was reassuring and helpful. I was worried about not having enough done but ...I feel a bit better now and I think I can start writing soon."

"The journaling process and the coding process will be useful in helping me to get a clearer picture of what I've learned."

"Influences from other working cultures"

Within this data, professional commitments as a freelance teacher, performer, and recording artist impact on the learning experience. Data relating to learning about the working cultures of SLTs are also featured here. This category is often in tension with "Academic Structures and Practices", as both categories require time and money to function, leading to feelings of anxiety and overwhelm.

"I worry about my twin careers as teacher and artist - the money I need to put into making my own music, vs. the money I need to take courses and grow as a singing teacher."

Prior experiences and working cultures within singing teaching positively impact the learning. The practice of continued professional development (CPD) within teaching is motivating (if challenging with limited resources).

"It's hard to get into gear with so much going on...that's part of what this upskilling journey is about. I want opportunities...and that means growing my skillset and my understanding."

Previous experience of self-led development as a teacher contribute to criticality when engaging with and preparing to report on literature, particularly with respect to grey literature in academic practice.

"Part of what makes accent method and other teaching methods difficult to piece together is the fact that these are embodied practices... We [practitioners] want to be able to watch how the exercises sit in a person's body, hear how it should sound on someone's voice. It's hard to get that from a book or an academic paper. So my use of the YouTube video for example, would probably have been considered "unnecessary" in the face of great research on close vowels, but that's only if you are already bringing knowledge of what they are and what they sound like to the table."

The data also shows the learning was impacted by prior experiences of communicating with professionals within the music industry. Assumptions about professional communication were carried over into expectations about communication within Speech and Language Therapy.

"I'm very used to a policy of "don't follow up if you don't get a reply" and "don't call us, if you're good enough we'll call you. No seriously - don't call us". I'm very used to people having a right to say whatever they want about you in email responses and comments".

"I was not expecting to be treated with kindness, or frankly, respect, by anyone I communicated with".

"Time"

"Time" was a significant factor in the learning experience, and often a negative one. The codes in this category encompassed the time available to complete the project, most frequently with respect to the tension between professional demands and study (as we have seen in the discussion of working cultures). The time available was part of the challenge of drawing together the intersecting working cultures that formed the context of this research - personal, academic, and professional commitments that all require attention:

"I have so little time tomorrow; an appointment in the morning, a tutorial in the afternoon, teaching,...and a Patreon song to get done into the mix. I - again - feel under confident about this."

Such comments formed a substantial portion of the data in this group. The rate of progress was a common concern, and seems to suggest an anxiety and lack of confidence with respect to time and management when so many aspects of the working cultures involved are unknown or novel.

"A big part of my trepidation with time...is that as a novice, I don't feel I have the experience to assess how long it will take."

Time was discussed positively in the context of reading without note-taking (which only occurred once), and reflecting on the consistency of the journal entries during the initial coding process.

"Reading more and naturally it happens at a more satisfying pace than when I stop to take notes"

"...seeing the dates lined up, I have been pretty consistent."

The difficulty of managing time to engage in CPD could be said to be consistent with other studies; In primary and secondary education, the management of time is cited as a barrier to collaborative professional development (Kennedy, 2011). In Further Education, increased

workloads exacerbate the difficulty of engaging in CPD (Broad, 2015). Time is also a significant barrier to CPD in healthcare in a range of studies (Dent et al., 2007; Kanamu et al., 2017; Madi and Hamzeh, 2022). In this case, the findings of the research journal may speak to broader difficulties in engaging with CPD.

“Relationships”

Relationships positively affect learning within the data overall. This encompasses contact with the academic supervisor, the participating SLT, and previous experience of working with students. These relationships are frequently characterised as “helpful”, and seem to be directly linked to tangible moments of learning.

“It’s so helpful to be able to ask about those [communication] boundaries and see someone model how to look into them.”

Where relationships are linked to anxiety in the data, this is often in conjunction with being seen to meet academic expectations, or with a negative self-assessment of professional ability.

“I felt worried that my instinct and feeling wasn’t a good enough reason...Does my final report look better with more queries attached, so I have more participant numbers?”

“I just feel like a fraud as a teacher”.

In a discussion of collaborative CPD, interviewees cite the importance of good working relationships, and express “overwhelming support” for sustainable, systemic collaborative learning as part of their ongoing development (Kennedy, 2011). In Further education, the “impoverished” teacher and CPD networks mean many teachers must develop their skills in isolation, without recourse to experts in their field (Broad, 2015). These studies seem to highlight the importance of working relationships with other professionals to support the process of CPD.

While the aim of this study was to learn about AM, other unanticipated areas of knowledge were necessarily developing to fulfil the criteria of a work-based learning project for a Masters qualification. This required consistent consideration and integration of academic practices, my own professional practice, and collaboration with an SLT, and constitutes the main challenge encountered while learning about AM. Time constraints - as a novice - were primarily a negative influence, while relationships with other people were primarily positive and linked to moments of growth and learning. Several limitations of this analysis relate to managing the competing areas of learning within the project. The potential of the journal as a reflective tool was compromised by a lack of awareness about how to prepare for coding and incorporate regular reflection, and a late introduction of the coding process to the data may have led to a weaker interpretation (Coen, Mannion and Morrisson, 2018; Creswell and Creswell, 2018). This may be because the literature review, training, and research journal were prioritised over further reading into qualitative analysis and methods. While coding was used to mitigate the subjectivity of an insider-researcher analysing their own journal, ethnographic accounts are thought to provide little reliability and generalisability, which could be exacerbated by my novice status as a researcher (Dunscombe, 2010).

Conclusion

The learning outcomes of this study were to develop my understanding of AM as it appears in peer-reviewed literature and pedagogical texts, to complete training with a licensed SLT with a view to best practice, and to reflect on the process through research journal, developing my analytical skills. The literature review and training each offered different perspectives of AM, with the former being more structured, and the latter being more holistic. These methods have resulted in a much clearer understanding of AM, despite the limitations of literature available, and the subjectivity of a single SLT’s perspective, such that I feel I can introduce aspects of AM into my practice safely. The findings from the Research Journal were surprising; while reflections about AM

were the intended outcome, the interweaving of different working cultures in learning emerged as a subject of study in its own right. As the context for this project is very specific (a novice researcher and singing teacher in the context of a masters programme), it is unclear how generalisable these findings are, though it seems that time and relationships emerge as factors in research about CPD (Kennedy, 2011; Broad, 2015). As an insider researcher, rich data about the learning process was collected, while clear information about cycles of analysis have been provided to manage subjectivity through reflexivity (Hoey 2014, Coen et.al, 2018). More research and training is still necessary for me to address aspects of AM, such as a greater understanding of phonatory and articulatory mechanisms, as well as SOVT exercises, which could be approached through literature. Further training in AM in person would be beneficial and continued to broaden my understanding of AM in practice. Better preparation of future ethnographic methods, and continued reading about qualitative research, could provide greater reflexivity, and thus more reliable findings in future studies (Hoey, 2014).

Word Count: 7903

References

- American Lung Association (2022) 'Lung Capacity and Aging' Available at: <https://www.lung.org/lung-health-diseases/how-lungs-work/lung-capacity-and-aging> (Accessed 5th January 2023)
- Bernardoni, N.H., D'Alessandro, C., Doval, B., and Castellengo, M. (2004) 'On the use of the derivative of electroglottographic signals for characterisation of nonpathological phonation', *The Journal of the Acoustical Society of America*. 115 (3), pp.1321-1332.
- Broad, J., (2015) 'So many worlds, so much to do: Identifying barriers to engagement with continued professional development for teachers in further education and training sector', *London Review of Education*. 13(1) pp.1-16.
- Chandler, K. (2014), 'Teaching Popular Music Styles' in (eds.) Harrison S.D. and O'Bryan, J. *Teaching Singing in the 21st Century*. Berlin: Springer Dordrecht, 35-51.
- Chapman, J., (2017) *Singing and Teaching Singing: A Holistic Approach to Classical Voice*. 3rd Ed. San Diego: Plural Publishing.
- Chilisa, B. and Kawulich, B. (2012), "Selecting a Research Approach: Paradigm, Methodology and Methods" in C. Wagner, B. Kawulich & M. Garner (Eds.), *Doing Social Research: A Global Context*. New York: McGraw Hill. pp. 51-61.
- Coen, L., Mannion, L., Morrison, K., (2018) *Research Methods in Education*. 8th Ed. Abington: Routledge.
- Collyer, S., Kenny, D.T., Archer, M., (2009a) 'The effect of abdominal kinematic directives on respiratory behaviour in female classical singing', *Logopedics Phoniatrics Vocology*. 34, pp. 100-110.
- Collyer, S., Kenny, D.T., Archer, M., (2009b) 'Listener Perception of the effect of Abdominal Kinematic Directives on Respiratory Behavior in Female Classical Singing', *Journal of Voice*. 25(1), pp.e15-e24.
- Conrad, B., and Schönle, P., (1979), 'Speech and respiration'. *Archiv für Psychiatrie und Nervenkrankheiten*. 226, pp.251-268.
- Crowther, S., Ironside, P., Spence, D. And Smythe, L., (2017) "Crafting Stories in Hermeneutic and Phenomenology Research: A Methodological Device", *Qualitative Health Research*. 27(6) pp.826–835.
- Dastolfo-Hromack, C., Thomas, T.L., Rosen, C.A., Gartner-Schmidt, J. (2016) 'Singing Voice Outcomes Following Singing Voice Therapy', *The Laryngoscope*. 126(11) pp.2546-2551
- Denscombe, M., (2010) *The Good Research Guide: For small-scale social research projects*. 4th Ed. Berkshire: Open University Press.
- Dent, A.W., Weiland, T.J., and Paltridge, D., (2007) 'Australasian emergency physicians: A learning and educational needs analysis. Part Five: Barriers to CPD experienced by FACEM, and attitudes to the ACEM MOPS programme', *Emergency Medicine Australasia: EMA*. 20(4), pp. 339-346.
- Dey, I., (1993) *Qualitative Data Analysis: A User-friendly guide for social scientists*. New York: Routledge.

Fex, B., Fex, S., Shiromoto, O. and Hirano, M. (1994) 'Acoustic analysis of functional dysphonia: Before and after voice therapy (accent method)', *Journal of Voice*. 8 (2), pp.163-167.

Foulds-Elliott, S.D., Thorpe, C.W., Cala, S.J., and Davis, P.J (2000) 'Respiratory function in operatic singing: effects of emotional connection', *Logopedics Phoniatrics Vocology*. 25(4) pp.151-168.

Griffin, B., Woo, P., Colton, R., Casper, J., and Brewer, D., 'Physiological Characteristics of the Supported Singing Voice. A Preliminary Study', *Journal of Voice*. 9 (1), pp. 45-56.

Hixon, T., (2006) *Respiratory Function in Singing: A Primer for Singers and Singing Teachers*. Arizona: Redington Brown.

Hixon, T., Goldman, M.D., and Mead, J., (1973) 'Kinematics of the Chest Wall during Speech Production: Volume Displacements of the Rib Cage, Abdomen, and Lung.' *Journal of Speech and Hearing Research*. 76, pp.78-115.

Hoit., J.D., Jenks, C.D., Watson, P.J., and Cleveland T.F., (1996) 'Respiratory function during speaking and singing in professional country singers', *Journal of Voice*. 10(1) pp. 39-49

Huckvale, M, (2021) 4. *Voice - PALS0009 Introduction to Speech Science*. Available at: <https://www.phon.ucl.ac.uk/courses/pals0009/week4.php> (Accessed 13th October, 2022).

Intech centre (2021), *Close Vowels | The Sounds in English | English Pronunciation | IPA Phonetic Chart | Practice* [Video]. Available at: <https://www.youtube.com/watch?v=Vz5XrzEAoUM> (Accessed 12th October, 2022).

Jewitt., C., (2012), *An Introduction to using Video for Research*, London: National Centre for Research Methods

Johnson, K.F., (2020), 'Counselor trainee' inter professional self-efficacy after a career development intervention', *Journal of Employment Counselling*. 57(4) pp. 146-162.

Kanamu, G.K., Van Dyk, B., Chipeya, L. And Ndenga Kilaha, S., (2017), 'Barriers to continuous professional development participation for radiographers in Kenya', *African Journal of Health Professions Education*. 9(1) pp 17.

Kasuya, H., Ogawa, S., Mashima, K., Ebihara, S., (1986) 'Normalized noise energy as an acoustic measure to evaluate pathologic voice', *Journal of Acoustical Society of America*. 80(5) pp.1329-34.

Kennedy, A., (2011), 'Collaborative continuing professional development (CPD) for teachers in Scotland: aspirations, opportunities and barriers', *European Journal of Teacher Education*. 34 (1), pp. 25-41.

Kotby, M.N, El-Sady, S.R., Basiouny, S.E., Abou-Rass, Y.A., Hegazi, M.A., (1991), 'Efficacy of the Accent Method of Voice Therapy', *Journal of Voice*. 5(4), pp. 316-320.

LeBorgne, W.D, Rosenberg, M., (2021), *The Vocal Athlete*. 2nd Ed. San Diego: Plural Publishing.

Lau, C., Ford, J., Van Lieshout, R. J., Saperson, K., McConnell, M., McCabe, R., (2016) 'Developing Mentoring Competency: Does a One Session Training Workshop Have Impact?'. *Academic Psychiatry*. 40 pp.429-433.

Madi, M., and Hamzeh, H., (2022) , 'Continuing Professional Development of Jordanian physiotherapists: A survey of activities, facilitators and barriers', *Physiotherapy Practice and Research*. 43(2) pp. 1-7.

BMPF7008: Work-based Learning Project
Student Name: Emma O'Reilly
Student Number: 2116236

Mahony, S.E., Juncos, D.G, Winter, D., (2022) 'Acceptance and Commitment Coaching for Music Performance Anxiety: Piloting a 6-week Group Course With Undergraduate Dance and Musical Theatre Students', *Frontiers in Psychology*. 13: 830230

Malde, M., Allen M., Zeller, K.A. (2020) *What Every Singer Needs to Know About the Body*. 2nd Ed. San Diego: Plural Publishing

Marshall, M., Gordon, F., (2010) 'Exploring the role of the interprofessional mentor', *Journal of Interprofessional care*. 24(4) pp. 362-374

McDonald, L., (2019) "A mentoring paradigm for voice pedagogy programs", *Journal of Singing*. 75(3) pp. 297-302.

Morris, R., Hutchison, L., (2017) *If In Doubt, Breathe Out!: Breathing and Support for Singing based on the Accent Method*. Oxford: Compton Publishing

Mostafa refaee (2018) 'Smith Accent' [Video]. Available at: <https://www.youtube.com/watch?v=xbxhe26d6uQ> (Accessed 8th January 2023).

National Health Service (2022) 'Peak Flow Test'. Available at: <https://www.nhs.uk/conditions/peak-flow-test/> (Accessed 5th January 2023).

Paterson, M., Higgs, J. (2005), 'Using hermeneutics as a qualitative research approach in professional practice', *The Qualitative Report*. 10(2), pp.339-357.

Pfund, C., House, S., Asquith, P., Fleming, M., Bhur, K.A., Burnham, Eichenberger Gilmore, JM., Huskins, W.C., McGee, R., Schurr, K., Shapiro, E., Spencer, K.C., Sorkness, C.A. (2014), 'Training Mentors of Clinical and Translational Research Scholars: A Randomised Controlled Trial', *Academic medicine: Journal of the Association of American Medical Colleges*. 89(5) pp.774-82

Ragan, K. (2020) *A Systematic Approach to Voice: The Art of Studio Application*. San Diego: Plural Publishing.

Rao, S.M.S, Koripalli, K., Apoorva, P., and Malipatil, V., (2020), 'Study of maximum phonation time and S/Z ration in laryngeal paralysis', *International Journal of Otorhinolaryngology and Head and Neck Surgery*. 6(9), pp. 1627-1631.

Saldaña, J. (2016), *The Coding Manual for Qualitative Researchers*. 3rd Ed. London: Sage Publications Ltd.

Shaw, T.A., Juncos, D.G., and Winter, D. (2020) 'Piloting a New Model for Treating Music Performance Anxiety: Training a Singing Teacher to Use Acceptance and Commitment Coaching With a Student'. *Frontiers in Psychology*. 11(882). DOI: <https://doi.org/10.3389/fpsyg.2020.00882>

Shiromoto, O., (2003) 'Management of Non-Organic Voice Disorders: Physiological bases of Accent Method for non-organic voice disorders' *International Congress Series*. 1240, pp. 1269-1276.

Suliman, Z., Kruger, W., and Pienaar, J.A., (2020), 'Continuing professional development (CPD): a necessary component in the workplace or not?', *The Journal of Medical Laboratory Science & Technology, South Africa*. 2(1), pp. 41-45.

Sundberg, J. (1974) 'Articulatory interpretation of the "singing formant"', *Journal of the Acoustical Society of America*, 55(4), pp.838-844.

Anouka Ltd., (2022) 'Fricative Consonant sounds', *The Sound of English* [Website]. Available at: <https://thesoundofenglish.org/fricative-consonants/> (Accessed on 15th January 2023).

BMPF7008: Work-based Learning Project
Student Name: Emma O'Reilly
Student Number: 2116236

Thyme- Frøkjær, K., Frøkjær-Jensen, B. (2001), *The Accent Method: A Rational Voice Therapy in Theory & Practice*. Bicester: Speechmark.

Top Hat Tutorials (2020a) Resp - Chest expansion anterior [Video]. Available at: <https://www.youtube.com/watch?v=7yDQzSb4Xp8> (Accessed on 10th December 2022).

Top Hat tutorials (2020b) Resp - Examination of the posterior chest [Video]. <https://www.youtube.com/watch?v=BG7ITKt88sc> (Accessed on 10th December 2022).

Tosi, P.F. (1743) *Observations on the Florid Song, or Sentiments on the Ancient and Modern Singers*. Translated by J.E. Galliard. London: J. Wilcox.

Thorpe, C.W., Cala, S.J., Chapman, J., Davis, P., (2001), 'Patterns of Breath Support in Projection of the Singing Voice', *Journal of Voice*. 15(1), pp.86-104.

Vocal Health Education (2022a) 'Vocal Health First Aid Scope of Practice'. [Website]. Available at: <https://www.vocalhealth.co.uk/vocal-health-first-aid-scope-of-practice/> (Accessed 11th January, 2022).

Vocal Health Education (2022b) 'Vocal Habilitation Professional Scope of Practice'. [Website]. Available at: <https://www.vocalhealth.co.uk/vocal-habilitation-professional-scope-of-practice/> (Accessed 11th January, 2022).

Watson, A., (2014) 'Breathing in Singing' in Welch, G., Howard, D., Nix, J. (Eds.) *The Oxford Handbook of Singing*. Oxford: Oxford University Press.

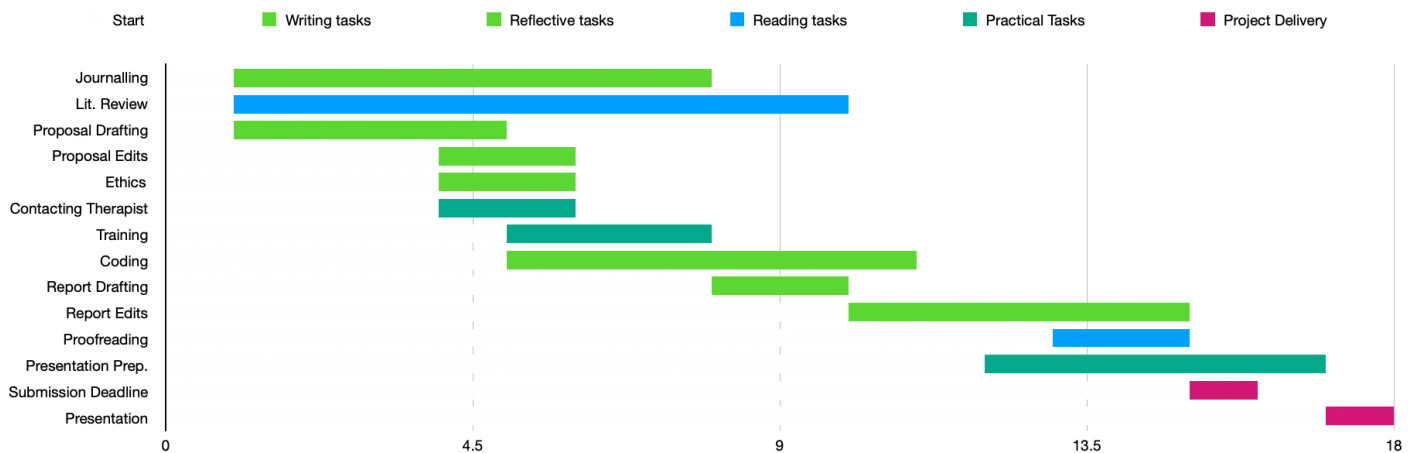
Winter, D., (2020), 'Understanding Research Methods: From Coach to Practitioner Researcher'. Available at 10.13140/RG.2.2.16046.13122

Appendices

Appendix 1: Gantt Chart

Project Gantt Chart

Activities	(In week numbers)	Duration (In Weeks)					Start Date	End Date
	Start	Writing tasks	Reflective tasks	Reading tasks	Practical Tasks	Project Delivery		
Journalling	1		7				18/09/2022	1/12/22
Literature Review	1			9			18/09/2022	24/11/2022
Proposal Drafting	1	4					7/9/22	07/10/2022
Proposal Edits	4	2					07/10/2022	22/10/2022
Ethics - Consent, Codes of practice	4	2					07/10/2022	22/10/2022
Contacting Therapist	4				2		07/10/2022	22/10/2022
Training	5				3		24/10/2022	14/11/2022
Coding	5		6				20/10/2022	1/12/22
Report Drafting	8	2					16/12/2022	12/12/2022
Report Edits	10	5					12/12/2022	01/01/2023
Proofreading	13			2			01/01/2023	04/01/2023
Presentation preparation	12				5		01/01/2023	04/01/2023
Submission Deadline	15					1	5/2/23	05/01/2023
Presentation	17					1	16/01/2023	20/01/2023



Appendix 2: Ethics form

APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

Delete the Guidance Notes at the end of the form BEFORE submitting your application

SECTION A: About You (Principal Researcher)

1	Full Name:	Emma O'Reilly			
2	Tick all boxes which apply:	Member of staff:	☐	Honorary research fellow:	☐
3	Undergraduate Student	☐	Taught Postgraduate Student	☒	Postgraduate Research Student
					☐

4	Institute/Academic Discipline/Centre:	WAPPAR
5	Campus:	Carmarthen
6	E-mail address:	emmaor.music@gmail.com
7	Contact Telephone Number:	07858610540
For students:		
8	Student Number:	2116236
9	Programme of Study:	MA in Professional Practice (Voice Pedagogy)

10	Director of Studies/ Supervisor:	Debbie Winter/Louise Emanuel
----	-------------------------------------	------------------------------

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☒	NO	☐
				Date	
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
3		Institute Research Committee	☐		
4		Other (write in) WAPPAR Ethics Board Representative	☒		

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines.	
1	UWTSD Research Ethics & Integrity Code of Practice	☒
2	UWTSD Research Data Management Policy	☒
3		☐

SECTION D: External Collaborative Research Activity

1	Does the research activity involve collaborators outside of the University?	YES	☐	NO	☒
---	---	-----	--------------------------	----	-------------------------------------

2	If Yes, please provide the name of the external organisation and name and contact details for the main contact person and confirmation this person has consented to their personal data being shared.as part of this collaboration.					
3	Institution					
4	Contact person name					
5	Contact person e-mail address					
6	Has this individual consented to sharing their details on this form?	YES	☐	NO	☐	
7	Are you in receipt of a KESS scholarship?	YES	☐	NO	☐	
8	Is your research externally funded	YES	☐	NO	☐	
9	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	☐
10		Employed	YES	☐	NO	☐
11	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)	If YES then the permission question below does not need to be answered	YES	☐	NO	☐
12	Permission to undertake the research has been provided by the partner organisation	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☐

Where research activity is carried out in collaboration with an external organisation

13	Does this organisation have its own ethics approval system?	YES	☐	NO	☐
14	If Yes, please attach a copy of any final approval (or interim approval) from the organisation				

SECTION E: Details of Research Activity

1	Indicative title:	Accent method in Singing: A singing teacher's reflection on literature and training		
2	Proposed start date:	19/09/2022	Proposed end date:	5/01/2023
3	Introduction to the Research (maximum 300 words) Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the three points below: • <i>Purpose of Research Activity</i> • <i>Proposed Research Question</i> • <i>Aims of Research Activity</i> • <i>Objectives of Research Activity</i> Demonstrate, briefly, how Existing Research has informed the proposed activity and explain • <i>What the research activity will add to the body of knowledge</i> • <i>How it addresses an area of importance</i>			
4	Purpose of Research Activity Accent method is a popular tool for rehabilitation in Speech and Language Therapy settings, and increasingly in singing studios. This research activity engages in professional development in the area of teaching accent method to support students with breathing and phonation. This study will document the practitioner's learning journey, supported by coaching with a speech therapist, and an extended literature review. [60 words]			
5	Research Question What is accent method, and how is it best applied in the singing studio? How does it appear in speech and language therapy in practice, and in the literature? Are there gaps between how accent method is presented in pedagogical literature, peer reviewed research, and in a speech and language therapist's practice? What are the key aspects to training in this technique? [62 words]			
6	Aims of Research Activity To become proficient in Accent method and to develop a high level of understanding of its efficacy and limitations through training with a licensed Speech and Language Therapist, through engagement with scientific literature, and pedagogical texts. The research also aims to provide a practitioner's reflection on undergoing professional development in the field of singing. [54 words]			

7	Objectives of Research Activity • To develop skills in delivering Accent method with the support of a licensed speech and language therapist. • To carry out an extended literature review of accent method utilising research literature and pedagogical texts. • To carry out an auto-ethnographic journal to analyse the process of learning from a practitioner perspective, and to reflect on application to practice. [57 words]
8	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed.
9	Triangulation: To overcome bias and produce credible work, three key areas will provide triangulation: 1) The expertise and experience of the speech and language therapist engaged 2) The varied perspectives to be found in the research and pedagogical literature 3) Analysis of my research journal. Methods: 1) Extended literature review - Exploring accent method in peer reviewed research and pedagogical texts will provide a depth of understanding of the technique, and context for the way in which it is being disseminated to practitioners via pedagogical texts. This will be carried out online. 2) Professional training documented via an unstructured interview - As accent method is a tool from speech and language therapy, and I do not possess a qualification in that area, receiving training from a qualified therapist will provide an opportunity to develop skills to support safe and effective practice. The expert opinion and perspective of an experienced practitioner will also serve to deepen understanding of the context of this technique; its applications and its limitations. I will record these sessions (with permission). 3) Research Journal - An auto ethnographic research journal will be maintained and analysed throughout the process to provide insights and reflections about the process, and about how this technique could be applied to practice. 4) Participant observation – Participant observation will form part of the process. As I will be engaged in a learning journey, this will be unstructured. [223 words] <i>(This box should exceed 600 words)</i>

10	Location of research activity Identify all locations where research activity will take place.
11	Online. (this box should expand as you type)
12	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants.
13	N/A (this box should expand as you type)

14	Use of documentation not in the public domain: Are any documents NOT publicly available?	NO	☒
		YES	☐
15	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with prevailing data protection law of the country in question and England and Wales. (this box should expand as you type)		

SECTION F: Scope of Research Activity

1	Will the research activity include:	YES	NO
2	Use of a questionnaire or similar research instrument?	☐	☒
3	Use of interviews?	☒	☐
4	Use of diaries?	☒	☐
5	Participant observation with their knowledge?	☒	☐
6	Participant observation without their knowledge?	☐	☒
7	Use of video or audio recording?	☒	☐
8	Access to personal or confidential information without the participants' specific consent?	☐	☒
9	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒

10	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
11	Investigation of participants involved in illegal activities?	☐	☒
12	Use of procedures that involve deception?	☐	☒
13	Administration of any substance, agent or placebo?	☐	☒
14	Working with live vertebrate animals?	☐	☒
15	Other primary data collection methods, please explain in this box For example, 'focus groups'. Please indicate the type of data collection method(s) in this box and tick the accompany box.	☐	☒
16	Details of any other primary data collection method: (this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

1	Who are the intended participants:	YES	NO
2	Students or staff at the University?	☐	☒
3	Adults (over the age of 18 and competent to give consent)?	☒	☐
4	Vulnerable adults?	☐	☒
5	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
6	Prisoners?	☐	☒
7	Young offenders?	☐	☒
8	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
9	People engaged in illegal activities?	☐	☒
10	Others (please identify specifically any group who may be unable to give consent) please indicate here and tick the appropriate box.	☐	☒
11	Other – please indicate here: (this box should expand as you type)		

12	Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
13	How many participants are expected?	2 <i>(this box should expand as you type)</i>
14	Who will the participants be?	A licensed speech and language therapist Myself <i>(this box should expand as you type)</i>
15	How will you identify the participants?	I will identify a suitable therapist from recommendations, online research about their standing and activities in the area of speech and language therapy, and ideally also with singing. [28 words] <i>(this box should expand as you type)</i>

16	Information for participants:	YES	NO	N/A
17	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐
18	Will you tell participants that their participation is voluntary?	☒	☐	☐
19	Will you obtain written consent for participation?	☒	☐	☐
20	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☒	☐	☐
21	If the research is observational, will you ask participants for their consent to being observed?	☒	☐	☐
22	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
23	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☒	☐	☐
24	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐
25	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
26	If NO to any of above questions, please give an explanation			
27				

28	Information for participants:	YES	NO	N/A
29	Will participants be paid?	☐	☒	☐
30	Is specialist electrical or other equipment to be used with participants?	☒	☐	☐
31	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
32	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
33	If YES to any question, please provide full details			

34	29: The speech and language therapist will be paid to provide training. 30: Training will be carried out over Zoom and those sessions will be recorded using Zoom, and stored on my laptop. 31: As a singing teacher, increased efficacy in my practice may financially benefit my practice over time. [50 words] <i>(this box should expand as you type)</i>
----	--

SECTION H: Anticipated Risks

1	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form		
2	Full risk assessment completed and appended?	Yes	☐
		No	☒
3	Risks to participants For example: emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		

4	Risk to Participant: 1. Personal data and information being shared without their consent. 2. Having the content of their training, or their opinions and experiences mis-construed in the study. 3. The accent method combines abdominal breathing and Semi-Occluded Vocal Tract techniques (SOVTs). It is a core component of any singing technique and has been used for centuries by singing teachers. The harm involved is not greater than any singing tuition [66 words]	<i>How will you mitigate the Risk to Participant</i> 1. Details of the speech and language therapist providing therapy will be kept in confidence unless written consent is provided to do so. Data gathered from training will be stored on my laptop (including Zoom recordings, notes, and journal entries). The participant will be made aware of what is being recorded and how it is being stored, and will retain the right to review and withdraw the information I hold about them at anytime. 2. Training sessions will be recorded for reference to ensure accurate reporting about their content where relevant. Additionally, the participant will be able to review any aspects of the study that cites their own practice and teaching to ensure the accuracy of that account. 3. There have been no recorded negative impact of using the accent method hence why it is used widely both in speech and language therapy and singing teaching. Abdominal breathing and sovt exercises enable efficient vocal fold closure. To mitigate against any possible harm, I will use vocal hoarseness and fatigue as a barometer and will cease the study if this becomes an issue.
5	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities	
	N/A <i>(this box should expand as you type)</i>	
6	Risks to investigator For example: personal safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest	

	Risk to Investigator: 1. Protection of my own data. 2. The uncovering of previously unknown issues in my own voice, which may cause emotional distress and reveal unknown risks. [26 words] <i>(this box should expand as you type)</i>	How will you mitigate the Risk to Investigator: 1. I will discuss how my data will be managed by the speech and language therapist carrying out the training. I will also need to be careful not to disclose sensitive information about myself in the study. 2. A trained speech and language therapist may spot underlying issues within my own voice. Should this occur, I will seek any support I need to address the issue with a practitioner independent of this study. This would involve an endoscopy to clarify any vocal issues. At the point of the study, I have good vocal health. [92 words]
7	University/institutional risks For example: adverse publicity, financial loss, data protection	
	Risk to University: 1. Ethical misconduct with use of participant data. [7 words] <i>(this box should expand as you type)</i>	How will you mitigate the Risk to University: 1. Informed consent and anonymity will be provided to the study's participant, unless permission is obtained to the contrary in writing. Furthermore, the accuracy of participant's training will be safeguarded through the research journal, recorded sessions, and verification from the participant. [41 words]

8	Disclosure and Barring Service			
9	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
10	Does your research require you to hold a current DBS Certificate?	☐	☒	☐

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
---	--

	My contact information will be made available to the participant. They will be given the opportunity to provide feedback on any accounts of their work, and they can request a copy of the final report. [35 words]
2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	A consent form will be discussed and sent onto the speech and language therapist involved in advance of the commencement of any training. This form will include: 1. Information about the aims of this study 2. Details about how their data is being gathered and stored 3. Contact information for them to ask to view their data at any time 4. Assurances of their right to withdraw at any point during the study 5. Assurances that they will have the opportunity to clarify their account of accent method 6. Assurances of anonymity (if desired), and details about how this will be protected [96 words] <i>(this box should expand as you type)</i>
3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	The participant may wish to have their name included in the study in order to provide due credit to them for their expertise, but this will only be done if the participant confirms in writing that they approve of any use of their name, or mention of their own practice. Should they wish to remain anonymous, any details that may pertain to their identity, the location of their practice or any anecdotal information that could lead to the disclosure of personal data will be omitted. [85 words] <i>(this box should expand as you type)</i>

SECTION J: Data Protection and Storage

In completing this section refer to the University's Research Data Management Policy and the extensive resources on the University's Research Data Management web pages (<http://uwtsd.ac.uk/library/research-data-management/>).

1	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	YES	NO
	"Personal data" means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.	☒	☐
2	If YES, provide a description of the data and explain why this data needs to be collected:		
	Some personal information will be involved in this project, collected through the following means: - Signed informed consent form - This will contain personal information about the person providing training, alongside their signature. This is necessary for records about what information the participant was given ahead of the commencement of the project, and what they have consented to. - Video recordings of training sessions -The recordings will allow me to check the accuracy of my account of the training sessions. They will be deleted after the research report has been submitted. - Notes kept by me during sessions - Taken by me on my laptop to enhance the accuracy of my reflection and learning after training sessions. - Research journal - these notes provide my reflections and analyses of my practice, and will contain some notes relating to the training. [122 words]		
3	Does it involve special category data (as defined by the GDPR)?	YES	NO
	"Special category data" means sensitive personal data consisting of information as to the data subjects' – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	☐	☒
4	If YES, provide a description of the special category data and explain why this data needs to be collected:		
	N/A		

5	Will the research activity involve storing personal data and/or special category data on one of the following:	YES	NO
6	Manual files (i.e. in paper form)?	☐	☒
7	University computers?	☐	☒
8	Private company computers?	☐	☒
9	Home or other personal computers?	☒	☐
10	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
11	"Cloud" storage or websites?	☒	☐
12	Other – specify:	☐	☒
13	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of password protection, encryption, anonymisation and pseudonymisation: All of the data mentioned in Section J, 2, will be managed by me and stored on my laptop, to reinforce my learning and improve the accuracy of my reporting. Copies of information may be transmitted via email (such as the consent form), but the form will be downloaded immediately and the email deleted. After the period of study has concluded, any documents containing personal information will be deleted. My laptop is password and finger-id protected, and the file containing all information relating to the study will also be password protected. As I have a private practice, my laptop is not used by other people. [109 words]		
14	All Data Storage		
15	Will the research activity involve any of the following activities:	YES	NO
16	Electronic transfer of data in any form?	☒	☐
17	Sharing of data with others at the University?	☐	☒
18	Sharing of data with other organisations?	☐	☒
19	Export of data outside the European Union or importing of data from outside the UK?	☐	☒
20	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☒	☐
21	Publication of data that might allow identification of individuals?	☐	☒
22	Use of data management system?	☐	☒
23	Data archiving?	☒	☐
24	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and DPA (and/or any international equivalent):		

	16: Communication about the training process will take place online, likely over email. This will include arranging times and dates, and it will be a part of the process of the participant providing informed consent. These emails will be deleted and any information that needs to be kept on record (i.e. the informed consent form, details of arrangements for training) will be stored on my laptop in a password protected folder. 20: While work email addresses and phone numbers will be preferred where possible, and personal email addresses, phone numbers, or other information will not be requested as part of this study, some speech and language therapists may use personal emails and home offices in their work, or provide personal phone numbers for ease of communication. This information will be stored in a spreadsheet offline, on my laptop in a password protected folder. 23: Drafts, my journals and notes will be stored on a hard drive in a password protected folder on completion of the project - any reference to the participant in these documents, unless with the express written permission of the participant, will use a moniker. All data is subject to the participant's right to withdraw, in which case the information will be deleted and not used in the project. [212 words]
25	List all who will have access to the data generated by the research activity:
	Emma O'Reilly (Principal Investigator)
26	List who will have control of, and act as custodian(s) for, data generated by the research activity:
	Emma O'Reilly (Principal Investigator)
27	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.
	During the working period of the project, any relevant data will be stored in a password protected folder on my laptop, which itself is password and finger-id protected. I am the only person who uses this device. Data will be stored in the form of video files and documents. Any files that contain the participant's personal data will be deleted at the end of the project. Drafts of the study, the final study, my research notes, and notes from training will be archived on a hard drive, but any references made to the participant will use a moniker to protect anonymity. [102 words]
28	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtسد.ac.uk/). If so please explain. (<i>Most relevant to academic staff</i>)
	N/A
29	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtسد.ac.uk/library/research-data)
	YES ☒

	management (see https://www.uwtsd.ac.uk/library/research-data-management/)	NO	☐
30	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒
		NO	☐

SECTION K: Declaration

31	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
	Signature of applicant:	Emma O'Reilly	Date: 2/08/2022

For STUDENT Submissions:

32	Director of Studies/ Supervisor:	Louise Emanuel	Date: 13-9-22
33	Signature:	Louise Emanuel	

For STAFF Submissions:

34	Academic Director/ Assistant Dean:		Date:
35	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.

☒	I confirm that the research activity has received approval in principle
☒	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (and have NOT completed Section H of this form) (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.
☒	I have deleted the guidance notes before submitting the PG2 for consideration

RESEARCH STUDENTS AND STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk, with the title 'Ethical Approval' followed by your name. You will be informed of the outcome of your claim by email; therefore it is important that you check your University and personal email accounts regularly.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

This form is available electronically from the Academic Office web pages: <https://www.uwtsd.ac.uk/academic-office/appendices-and-forms/>

Application Process

All staff research projects and all research students must submit the Ethical Approval Form to the **University Research Ethics Committee** via the Academic Office (pgresearch@uwtsd.ac.uk). Staff research directly in relation to personal study for taught undergraduate or Masters programmes should be submitted via the Institute procedures explained below.

Taught masters and taught undergraduate research Ethical Approval Forms are considered **within Institutes**. Institutes will provide details of the specific processes for this. Where the Ethical issues within any single ethical application are of particular concern the Institute will refer these to the University Research Ethics Committee. Any student activity that involves the collection of primary data needs to undergo Ethical approval, this includes assignment work as well as dissertations.

Notes for guidance in completion of this form

Section A: About You

Please complete all relevant sections

Section B: Approval for research activity

Research proposals must be approved in principle before applying for Ethical Approval. The proposal approval only becomes final when the ethical approval is received.

The process for proposal approval varies according to the individual and programme of study:

- Research students, by application on form PG1 to the Research Degrees Committee
- Taught students by review of research proposal within Institutes (Institutes provide specific details of these processes)
- Staff, by agreement by the Academic Director/Assistant Dean

Section C: External Ethical Guidance materials

Many discipline areas are required to operate with the discipline specific codes of research ethics (for example health, psychology, education etc.), any such codes must be listed and you must tick to confirm that you have consulted with these.

Section D: External Collaborative Research Activity

Provide details of the external collaborative partners, where appropriate you might want to submit a copy of the external collaboration agreement with the Ethical Approval Form. If the partner requires the research to be subject to its own internal Ethical approval process then please provide details of that process and a copy of any final (or interim) approvals received from the organisation.

Section E: Details of Research Activity

Remember that the individuals reviewing this Ethical Approval Form may not have seen your research proposal, and also may not be experts in the specific area of your research. The information provided should therefore be jargon free and clearly stated.

Indicative Title: please use the same title as used on the research proposal.

Purpose: the Ethical approval process will want to ensure that the methods you propose are adequate and appropriate to address the research aims and objectives. Excessive additional data collection can be seen as unethical.

Proposed Methods: the Ethical approval process seeks to ensure that you understand the methods that are intended, and that the implementation of those methods will be appropriate and without unnecessary impact on respondents. This section must explain how the methods described will lead to the collection of necessary and sufficient data, but not excessive data. Please be specific.

Location: this needs to mention geographical location and also local situation (for example, within Local Authority Offices in Cardiff, using a private room but close to other individuals). If you are collecting data within an organisational setting then you need to explain the permissions that you have obtained to do this.

Research Activity outside of the UK: please complete this section in detail, and note any guidance you have received. Also describe your own familiarity (or not) with the location that you will be utilising.

Section F: Scope of Research Activity

Please tick ALL of the research activities that might be undertaken. If any additional types of activity are intended then please add an extra box and describe these.

If you have answered no to all questions in F then sections G and I do not need to be completed. Signatures are still required in section K.

Section G: Intended Participants

Please tick all categories that might apply.

Numbers & Source: if you are using a series of different methods or research activities please list numbers for each stage/phase. Be clear about how you will find respondents. Will you use intermediaries, and if so how? How will you ensure compliance with your sampling strategy?

Information for participants: all participants should be appropriately informed about the research, what is expected of them and what will happen to the information that they provide. The Ethical review process does not ask to see this documentation, but requires this to be reviewed and approved by the Director of Studies in the case of research students, the supervisor/module tutor in relation to students on taught programmes and the Academic Director/Assistant Dean in relation to staff research.

Section H: Anticipate Risks

All research carries some level of risk. The answers you provide to questions in this section will be reviewed to ensure that you have an appropriate understanding of the type of risks involved and how you can mitigate against these risks. If you have completed a full risk assessment, as required for example for laboratory work, field work, clinical tests, diving operations, or by a collaborative partner, you may append that to this form. In that case, please tick the box indicating this has been provided. You will not then be required to complete Section H.

Risk to participants Think very carefully about how your actions/questions/discussions might affect the people you are involving as participants. You might identify the risk as small but it would still be a risk. Many types of question have the potential to make respondents less content with their life / job; you need to recognise and try to ameliorate any such effects

If these are business owners, time with you may reduce profit.

In some locations physical risk is very real to both participants and yourself, please consider this.

Risk to you, the researcher Think about where you will meet people, if there are any dangers involved in the location. If you are meeting people as individuals think about using a public place. In general do not visit people in their own homes or remote locations. If you are talking to individuals about certain issues think about how their responses might affect you emotionally. What about the risk of collecting insufficient data?

Risk to the University When undertaking your research, you are acting as a member of the University (student or staff). Professionalism is important, so it is important to be well organised and well prepared. Punctuality, clarity etc. are all part of this. What will you do to ensure this? You must ensure you do not harm the good name of the University in any way and do nothing to undermine the reputation of the research it conducts and sponsors. Upholding high standards of conduct and integrity are vital in this regard. You must also conduct the research in such a way to minimise the potential for claims of negligence made against the University, its researchers and any collaborating individual or organisation. In this respect you should always comply with ethical, legal and professional frameworks, obligations and standards as required by statutory and regulatory authorities, as well as the university's Research Integrity and Ethics Code of Practice. Research misconduct in this respect can take many forms, including:

- fabrication: making up results or other outputs (eg, artefacts) and presenting them as if they were real
- falsification: manipulating research processes or changing or omitting data without good cause
- plagiarism: using other people's material without giving proper credit
- failure to meet ethical, legal and professional obligations: for example failure to declare competing interests; misrepresentation of involvement or authorship; misrepresentation of interests; breach of confidentiality; lack of informed consent; misuse of personal data; and abuse of research subjects or material
- improper dealing with allegations of misconduct: failing to address possible infringements such as attempts to cover up misconduct and reprisals against whistle-blowers

Adverse Outcomes. Think carefully about the possibilities, and cover here

Section I: Feedback, Consent and Confidentiality

Feedback to participants: outline your approach. Will interview transcripts be shared with respondents to check accuracy? Will summaries of questionnaire analysis be made available to respondents in some way? Will an overview report be provided? How and when?

Informed consent: Draft letter / e-mail / or heading (or footer) section of questionnaire must be approved by DoS/supervisor (if research student), supervisor/module tutor if taught student, or Academic Director / Assistant Dean if a member of staff.

Confidentiality/Anonymity. Explain clearly how you will ensure confidentiality and anonymity.

Section J: Data Protection and Storage

Before completing this section it is necessary to read the University's Research Data Management information. The questions that follow are designed to ensure compliance with the Data Protection Act as well as established research protocols.

Many research activities will involve electronic transfer of data and use of data management systems in the summarisation and analysis of data. You will need to explain these in relation to compliance with the Data Protection Act.

BMPF7008: Work-based Learning Project
Student Name: Emma O'Reilly
Student Number: 2116236

Think carefully about who will have access to your data, this will include supervisors and examiners. Also that a thesis will be made available via the University library and the British Library system. If you are seeking an access bar for a period of time after completion then mention it here. If you will provide a copy of your findings, or intend to give a presentation, to a facilitating/ supporting/accessing organisation then explain that in this section. But also think about the general principle of data sharing, as explained in the Research Data Management information.

In terms of storage of data please ensure security, and also mitigate against loss of data.

Section K: Declaration

Ensure the appropriate countersignatures have been provided

Look carefully at the checklist and ensure that you comply with and tick all that are relevant to your research.

Appendix 3: Project information sheet

The Voice Study Centre and University of Wales Trinity St. David MA in Professional Practice (Voice Pedagogy)

BMPF7008: Work-based Learning Project Emma O'Reilly

Accent method in Singing: A singing teacher's reflection on literature and training

The purpose of the project

I am currently undertaking an MA in Voice Pedagogy with the Voice Study Centre, accredited by the University of Wales Trinity St. David. This project focuses on the development of knowledge and practical skills to facilitate the application of Accent Method in my private practice as a singing teacher. This project proposes to engage in this task in several ways:

- 1) To carry out an extended literature review into Accent Method, both in peer-reviewed literature and in pedagogical texts.
- 2) To engage a HCPC registered Speech and Language Therapist to provide training in Accent Method (with the training to be carried out online and recorded for accuracy of reporting). A Therapist with knowledge of singing will be preferred where possible.
- 3) To maintain a research journal to gather observations about the process of learning.

The project will culminate in a written report (due for submission on January 5th, 2023) and a short presentation (on either 18th or 19th of January, 2023). This project has been granted ethical approval by the University of Wales, Trinity St. David.

Proposed engagement

I wish to engage a HCPC registered Speech and Language Therapist, preferably with experience in working with singers, to provide tuition in Accent Method to support my ability to apply the model safely in practice. The number of sessions will be advised by the therapist, who will be remunerated for their work. It is hoped that these sessions will take place online before December 8th, 2022, where they may also be recorded more readily. This is with a view to encouraging accuracy of recollection and reinforcing of skills developed in these trainings. These recordings will be stored securely and deleted on submission of the final report.

Consent

- No recordings or training will take place until adequate information about the project has been conveyed to the therapist in question, and their written consent has been obtained.
- The therapist's identity will be anonymised in the final report for this study; any information that might identify personal or professional data about the therapist will be omitted, unless the therapist wishes to be publicly credited for their role, in which case consent for such will be obtained in writing.
- The therapist will be offered to carry out a check on the final report to ensure the accuracy of my account of their teaching.
- The therapist will retain the right to withdraw from the study at any time. Should they withdraw, all information held about them will be deleted.
- I will enquire as to how my data will be used and managed by the therapist carrying out the training.

Data Protection

Data relating to the therapist in question will be stored and managed in the following ways:

- **Communication via email** with the therapist will be deleted as soon as the necessary arrangements have been made/correct information has been obtained and/or downloaded.
- **Training recordings** will be stored securely on my laptop, which is password and fingerprint protected. The folder housing the recordings will be password protected. The recordings will be deleted on submission of the final report.
- **The consent form** will be stored securely on my laptop in the same manner as the training recordings above.
- **Contact information** for the therapist will be stored in the same password protected folder as the above, and deleted on submission of the final report.
- **Professional email addresses** will be preferred to personal ones for the protection of personal data.
- **Research notes** will be written in such a way as to protect the identity of the therapist.
- **My contact information** will be made available to the therapist incase they wish to check what data is being held about them.

Emma O'Reilly, MA, CET
Email: REDACTED
Contact no: REDACTED

Appendix 4: Participant consent form

Please note: Participant information has been redacted from this form.

**The Voice Study Centre and University of Wales Trinity St. David
MA in Professional Practice (Voice Pedagogy)**

**BMPF7008: Work-based Learning Project
Emma O'Reilly**

**Accent method in Singing:
A singing teacher's reflection on literature and training**

Participant Consent form

- I, _____, agree to participate in this research study.
- I will receive a fee of £_____ to provide two sessions of training with Emma O'Reilly, the researcher, on _____ and _____.
- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- I understand that I can withdraw permission to use data from my interview within two weeks after the training, in which case the material will be deleted.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves two sessions of training with Emma O'Reilly, the researcher, via Zoom on _____ and _____, and a fee of £_____ has been agreed for this training.
- I agree to the training being recorded for the purposes of accurate reporting.
- I understand that these videos will be stored in an encrypted folder on the researcher's laptop (which is password protected) until the submission of the project on 5th January, 2023.
- I understand that all information I provide for this study will be treated, confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by the omission of details that may reveal my identity or the identity of people I speak about.
- I understand that if I wish to be credited for my participation, my written consent will be requested.
- I understand that I will be given an opportunity to review the reporting on this training to ensure an accurate representation of my work.
- I understand that under freedom of information legislation I am entitled to access the information I have provided at any time while it is in storage as specified above.
- I understand that I am free to contact the researcher to seek further clarification and information.

Name of research participant:

Signature of research participant

Date:

BMPF7008: Work-based Learning Project
Student Name: Emma O'Reilly
Student Number: 2116236

Name of researcher:

Emma O'Reilly

I believe the participant is giving informed consent to participate in this study.

Signature of researcher

Date

Appendix 5: Video Log and open coding

PDF Accessible from: https://drive.google.com/file/d/1tTFHis-3wTu47QI7FwR94e2NOt-cvuAm/view?usp=share_link

Appendix 6: Training Notes and open coding

PDF Accessible from: https://drive.google.com/file/d/1CIHuvU7MZIY39Whf55flrISS_PAC026a/view?usp=share_link

Appendix 7: Analytic memos for analysis of training

PDF Accessible from: https://drive.google.com/file/d/1jOACqlyvGN0SaAUq36U6me_SNwrqxqpQ/view?usp=share_link

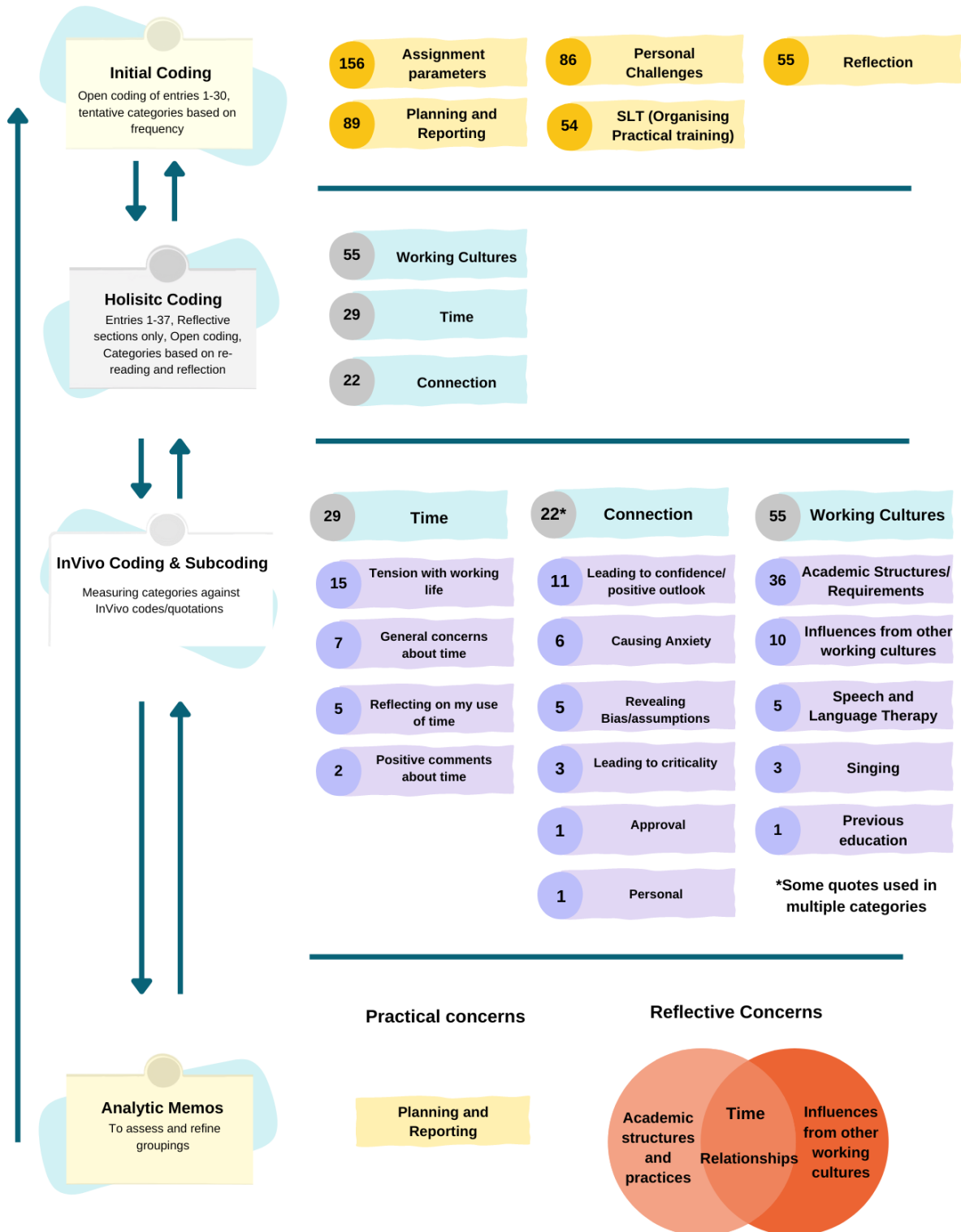
Appendix 8: The Research Journal

PDF Accessible from: https://drive.google.com/file/d/1ajUaylfjwwpr1bhZLWpigH9HQ6MNvafQ/view?usp=share_link

Appendix 9: Diagram of Research Journal Analysis

Research Journal Coding process

The circle beside each category contains the number of codes/quotes in that category.



Appendix 10: Initial Coding of Research Journal

PDF Accessible from: https://drive.google.com/file/d/1W5oR5OLb2E5r1Mcvb5aISExp1cmXnzS/view?usp=share_link

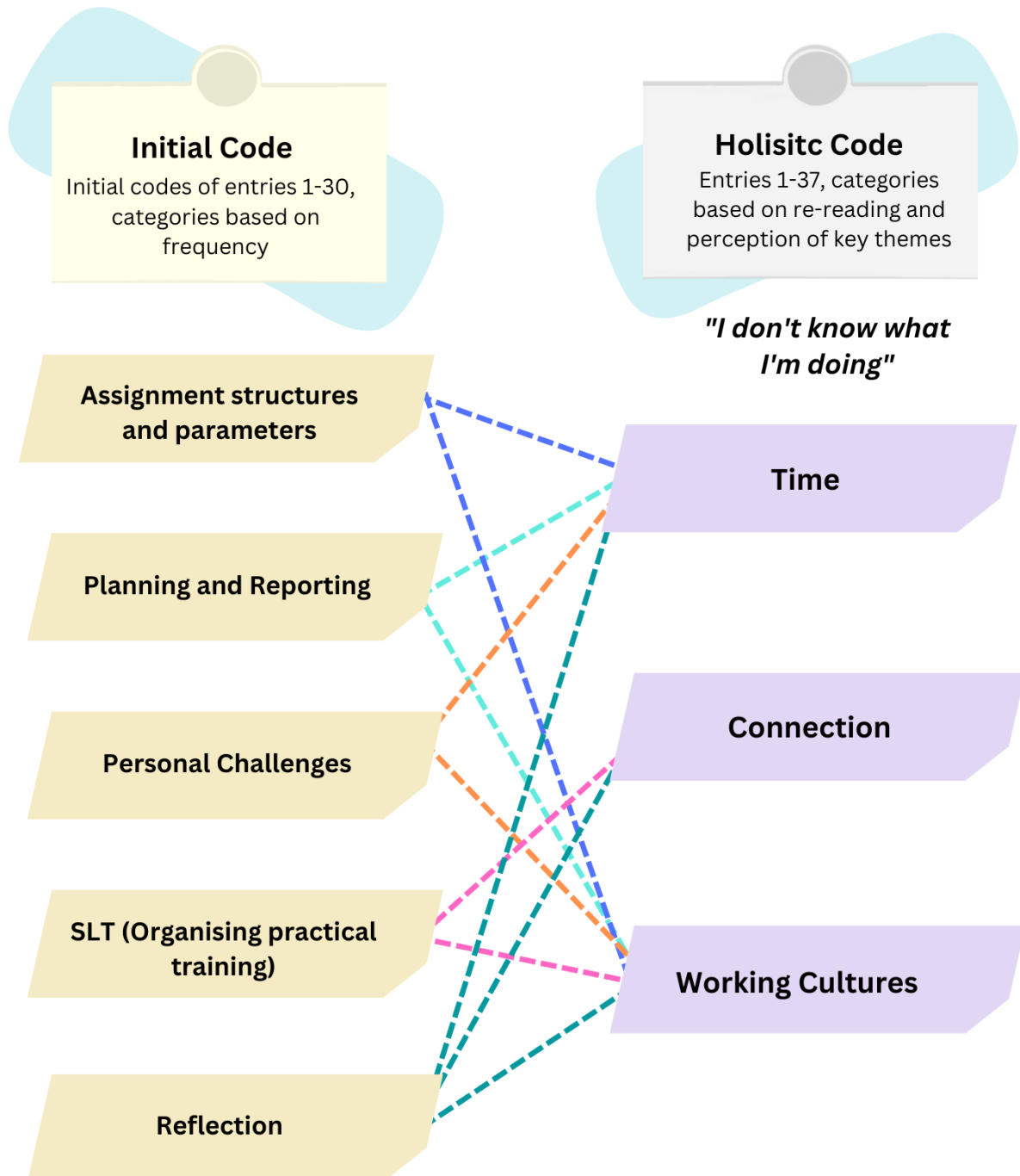
Appendix 11: Analytic Memos for Coding of Research Journal

PDF Accessible from: https://drive.google.com/file/d/1ALDgoUBYfz7Z8z7GiTtZrZcreDLKphze/view?usp=share_link

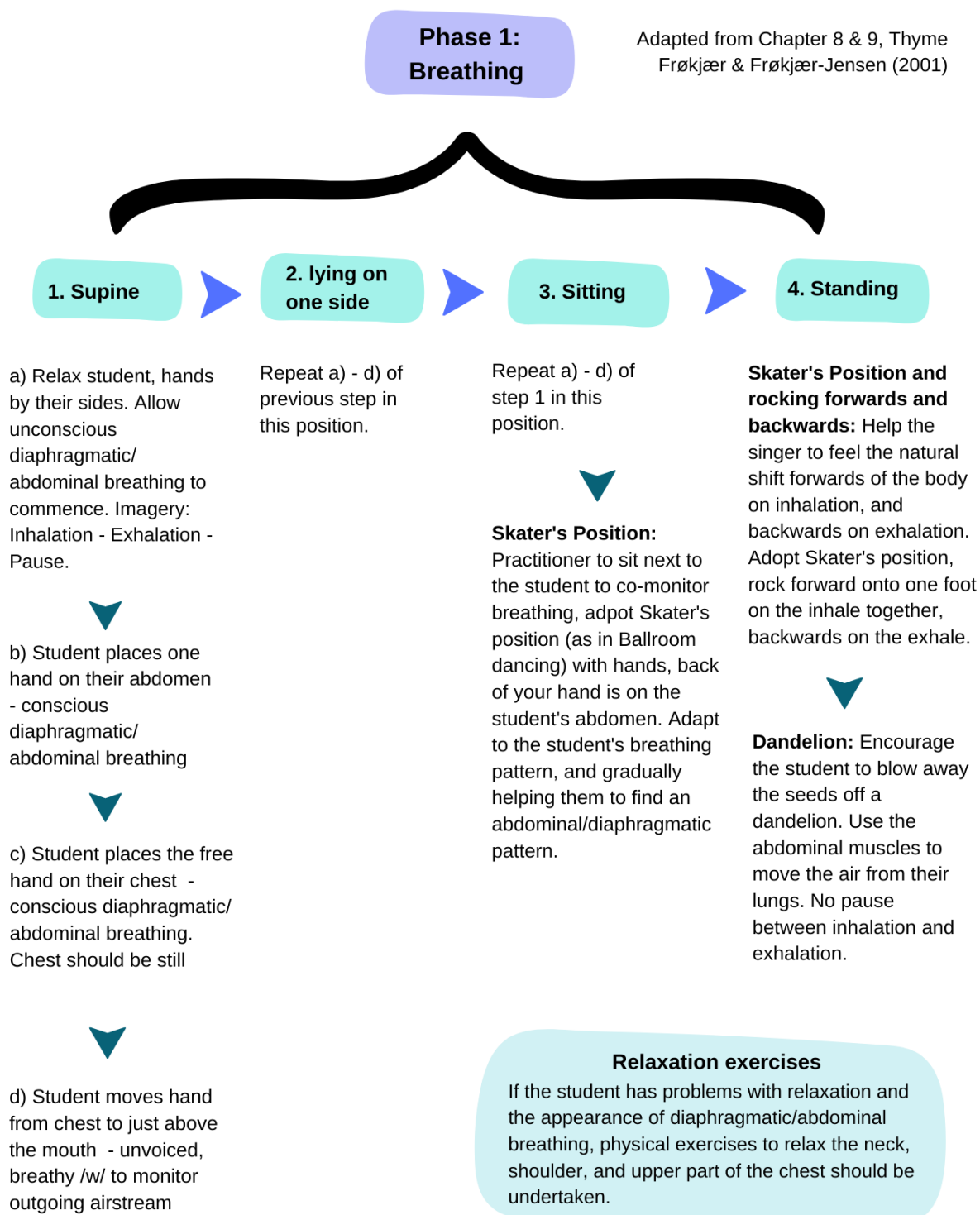
Appendix 12: Holistic Coding of Reflective portions of Research Journal

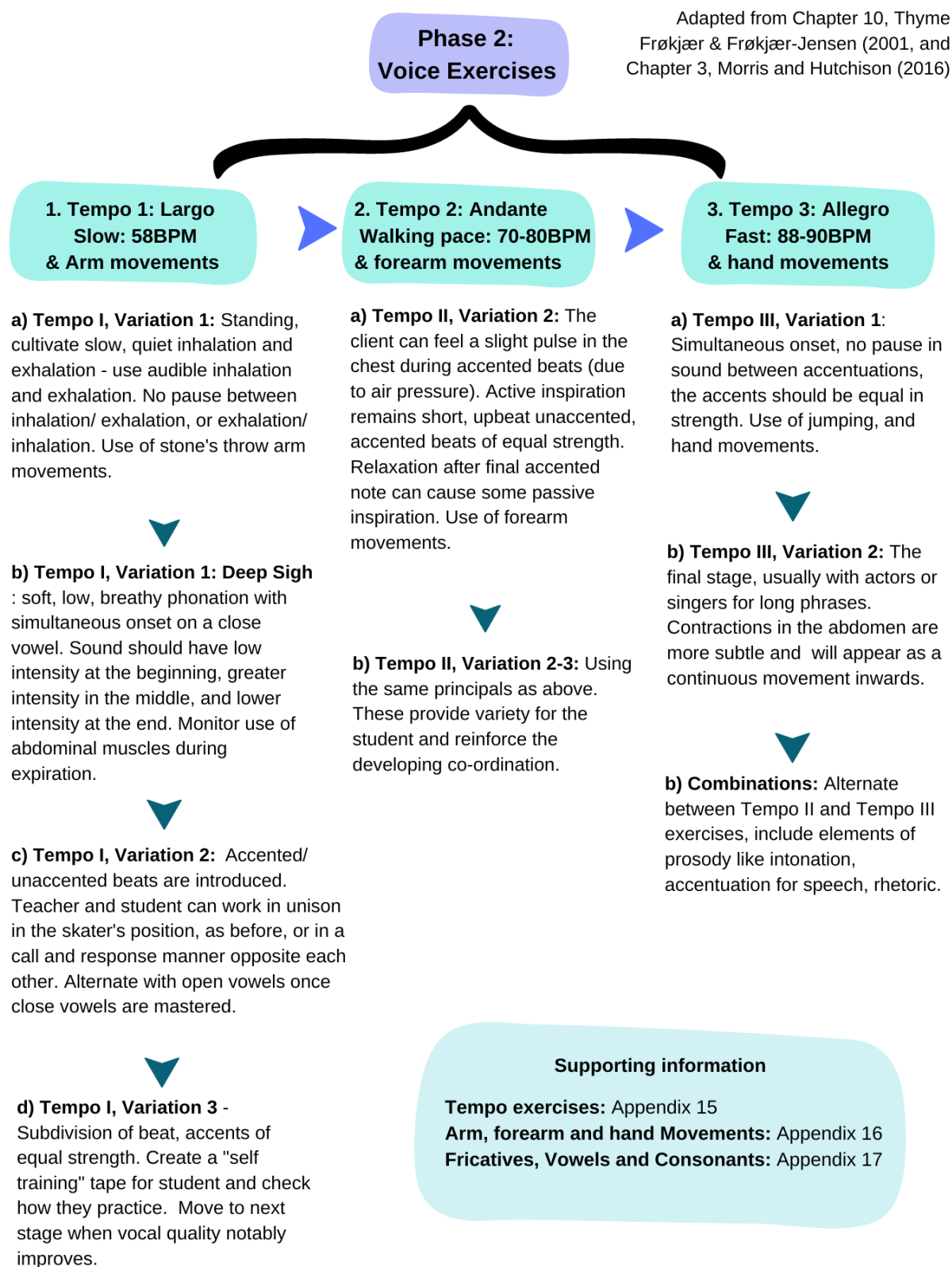
PDF Accessible from: https://drive.google.com/file/d/1h8L_awTbUdgSJLTJ8aQJyeRV7IACX9wR/view?usp=share_link

Appendix 13: Diagram comparing initial code and first cycle

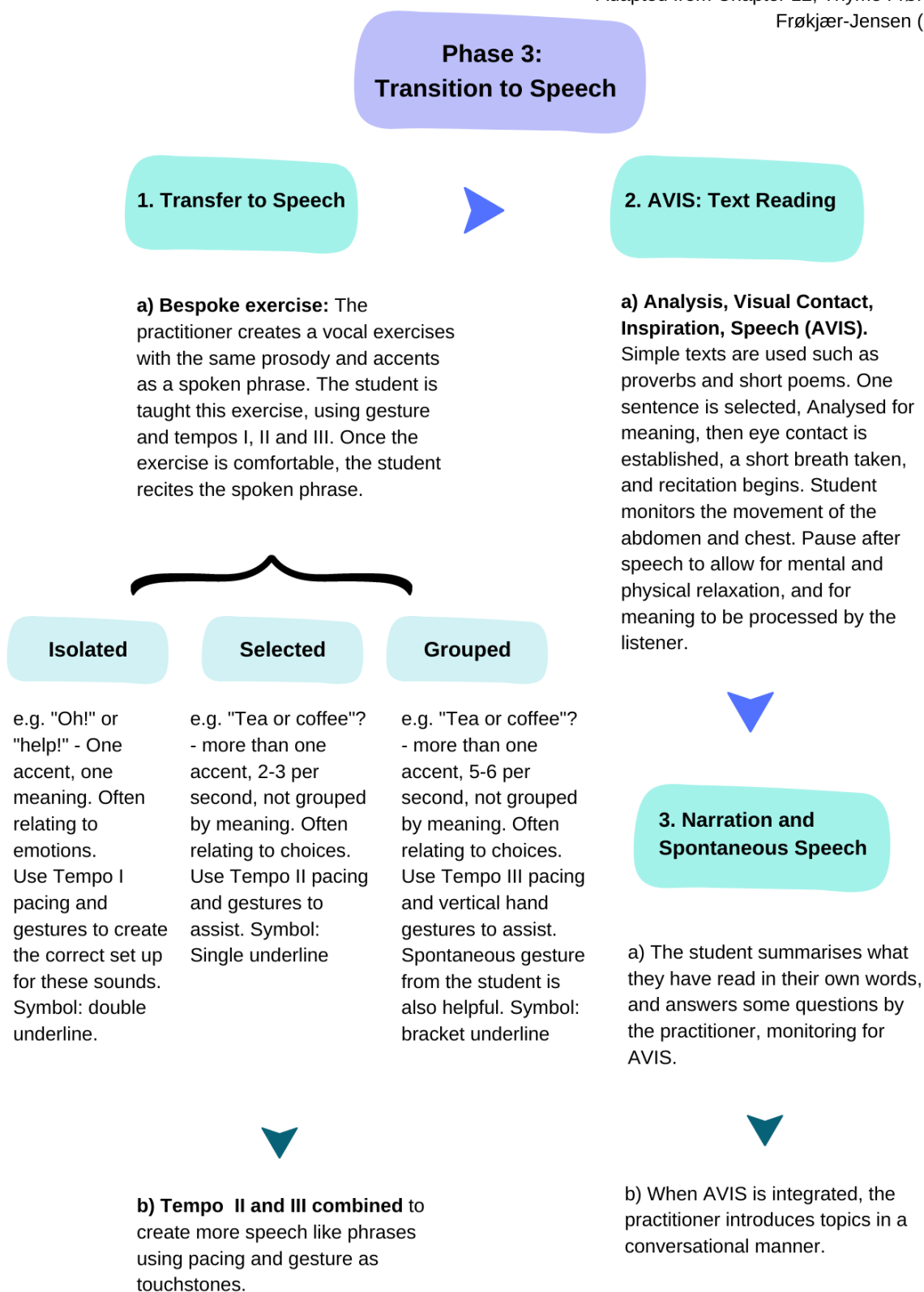


Appendix 14: Classic Accent Method - Phase 1, 2 and 3





Appendix 6- Phase 3: Transition to Speech
 Adapted from Chapter 12, Thyme Frøkjær &
 Frøkjær-Jensen (2001)

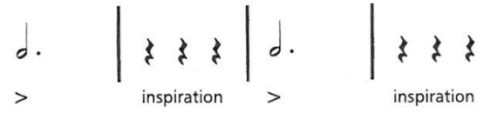


Appendix 15: Notated Exercises for Phase 2

Phase 2: Voice Exercise samples

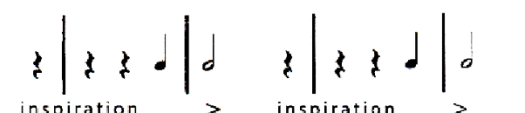
Tempo I, Variation 1

From Thyme Frøkjær and Frøkjær-Jensen (2001, p.106)

Tempo I, Variation 1	
Clinician:	$\frac{3}{4}$ 
Client:	$\frac{3}{4}$ 

Tempo I, Variation 2

From Thyme Frøkjær and Frøkjær-Jensen (2001, p.106)

Tempo I, Variation 2	
Clinician:	$\frac{3}{4}$ 
Client:	$\frac{3}{4}$ 

Tempo I, Variation 2

From Thyme Frøkjær and Frøkjær-Jensen (2001, p.110)

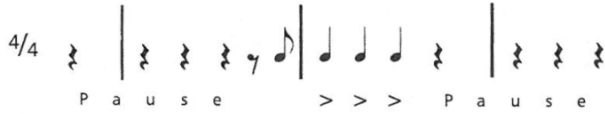
Tempo I, Variation 3

Clinician:	$\frac{3}{4}$ 
Client:	$\frac{3}{4}$ 

Tempo II, Variation 1
 From Thyme Frøkjær and Frøkjær-Jensen (2001, p.114)

Tempo II, Variation 1

Clinician: 4/4 

Client: 4/4 

Tempo II, Variation 2
 From Thyme Frøkjær and Frøkjær-Jensen (2001, p.114)

Tempo II, Variation 2

Clinician: 4/4 

Client: 4/4 

Tempo II, Variation 3
 From Thyme Frøkjær and Frøkjær-Jensen (2001, p.114)

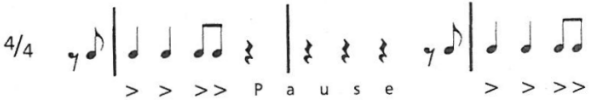
Tempo II, Variation 3

Clinician: 4/4 

Client: 4/4 

Tempo II, Variation 4
 From Thyme Frøkjær and Frøkjær-Jensen (2001, p.115)

Tempo II, Variation 4

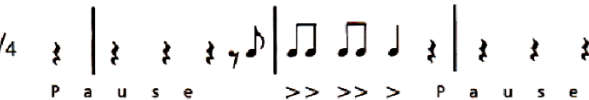
Clinician: 4/4 

Client: 4/4 

Tempo III, Variation 1
 From Thyme Frøkjær and Frøkjær-Jensen (2001, p.116)

Tempo III, Variation 1

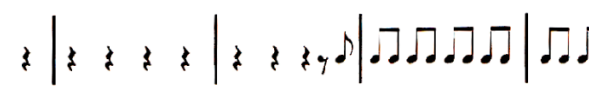
Clinician: 4/4 

Client: 4/4 

Tempo III, Variation 2
 From Thyme Frøkjær and Frøkjær-Jensen (2001, p.117)

Tempo III, Variation 2

Clinician: 4/4 

Client: 4/4 

Appendix 16: Hand, Arm and Body movements

Phase I: Skater's position

Illustrations and outline of exercise from Thyme-Frøkjær and Frøkjær-Jensen (2001, p. 107-108)

1) The clinician sits next to the person receiving treatment. In Skater's position, each person has the back of one hand on the other's abdominal wall, covering the other person's hands with theirs, for co-monitoring of the movement while breathing. The clinician maps their breathing onto that of the individual to begin, guiding them into abdomino-diaphragmatic pattern with their own movement over time.



2) The exercise progresses to standing, with further body movement added. On inhalation, both rock forward together, and on exhalation/phonation, both rock backwards. This is paced according to the abilities of the individual.



3) When co-ordination between sound and movement has been achieved, this can be practiced in opposition, where the clinician takes a step back and inhales as the individual comes forward and phonates/exhales. This turn-taking also prepares the individual for the call-and-response delivery of exercises in Phase 2.

Phase 2, Tempo I: Full arm movement

Outline of exercise from Thyme-Frøkjær and Frøkjær-Jensen (2001, p. 110) and Mostafa Refaee (2018)

The exercises from Phase 1 can be repeated. Additionally, arm movements can be added rocking back and forth, where the full arm sweeps backward on phonation, and forward on inhalation.



Individual exhales/phonates while rocking backwards and sweeping arms back. Clinician inhales and sweeps arms forward. (Mostafa Refaee, 2018)



Clinician exhales/phonates while rocking backwards and sweeping arms back. Individual inhales and sweeps arms forward. (Mostafa Refaee, 2018)

Phase 2, Tempo 2: Forearm movements

Outline of exercise from Thyme-Frøkjær and Frøkjær-Jensen (2001, pp. 113-115)
and Morris and Hutchison (2016, p 141)

As in jogging or walking, Arms are bent at the elbow, the forearms swing back alternately, and the body turns back and forth on its vertical axis. Each swing back of the forearm is paired with an accented vowel. No clear demonstration or images of this method could be found, although Mostafa Refaee (2018) does contain some movements that seem to be a loose application of the structure described.

Phase 2, Tempo 3: Hand and body movements

Outline of exercise from Thyme-Frøkjær and Frøkjær-Jensen (2001, p. 118)

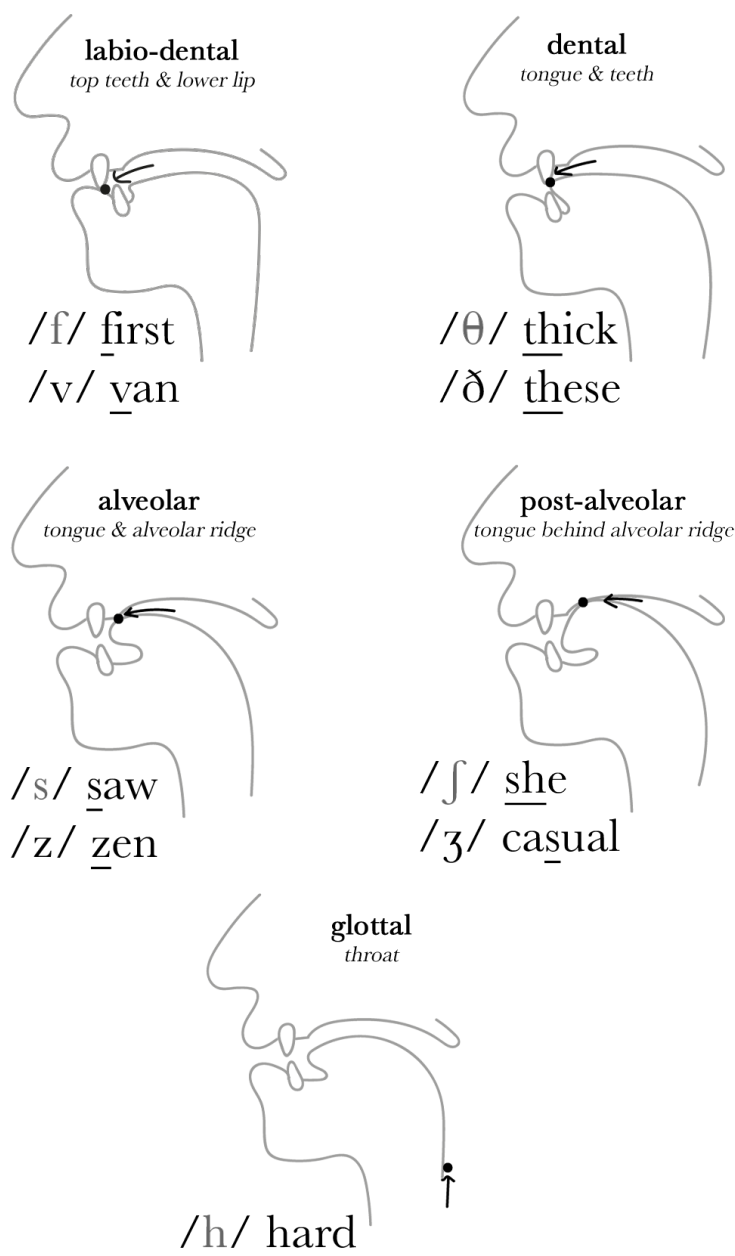
As the tempo increases, body movements become more subtle. Light, quick "jumping up and down with bent knees" is advised, and only the hands and fingers are used to demarcate the accented vowels (Thyme-Frøkjær and Frøkjær-Jensen, 2001, p. 118). It is unclear where the hands are positioned, or if the individual is expected to actually jump at the knees rather than bounce. No further references to this movement or clear demonstrations of it could be found.

Appendix 17: Fricatives and closed Vowels

Fricative sounds

Moving from unvoiced to voiced, these are /f/ - /v/, /θ/ - /ð/, /s/ - /z/, /ʃ/ - /ʒ/ and /h/, which has no voiced pairing. References for these sounds can be found in the image below. Unvoiced fricatives allow for monitoring of airflow. When voiced, they function as Semi-Occluded Vocal Tract exercises, which balance glottal pressure and allow the vocal folds to adduct. (Morris and Hutchison, 2016, p.69). For an audio clip of all of these sounds please see Anouka Ltd (2022).

Image: Fricative sounds, examples, and their formation, from Anouka Ltd., (2022).



Closed vowels

The close vowels are used regularly in AM as per Thyme-Frøkjær and Frøkjær-Jensen (2001). As demonstrated by Intech Centre (2021), they are:

- /i:/ as in “bean” “Feel” or “Feet”
- /ʊ/- as in “put”, “full”, “pull”, “bush” or “wool”
- /ɪ/ - as in “pin”, “hint”, “mint” and “dim”
- /u:/ as in “food”

Examples of the sounds, as well as how they are shaped in the mouth, can be found at Intech Centre (2021).

Appendix 18: Rationale for the phases of AM

Collated from Thyme-Frøkjær and Frøkjær-Jensen (2001), and Morris and Hutchison (2016).

Phase 1: Breathing and relaxation

This phase comprises four separate stages - 1. Supine, 2. Lying on one side, 3. Sitting, and 4. Standing - which aim to develop the student's kinaesthetic awareness of their breathing through relaxation, and a gradual introduction of gentle, easy phonation. Physical postures are used for the impact of gravity on the muscles of the respiratory system. The postures are graded to progress from minimal effort in the abdominal muscles (in the supine position) to a higher level of resistance (Standing). In the Supine position, the impact of gravity on the viscera means that inhalation is active, but expiration is passive and led by recoil. When lying on one side, the weight of the viscera no longer contributes to exhalation, so the abdominal muscles must become more active. When sitting, the weight of the viscera assists inhalation rather than exhalation, so the abdominal muscles must become more active. Finally, in the standing position, the student experiences natural gravitational shifts as the volumes of the Abdomen and ribcage increase on inhalation, and decrease on exhalation. If the student cannot access diaphragmatic/abdominal breathing in the first stage, Thyme-Frøkjær and Frøkjær-Jensen (2001) recommend a programme of exercises to release tension in the neck, shoulders and chest.

Phase 2: Voiced Exercises

The co-ordination of phonatory, inhalatory, and articulatory patterns are cultivated across three stages - Tempo I, Tempo II and Tempo III. These are rhythmic exercises that begin slowly with close vowels (or unvoiced and voiced fricatives as a pre-phonatory stage), and gradually expand to faster subdivided exercises, incorporating all vowel types and diphthongs. In Tempo I and its variations, the exercises are designed to balance co-ordination between inspiratory, expiratory, and phonatory muscles. Gentle, low-pitched breathy phonation leaves the vocal folds relaxed and exercises the subglottal mucosa, improving their flexibility and elasticity. Use of close vowels reduces air pressure drop across the vocal folds. The exercises are slow; 58BPM is recommended but Thyme-Frøkjær and Frøkjær-Jensen (2001) specify that this stage should be at the student's pace. When the vocal quality of the student has improved, the practitioner progresses to Tempo II. At this speed (70-80BPM), exercises are at a low pitch where the student can perceive changes between high tension and low tension in the vocal folds as they articulate the difference between accented and non-accented beats. Co-ordination between respiration, phonation and articulation are reinforced, and the rhythmic variations in this stage provide stimulation for client. At Tempo III, Subdivisions in the rhythm combine with a faster pace to train smaller consecutive expiratory movements, and appropriate adductory adjustments in the vocal folds. Alternating between different kinds of vowels train the organs of articulation, and at this stage the practitioner can begin incorporating more speech-like patterns, as well as vocal phrases, and alternating exercises between Tempo II and Tempo III.

Phase 3: Transition to speech

This phase may not be necessary for all students as the effects of the voiced exercises can transfer spontaneously into speech; however this phase assists with the transition where appropriate (Thyme-Frøkjær and Frøkjær-Jensen, 2001). Phase 3 matches different rhythmic patterns in speech to the pacing and gestures of Phase 2. Tempo I's pacing and gestures are matched to isolated accents such as "Oh!" Or "Help!", Tempo II is matched with selected rhythms such as "Honey or Cheese", where the syllables are distinct in meaning and often related to choice, and Tempo III, where the meanings of accents are connected as in "a blackbird" (Thyme-Frøkjær and Frøkjær-Jensen, 2001, pp. 129-131). The student works through different phrases, eventually combining gestures from Tempo II and III to create more speech-like combinations. When the student has more confidence, they read aloud from short texts, using four structured

BMPF7008: Work-based Learning Project
Student Name: Emma O'Reilly
Student Number: 2116236

steps - "Analysis, Visual contact, Inspiration, Speech," (AVIS) to build towards spontaneous speech and conversation.

**Appendix 19: Findings from Thyme-Frøkjær & Frøkjær-Jensen (2001),
Grouped by Measurements**

Measurement	Purpose	Findings (cited in Thyme Frøkjær & Frøkjær-Jensen, 2001)
Peak Flow Rate (Mean flow rate)	Measures how quickly you can expel the air from your lungs. A higher rate indicates stronger abdominal muscles. (Thyme-Frøkjær & Frøkjær-Jensen, 2001; NHS, 2022)	Increases of 8.3% and 3.9% in two separate studies (Frøkjær-Jensen, 1989, 1992)
Vital capacity	Measures the volume of air your lungs can exhale - this is typically 80% of your total lung capacity, or roughly 4.8 litres. (American Lung Association, 2022)	Increases of 3.9% and 2% in two separate studies. Not statically significant. (Frøkjær-Jensen, 1989, 1992)
Duty cycle (Electroglottograph)	Measures glottal activity, and phases of closure. Longer glottal phases are the desired outcome for hypofunctionality, and shorter glottal phases for hyperfunctionality. (Thyme-Frøkjær & Frøkjær-Jensen, 2001; Bernardoni et al. 2004)	4.6% reduction in hypo-function, 3% reduction in hyperfunction (Frøkjær-Jensen, 1983) 3.2% reduction in hypo-function. (Thyme-Frøkjær & Frøkjær-Jensen, 1989)
Laryngoscopy	To assess phonotory function by use of a subglottal light source to assess glottal closure. (Thyme-Frøkjær & Frøkjær-Jensen, 2001)	Improved medial compression (glottal fold closure). (No additional citation provided)
Fundamental Frequency (Phonetogram)	To assess the pitch range of the voice. (Thyme-Frøkjær & Frøkjær-Jensen, 2001)	Pitch range increased by 3.3 semitones. (Thyme & Frøkjær-Jensen, 1983)

Intensity	To assess the dynamic range of the voice (in decibels). (Thyme-Frøkjær & Frøkjær-Jensen, 2001)	Increased range of 10.6dB (Thyme & Frøkjær-Jensen, 1983) 15dB increase in modal register course participants and practitioners over a year (No additional citation provided)
Jitter Shimmer vFo vAm	Together these elements measure the stability of vocal function. Jitter - short term stability of pitch, Shimmer - short term stability of intensity (loudness), vFo - long term stability of pitch, vAm - long term stability of intensity (Thyme-Frøkjær & Frøkjær-Jensen, 2001)	Participants experience a significant improvement in vocal function. (Thyme Frøkjær & Frøkjær-Jensen, 1998)

Appendix 20: Phase 3 of AM, Modified for Singing

Phase 3: Transition to Singing

From Chapter 9, Morris and Hutchison (2016,
p.132-136)

1. Initial Stage: Airflow

1.) Fricatives, Modal Range, Single note: A3-E4 for upper voices, C3-G3 for lower voices. Maintain a single pitch across the modal range, using a variety of fricatives. This should feel comfortable and easy (Morris and Hutchison, 2016, p.132)

2.) Candles and Lilos: Accentuated notes are likened to blowing out a candle, and legato passages are like inflating a lilo. Commence on a breathy /w/. Can be done throughout the modal register (Morris and Hutchison, 2016, p.132-33).



3.) Fricative Glides: Can be done throughout a singer's range using fricative sounds, with an emphasis on airflow specifically (Morris and Hutchison, 2016, p.133)



2. Airflow & Support

1.) Bouncing down and up over at 5th:

Begin in D major for upper voices, B flat major. Use voiced fricatives or any SOVT sound. Can eventually be done over entire vocal range. Singer should feel for support on each downward note, and aim to maintain airflow and support (Morris and Hutchison, 2016, p.133-134)



2.) Bouncing down and up over at 9th: carry out as per the previous exercise.



3. Rolled /r/ or lip trill over a 9th scale: Aim to engage support throughout entire phrase. Adjust posture if support is difficult to connect to, using monkey position or wall sitting - further recommendations in Morris and Hutchison (2016, p.134).

**Phase 3:
Transition to Singing**

From Chapter 9, Morris and Hutchison (2016,
p.132-136)

3. Developed singers

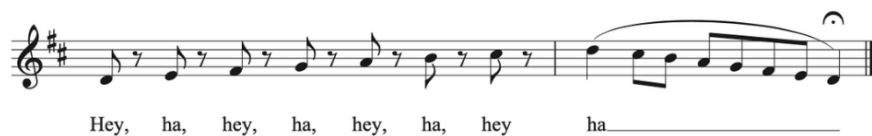
1.) Calling out: Use reflexive phrases like "Hey!" "What?!" or "Wow" to engage support by calling out. Move down a five note scale calling on each note (rather than singing), engaging support. Progress to singing over a descending 5th. Can be taken up to A flat major in upper voices, and an octave lower in lower voices.



2.) Hey Ha exercise: Taken from Chapman (2017, p.) This exercise has five steps, beginning with singers monitoring the action of the waistband muscle junction, calling out as though to someone across the street - "Hey!". This is then performed on a single pitch, releasing the muscles between each pitch (Chapman, 2017, p.314).



Singers progress to the exercise below, supporting on the pitch, and releasing on the rests and the end of the phrase. Monitor for the movement of the abdominal muscles towards the spine (Chapman, 2017, p.314).



Finally, extend this exercise to include additional passages of scales to train the support to engage for longer phrases (Chapman, 2017, p.315).

