Module 3: BMPF7008

Work-Based Learning Project

Allison Mae Carnes

2244755

Trauma and Its' Effects on Singers' Experience of Their Vocal Function

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Project Proposal

Context

Most of the research surrounding trauma's effects on singing is associated with psychogenic dysphonia. Psychogenic dysphonia is a voice disorder that refers to the loss of one's voice, specifically in the absence of apparent pathology (structurally or neurologically) (Sudhir et al., 2009). The loss of volitional control over phonation in psychogenic dysphonia seems to be related to psychological processes such as anxiety, depression, conversion reaction, or personality disorder (Baker, 2003). It is most commonly seen in women who have experienced significant life events and emotional difficulties that would lead to conflict over speaking (Sudhir et al., 2009). The research behind psychogenic dysphonia is limited to discovering its onset and potential treatments. This is no small feat; resolution of this disorder can require substantial skill in the neurophysiological, intrapsychic, and interpersonal levels of function as they affect the person as a whole (Baker, 1998).

Justification

However, there is little to no research that focuses on the individual's experience of their vocal function following trauma. Additionally, it is difficult to find any research that focuses on trauma survivors without an official PTSD diagnosis. This puts people into two categories: with post-traumatic stress disorder (PTSD) and without. This is a dangerous standard, as it could assume that those without a PTSD diagnosis have not experienced trauma, which is false. Receiving a PTSD diagnosis is not the only criterion to be a trauma survivor, and one does not have to be diagnosed to experience the effects of trauma. Gagnon-Sanschagrin et al. (2022) state that there are a substantial number of people with probable PTSD who are currently undiagnosed. Furthermore, to receive a PTSD diagnosis, one must have access to extensive

medical care, which is not possible for many. This leaves out an entire population of people who are underserved in society because they do not have access to resources, which creates a gap in the research. This research aims to contribute to the growing field of voice and mental health, with a focus on the common population and their personal experiences of vocal function.

Outlined Intention

This will be a qualitative research design that will focus on the participants and their experiences. To begin, I will do a literature review. This will provide context and a general understanding of current research on my topic. Then, I plan to conduct one-on-one interviews with the participants via Zoom. I will ask about their experiences; their trauma and how they feel it affected their vocal function. Interviewing is the most common form of data collection in qualitative studies (Jamshed, 2014). This interview will be unstructured, rather than semi-structured or structured. Unstructured interviews are significant contributors in the clinical psychology world. It acts as a free-flowing conversation between the interviewer and the respondent. This structure creates ample opportunity to gather the person's information while also getting a rich idea of the interviewee's experiences. The flow, sequence, and content of unstructured interviews are largely determined by the interviewer's experiences, training, and the respondent's answers (Mueller & Segal, 2015). Mueller and Segal (2015) state that the largest advantage to using an unstructured interview is that it provides extensive opportunities for empathizing with the interviewee and builds trust with them. This is imperative when discussing personal information such as traumatic experiences because if participants do not feel safe, they may leave out important details (Mueller & Segal, 2015). Additionally, during this interview, I will also be observing the participants. I will be listening to the qualities of their voice. Examples of vocal qualities I may notice are breathiness, vocal fry, or pressed phonation. These interviews

will all be recorded. Jamshed (2014) states that recording is likely the best choice when trying to acquire data from interviews. This is because handwritten notes are relatively unreliable, and the researcher might miss pertinent information. Recording the interview makes it easier for the interviewer (i.e., the researcher) to focus on the content "in the moment" (Jamshed, 2014).

The participants of this research study will be five individuals who consider themselves to have experienced trauma. A PTSD diagnosis is not required. The participants will be of various races, gender identities, and ages (all above 18). The term "trauma" for the purposes of this study will be defined as "an incident that caused you physical, emotional, spiritual, or psychological harm."

I am intentionally leaving open the type of trauma, as everyone experiences this differently. It is not up to the researcher to determine what is deemed legitimate trauma or not, as this focuses on the individual's experience. I recognize that the implications of this will be that there might be a range of experiences, thus the creation of some confounding variables.

Before the research begins, I will create an online form that asks for consent and provides further details on the study. In a study done with patients who were about to undergo a procedure, doctors found that patients valued the informed consent process prior to taking part in the study. Patients stated it was because it gave them information before participating, including potential complications (Dawes et al., 1993). Individuals who only had an informal interview felt obliged to sign the consent form afterwards, in contrast to those who had an unstructured or semi-structured interview. Those who had unstructured and semi-structured interviews felt they were more involved in the study and its' process (Dawes et al., 1993). Additionally, in a study done by Sullivan et al. (1993), subjects rated professionals who used an informed consent form as more trustworthy, professional, and with more expertise.

Ethics and Insider Research

Some potential risks for participants are further traumatization and the transfer of personal data. I will use my knowledge as a Trauma Informed Voice Practitioner to ensure the participants have a check-in/check-out process. Additionally, I will ensure the participants have a counselor/therapist to speak with following the interviews. I plan to ask a Licensed Clinical Mental Health Counselor known by the researcher to be the specified therapist. Regarding the transfer of personal data, I will ensure the data is kept on a password-protected computer that no one else can access, minimizing the risk of personal safety. If this data is kept protected, anonymity would not be compromised, thus mitigating the risk of personal safety and accusation of harm. After anonymizing the interviews, I will send a transcript to each participant of their own interview. This will allow them to view it and ensure I interpreted everything correctly. They will have to approve of the transcript before it can be used further. Birt et al. (2016) state that this process of having individuals read over the transcript, otherwise known as member checking, is an appropriate method to adopt when there are multiple data collection methods present in the study. Member checking is when participants check their data to ensure it was interpreted correctly. This ensures that the participants' own meanings and perspectives are represented accurately, and not swayed by the researchers' personal agenda (Torrance, 2012). If member checking is one's main way of assessing, quality, that is where researchers can run into difficulty. Birt et al. (2016) suggest that "good" research clearly reports how methods are contextualized within methodological and theoretical paradigms.

Once the interviewees approve the transcript, I will provide the participants with a written debriefing that provides my contact information and reminders about their ability to withdraw, mental health helplines, what the study is, and how the data will be used. This would remind

them of the consent they gave earlier. I will provide resources to counselors and mental health help (i.e. https://mentalhealthhotline.org and contact information of therapists in the participant's area). I will also make it clear to participants that if something illegal is discovered, it may need to be disclosed to the proper authorities. There is a risk that this research if gone awry, could cause damage to the school's reputation. However, due to the precautions taken above, those risks will be mitigated.

Personal Learning Outcomes

I hope to learn more about the impacts of trauma on the voice. Once learning about this, I'd like to research what we can do to aid in providing relief of those symptoms. For example, if individuals experience breathiness after trauma, what exercises can be implemented into voice lessons to provide relief. Additionally, I hope to learn more about data collection, the interview process, and research designs in general – i.e., learning by doing.

Project Report

Project Title

A Study of Trauma and Its' Effects on Singers' Experience of Their Vocal Function

Introduction

Singing is a form of human expression. Through the voice, one can tell stories and move people to tears, transcending mere vocalization to become a holistic embodiment of emotion, artistry, and physiology. Singing has been described by many as a "full body experienc" (Smith & Chipman, 2023). Singers must think about multiple things at once: soft belly, relaxed tongue, lifted soft palate, unlocked knees, grounded feet, and so much more. From engaging the diaphragm in order to enhance breath control and provide stable support, while also shaping the vocal tract in various ways to shape tone and timbre, singing requires the whole body to work together in tandem (Smith & Chipman, 2023). But how does the brain come into play here? The brain plays a crucial role in our movement and control of the muscles in our body; therefore, if the brain is affected, then muscles often are, too. When one experiences trauma, their brain chemistry changes and they often experience the effects of trauma through various bodily experiences such as rapid heart rate, shortness of breath, muscle tightness, etc. (Broderick et al., 2022). Trauma manifests itself throughout the body. How then, would traumatic experiences affect our singing? How do traumatic experiences affect a singer's experience of their vocal function?

Literature Review

This literature review examines the research around trauma, psychogenic dysphonia, and both of their effects on the voice.

Psychogenic Dysphonia

Psychogenic dysphonia is a voice disorder characterized by the presence of functional voice symptoms without apparent organic or structural pathology (Roy et al., 2019). It manifests as changes in voice quality, pitch variability, and effortful speech production, often associated with underlying psychological stressors or trauma (Roy & Roy, 2020). Research indicates a complex interplay between psychological factors and the manifestation of psychogenic dysphonia. For instance, studies have highlighted the role of stress, anxiety, and emotional trauma in triggering or exacerbating functional voice disorders (Donovan & Roy, 2018). According to Donovan and Roy (2018), unresolved psychological conflicts may manifest as vocal symptoms, where the voice becomes a conduit for expressing emotional distress that is otherwise difficult to articulate.

In terms of diagnostic criteria and assessment, psychogenic dysphonia poses challenges due to its variable presentation and the absence of structural abnormalities. Voice assessment protocols often involve comprehensive voice evaluation, psychosocial history-taking, and collaboration between otolaryngologists, speech-language pathologists, and psychologists (Dedhia et al., 2020). These assessments aim to rule out organic causes while identifying psychosocial factors that may contribute to the disorder (Heman-Ackah et al., 2017). Treatment strategies for psychogenic dysphonia typically integrate behavioral interventions, voice therapy, and psychotherapeutic approaches (Dedhia et al., 2020). When an individual undergoes voice therapy, the sessions focus on reestablishing healthy vocal habits and addressing underlying emotional triggers. This can be done through techniques such as relaxation training and cognitive-behavioral therapy (Roy & Roy, 2020). Recent advancements in understanding psychogenic dysphonia emphasize the importance of a multidisciplinary approach for effective

management. Collaborative care models involving speech-language pathologists, psychiatrists, and other healthcare professionals are pivotal in addressing both the physiological and psychological dimensions of the disorder (Roy & Roy, 2020; Dedhia et al., 2020). Psychogenic dysphonia remains a challenging condition with significant implications for both diagnosis and treatment. Current research underscores the need for comprehensive assessment protocols and integrated therapeutic interventions to effectively address the complex interplay between psychological factors and voice symptoms.

Singing with Psychogenic Dysphonia

Psychogenic dysphonia presents unique challenges for singers due to its impact on vocal control and quality (Roy et al., 2019). Singing requires precise vocal coordination and control, making it particularly sensitive to disruptions caused by psychogenic factors such as emotional stress and psychological trauma (Roy & Roy, 2020). Research on singing with psychogenic dysphonia has highlighted various aspects, including the manifestation of vocal symptoms during singing, the psychological underpinnings, and therapeutic interventions (Pedro et al., 2019). Studies indicate that individuals with psychogenic dysphonia may experience varying degrees of difficulty when singing. Vocal symptoms such as pitch instability, reduced vocal range, and inconsistent voice quality are commonly reported (Roy & Roy, 2020). These symptoms can significantly impact the singer's ability to perform effectively and may lead to frustration and anxiety (Roy et al., 2019). The relationship between psychogenic dysphonia and psychological factors is crucial in understanding its impact on singing. Psychological stressors, unresolved trauma, and anxiety can exacerbate vocal symptoms and affect a singer's confidence and performance abilities (Roy & Roy, 2020; Donovan & Roy, 2018). The voice often serves as a medium for expressing underlying emotional states, complicating vocal production during

singing (Donovan & Roy, 2018). Clinically, understanding the specific challenges faced by singers with psychogenic dysphonia is crucial for developing tailored interventions. Future research should focus on refining diagnostic criteria, exploring innovative therapeutic modalities, and evaluating long-term outcomes to improve clinical management and support for affected individuals (Roy et al., 2019; Dedhia et al., 2020). Effective management of singing with psychogenic dysphonia requires a comprehensive approach that addresses both the vocal symptoms and underlying psychological factors to support singers in achieving optimal performance and emotional well-being (Pedro et al., 2019).

Trauma's Effect on the Singing Voice (Aside from Psychogenic Dysphonia)

Trauma, such as laryngeal injury or surgery, can directly affect vocal fold tissue integrity and biomechanics, leading to changes in vocal range, pitch control, and overall vocal stability (Heman-Ackah et al., 2017). For instance, scar tissue formation from surgical interventions or vocal fold hemorrhage can impair vocal fold vibratory patterns and elasticity, compromising vocal function (Heman-Ackah et al., 2017; Roy & Roy, 2020). Beyond physical trauma, psychological trauma can also profoundly impact the singing voice. Emotional distress, anxiety, and post-traumatic stress disorder (PTSD) can manifest as functional voice disorders, affecting vocal production and performance confidence. Individuals may experience symptoms such as vocal tension, breathiness, and reduced vocal endurance, which can hinder expressive vocal delivery and artistic interpretation (Donovan & Roy, 2018). Just like with psychogenic dysphonia, effective management of trauma-related vocal issues often requires a multidisciplinary approach, This approach should involve a team of professionals including otolaryngologists, speech-language pathologists, psychologists, and if the person is a singer, a voice teacher. Voice therapy can teach the trauma survivor specific techniques, including vocal

exercises, resonance therapy, and relaxation techniques, which aim to restore vocal function while addressing psychological barriers to performance (Dedhia et al., 2020). Cognitive-behavioral therapy and trauma-informed care play crucial roles in supporting singers in processing and overcoming traumatic experiences that impact vocal performance (Donovan & Roy, 2018). Clinical assessment of singers with trauma-related vocal issues should encompass detailed history-taking, vocal assessment, and psychological evaluation to tailor interventions effectively (Dedhia et al., 2020). Future research directions include exploring innovative therapeutic approaches, such as virtual reality therapy for PTSD-related voice disorders, and investigating long-term outcomes of trauma-informed voice rehabilitation programs (Roy & Roy, 2020). Integrative approaches that address both the physical and emotional aspects of trauma are not only recommended, but essential for restoring vocal health and enhancing singing performance.

Trauma's Impact on the Respiratory System

Traumatic experiences can profoundly impact various physiological systems in the body, including the respiratory system. Research suggests that the respiratory response to trauma involves complex interactions between the autonomic nervous system, hormonal pathways, and psychological factors (Watkins et al., 2012). One significant way in which trauma affects the respiratory system is through alterations in breathing patterns. According to Kimerling and Ouimette (2008), individuals who have experienced trauma often exhibit irregular breathing patterns such as hyperventilation or breath-holding. These patterns can persist long after the traumatic event, indicating a lasting impact on respiratory regulation. Moreover, trauma-induced stress can lead to heightened sympathetic nervous system activity, as noted by research from Bonde et al. (2016). This heightened activity can result in increased respiratory rate and shallow

breathing, contributing to a sense of dyspnea (shortness of breath) (Broderick et al., 2022). Chronic activation of these stress responses may also lead to respiratory muscle tension and fatigue over time (Broderick et al., 2022).

Furthermore, studies by Badour et al. (2012) have highlighted the role of trauma in exacerbating respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD). Trauma-related stress can trigger or worsen these conditions through mechanisms involving inflammation, immune dysregulation, and altered perception of dyspnea (Watkins et al., 2012). Future research in this area should continue to explore these complex interactions to better understand how trauma affects respiratory functioning and to develop effective interventions for individuals with trauma-related respiratory symptoms.

Methodology

This qualitative work-based project aims to examine singers' experience of their vocal function after experiencing trauma. This study also specifically focuses on individuals without a post-traumatic stress disorder (PTSD) diagnosis. This was to broaden the population of participants and also to emphasize that trauma can affect a person, even without a PTSD diagnosis. In order to appropriately focus on singers' experience of their vocal function, it was crucial that individuals were asked about their trauma experience and how they felt that impacted their voice. One-on-one interviews were best for this goal, due to the specific nature of this topic and how this study focuses on each individual's experience. Therefore, this project lies within the phenomenology viewpoint. Phenomenology is a philosophy that focuses on people's conscious experiences, such as judgments, perceptions, and emotions. It also focuses on embodiment in people. This means rather than focusing on reactions to experiences, phenomenologists want to know what the experience was like (Connelly, 2010). This is a great method to use for people

who work with others, as it considers the individual and their lived experiences (Connelly, 2010). The downside to this method is that sample sizes must be small to due its intimate nature; however, on the other hand, phenomenologist researchers are able to retrieve data from these experiences that they could not get from a survey (Torrance, 2012). When conducting a study from a phenomenology lens, data is retrieved via interviews with people (Connelly, 2010). This is exactly how this project was designed, through the phenomenological framework.

To improve the reliability of findings, triangulation was achieved through a literature review, one-on-one interviews, and the researcher's auditory experience of listening to the participants (Torrance, 2012).

Methods

Following the literature review, this qualitative study was conducted through one-on-one interviews with participants. These interviews were held through Zoom, with only the researcher and participant present. Prior to the interview, participants were sent a consent form for their review (see Appendix 2), and were required to sign it before the meeting was scheduled. Once signed, the meeting was scheduled based on participant and researcher availability and a Zoom link was sent by the researcher. After logging in to the meeting, the researcher outlined everything in the consent form to the participant and asked if there were any outstanding questions or concerns before beginning. The researcher asked participants specific questions about their singing experience, trauma experience, and how they feel that impacted their voice (see Appendix 3 for specific questions asked). The questions were created by the researcher, but with considerations taken from Potter and Hepburn (2005). Potter and Hepburn (2005) discuss how interviews should be studied as an interactional object, and that study should feed back into the design, conduct and analysis of interviews. These interviews were unstructured, rather than

semi-structured or structured, which acted as a free-flowing conversation between the interviewer and the respondent. Therefore, the flow, sequence, and content was largely determined by the respondent's answers; however, the researcher ensured that all of the questions were answered (Dawes et al., 1993). This interview structure provided extensive opportunities for the researcher to empathize with the interviewee and build trust with them, which was important while discussing such sensitive topics (Sullivan et al., 1993). During the interview, the researcher also observed the various vocal qualities in the interviewee's voice. Examples of vocal qualities the researcher looked out for were based on features listed in a Consensus Auditory-Perceptual Evaluation of Voice (also known as CAPE-V) Form (Appendix 7): roughness, breathiness, strain, pitch, and loudness. This was altered slightly, as the researcher did not have the participants read the sentences at the top of the CAPE-V form. Instead, the researcher listened for the vocal qualities listed on the CAPE-V. The interviews were recorded for the researcher's playback use only, so that the researcher could be present with the participants. The participants of this research study were five individuals who consider themselves to have experienced trauma. A PTSD diagnosis was not required. The term "trauma" for the purposes of this study was defined as "an incident that caused you physical, emotional, spiritual, or psychological harm." The type of trauma was left open by the researcher, as everyone experiences this differently. It is not up to the researcher to determine what is deemed legitimate trauma or not, as this focuses on the individual's experience. The variables in this study can be defined as follows:

Independent Variable:

- Trauma (or traumatic experiences): This is the variable that is manipulated or assessed to see its effect on the singer's vocal function. It could include various types of trauma such as psychological trauma (e.g., emotional or mental distress) or physical trauma (e.g., injury).

Dependent Variable:

- Singer's experience of their vocal function: This is the variable that is measured or observed to see how it changes in response to the independent variable (trauma). It could involve subjective assessments by the singer themselves (e.g., self-reported vocal quality, ease of singing) and potentially objective measures (e.g., vocal range, vocal endurance) assessed by professionals.

Possible confounding variables (variables that could affect the results if not properly controlled) could be pre-existing mental health conditions, coping mechanisms, or the type and severity of trauma experienced. There are all factors that need to be considered in interpreting the study's findings. Materials/equipment used in this include a camera on the researcher's Macbook Air via Zoom and a microphone via the researcher's Macbook Air. The participants were selected by the researcher contacting various SLPs and voice teachers across the United States. The SLPs and voice teachers told their clients/students about the study, and they reached out to the researcher personally. The researcher had 20 total people reach out about participating, and 5 people were selected randomly using a random name generator. The participants consisted of 2 males and 3 females with a mean age of 46. Each participant was of different races, had various experience levels, but were all United States citizens, considered themselves a singer, had taken previous voice lessons, and had experienced trauma. None of the participants had a PTSD diagnosis. Ethical considerations include the following: the researcher provided a consent form for the participants, data was protected appropriately through storage on a password-protected computer only accessed by the researcher, participants were provided with a licensed counselor to assist

with any trauma that was brought up following the interview, transcriptions were sent to the participants for their review and approval, and transcriptions were anonymized.

Findings

Interview Reponses

Perceived Effects of Trauma on Singers' Experience of Their Vocal Function

Grounded theory involves collecting and analyzing data to develop theories, rather than trying to validate an existing theory. Using grounded theory, researchers can allow new theories to emerge organically from the data that is compiled, rather than trying to validate an existing theory (Oktay, 2012). Due to the flexibility it allows and the focus on participants' experiences, grounded theory would the best choice for the interpretation of the findings. However, the researcher did not go with this because it is important to note that grounded theory is an iterative process and requires multiple cycles of collecting and analyzing data, thus possibly not making it appropriate for a short study such as this (Oktay, 2012). Instead, the researcher used Interpretive Phenomenological Analysis (IPA). IPA is based in phenomenology, which focuses on individual's experiences; hermeneutics, which is the theory of interpretation; and ideography, which is derived from one single case (Toy, 2024). This focuses on individual's perceptions, rather than gaining objective statements, which made it seem like the right choice for this study. IPA recommends 5 participants for Master's degree level work, thus the sample size for this study (Smith & Fieldsend, 2021). Inductive analysis of the participants' interviews was undertaken. This was necessary as opposed to deductive analysis because deductive analysis focuses on testing a theory and takes on a "top down" approach, whereas inductive is more exploratory and flexible (Vanover et al., 2022). The data was collected via theoretical sampling. After conducting all of the interviews and reading over the transcripts, the researcher pointed out

recurring themes and patterns that were mentioned by participants. The table below shows the themes that were identified by each participant:

Identification	Experiences
Participant A	Strained voice, inconsistent breath, wide vibrato, decrease in overtones, compressed posture
Participant B	Tight stomach and throat, tension in head and neck, loss of phonation in upper range, "crunch in posture", difficulty breathing
Participant C	Loss of range, tight throat
Participant D	Loss of phonation while singing, loss of upper notes
Participant E	Tight shoulders, tense throat, chronic cough, "closed" throat, frequent hoarseness, loss of phonation in upper range, difficulty with deep breathing

All participants stated they felt their traumatic experience affected their voice. Following their traumatic experiences, 4 out of 5 participants reported decrease in range; 3 out of 5 participants claimed to feel tightness in various parts of their bodies (shoulders, head, neck, stomach, throat); 3 out of 5 participants noted differences in their breathing, including inability to take deep breaths; and 1 participant reported frequent hoarseness and chronic cough. What was interesting to note during this study was the individual's describing their emotions after experiencing the aforementioned effects on their voices. Participant E said, "I lost everything." Participant B states, "I lost my identity. Singing was a form of cultural expression." followed by, "I felt my impulses were stifled, due to lack of self trust and wanting to hold on to control." This is interesting to note because many trauma-informed practices include restoring choice and control

to trauma survivors (Wilson et al., 2015). When one experiences trauma, they often feel as if they were out of control of their situation or circumstance. The best thing one can do as a trauma-informed practitioner is to allow the trauma survivor to gain control again. Participant A said, "I felt that I resorted to my childlike self, because that's when I was safe." followed by feeling "stuck" and "not following impulses." Participant A also mentioned pushing through and following impulses despite her mental blocks was one of the only things that seemed to help. The table below depicts what the researcher noticed in each participant's voice:

Identification	Vocal Quality
Participant A	Increased pitch, slight vocal fry
Participant B	Roughness, increased vocal fry
Participant C	"Wobbly" (very tremor like), slight vocal fry
Participant D	Increased vocal fry
Participant E	Tremor, vocal fry

What is important to note about the above observations is that they increased in severity when the individual was discussing their specific traumatic experience(s). In Participant B's case, his pitch started out higher, but as the interview went on, his voice relaxed. Vocal fry was present in all 5 individuals, with all having a "pressed" or effortful sound to their voice.

Conclusions and Recommendations

The aims of this work-based project were to examine the effects of trauma on singers' experience of their vocal function. Many effects have been identified, with one commonality being "loss of range" – see table of findings above.

Further areas of research could be examining specific types of trauma as well as delving deeper into what is causing the loss of range in these individuals–whether it's muscular, laryngeal, or psychological.

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Appendix 1

Project Proposal Form

1. Project Title Trauma and It's Effects on Adult Singers' Experience of their Vocal Function
2. The context a. What is the organisation/setting for the project? - b. What is the current (and, if relevant, historic) situation in this organisation and setting?
3. The justification a. Why are you undertaking this project? b. How does this project sit within the context you have described?
4. The intended impact a. What do you hope to impact/achieve/accomplish through this project? b. What might the wider ramifications of this project be to the context described?

5. The outlined intention a. In brief, what do you intend to do, how/when/where do you intend to do it? b. Proposed methods, including a justification of those methods c. An expected timeline d. Graphics such as a GANTT chart may be helpful in some cases
6. The ethics and insider research a. A brief explanation of the ethical implications of the project, as well as the impact of being an insider researcher upon the project
7. Personal learning outcomes
Please take care to reference appropriately The proposal is an assessed piece of work

Appendix 2

Participant Consent Form

**Adapted from University of Michigan's IRB-HSBS General Informed Consent Template*

CONSENT TO BE PART OF A RESEARCH STUDY

1. KEY INFORMATION ABOUT THE RESEARCHERS AND THIS STUDY

Study title:
Principal Investigator: Allison Mae Carnes, Voice Study Center / University of Wales Trinity Saint David
Faculty Advisor: Melissa Toy, Voice Study Center

You are invited to take part in a research study. This form contains information that will help you decide whether to join the study.

1. Key Information

Things you should know:

- The purpose of the study is to examine the effects of trauma on the voice and singers' experience of their vocal function.
- If you choose to participate, you will be asked to participate in a video interview where you will be asked to discuss your traumatic experience (never in more detail than you are comfortable), and how you feel this impacted your singing and speaking voice. This interview will take approximately 30-45 minutes.
- Risks or discomforts from this research include possible retraumatization via emotional distress from recollecting your experiences. To aid in this, a therapist will be provided immediately following the interview for all participants.
- The direct benefits of your participation are contributing to a new field of research. There are no monetary benefits to your participation.
- Participants will be videoed, but only for researcher's use to recall information.

Taking part in this research project is voluntary. You do not have to participate and you can stop at any time. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

2. PURPOSE OF THIS STUDY

Most of the research surrounding trauma's effects on singing is associated with psychogenic dysphonia. Psychogenic dysphonia is a voice disorder that refers to the loss of one's voice, specifically in the absence of apparent pathology (structurally or neurologically). The research behind psychogenic dysphonia is limited to discovering its onset and potential treatments. However, there is little to no research that focuses on the individual's experience of their vocal function following trauma. Additionally, it is difficult to find any research that focuses on trauma survivors without an official PTSD diagnosis. This puts people into two categories: with post-traumatic stress disorder (PTSD) and without. This is a dangerous standard, as it could assume that those without a PTSD diagnosis have not experienced trauma, which is false. Receiving a PTSD diagnosis is not the only criterion to be a trauma survivor, and one does not have to be diagnosed to experience the effects of trauma. Furthermore, to receive a PTSD diagnosis, one must have access to extensive medical care, which is not possible for many. This leaves out an entire population of people who are underserved in society because they do not have access to resources, which creates a gap in the research. This research aims to contribute to the growing field of voice and mental health, with a focus on the common population and their personal experiences of vocal function.

3. WHO CAN PARTICIPATE IN THE STUDY

3.1 Who can take part in this study?

Participants of this study must be over the age of 18 and speak English as their first language. They can identify as any race and gender. Participants must have prior singing experience and have had a "traumatic experience." The term "trauma" for the purposes of this study will be

defined as "an incident that caused you physical, emotional, spiritual, or psychological harm." I am intentionally leaving open the type of trauma, as everyone experiences this differently. It is not up to the researcher to determine what is deemed legitimate trauma or not, as this focuses on the individual's experience.

3.2 How many people are expected to take part in this study?
There will be 5 participants total.

4. INFORMATION ABOUT STUDY PARTICIPATION

4.1 What will happen to me in this study?

- The interviews will take place virtually, via Zoom.
- The interviewer, Alli, will ask a series of questions relating to the participants' traumatic experience.
- This data will be collected by videoing the interviews. These videos will not be shared with anyone and are only to aid in gathering data.
- Following the interview, Alli will send each participant a transcript of their own interview for their review. This will allow them to view it and ensure everything was interpreted correctly. Participants will have to approve of the transcript before it can be used further.
- Upon approval by participants, the interviews will be anonymized.

4.2 How much of my time will be needed to take part in this study?
Participants will be asked to take part in one interview, lasting about 30-45 minutes. Following the interview, participants may have a session with a provided therapist. Alli will send participants a transcript of their conversation for review. The participant must approve this before it can be used further, which could also take another 30 minutes. Total time estimated in 1-1.5 hours.

4.2.1 When will my participation in the study be over?
Participation in the study is complete after approval of the transcripts.

5. INFORMATION ABOUT STUDY RISKS AND BENEFITS

5.1 What risks will I face by taking part in the study? What will the researchers do to protect me against these risks?
Risks from this research include possible retraumatization via emotional distress from recollecting your experiences. To aid in this, a therapist will be provided immediately following the interview for all participants.

Because this study collects information about you, one of the risks of this research is a loss of confidentiality. See Section 8 of this document for more information on how the study team will protect your confidentiality and privacy.

5.2 How could I benefit if I take part in this study? How could others benefit?
People may benefit from the knowledge gained from this study by learning tools to target how trauma manifests in the voice.

6. ENDING THE STUDY

6.1 If I want to stop participating in the study, what should I do?
You are free to leave the study at any time. If you leave the study before it is finished, there will be no penalty to you. If you decide to leave the study before it is finished, please tell one of the persons listed in Section 9. "Contact Information". If you choose to tell the researchers why you are leaving the study, your reasons may be kept as part of the study record. The researchers will keep the information collected about you for the research unless you ask us to delete it from our records. If the researchers have already used your information in a research analysis, it will not be possible to remove your information.

7. FINANCIAL INFORMATION

7.1 Will I be paid or given anything for taking part in this study?
You will not receive any compensation for your participation in the study.

7.1.1 Will I need to pay anything to be part of the study? No, to be part of the study, you do not need to pay.

8. PROTECTING AND SHARING RESEARCH INFORMATION

8.1 How will the researchers protect my information?
The researcher will code data to ensure anonymity and store all data on a password-protected computer that is only accessed by the researcher. All data will be destroyed once the project is complete.

This research holds a Certificate of Confidentiality from the National Institutes of Health.

This means that we cannot release or use information, documents, or samples that may identify you in any action or suit except as described below. This protection includes federal, state, or local civil, criminal, administrative, legislative, or other legal proceedings. An example of a situation in which the Certificate would apply would be a court subpoena for research records.

There are some important things that you need to know:

- The Certificate does not stop reporting or information-sharing that you agreed to in this consent document. For example, we may share information with appropriate authorities if we think you may harm yourself or others.

- The Certificate does not stop reporting that federal, state, or local laws require. Some examples are laws that require reporting of child or elder abuse and of some communicable diseases.
- The Certificate cannot be used to stop a sponsoring United States federal or state government agency from checking records or evaluating programs.
- We may also release information about you to others when you say it is okay. For example, you may give us permission to release information to insurers, medical providers, or anyone else.
- The Certificate of Confidentiality does not stop you from personally releasing information about your involvement in this research if you wish.

More information about Certificates of Confidentiality and the protections they provide is available at https://grants.nih.gov/policy/humansubjects/coc.htm

8.2 Who will have access to my research records?
There are reasons why information about you may be used or seen by the researchers or others during or after this study. Examples include:

- University, government officials, study sponsors or funders, auditors, and/or the Institutional Review Board (IRB) may need the information to make sure that the study is done in a safe and proper manner.
- Federal or State law may require the study team to give information to government agencies. For example, to prevent harm to you or others, or for public health reasons.

8.3 What will happen to the information collected in this study?
We will not keep your name or other information that can identify you directly.
The results of this study could be published in an article or presentation, but will not include any information that would let others know who you are.

8.4 Will my information be used for future research or shared with others?

We may use or share your research information for future research studies. If we share your information with other researchers it will be de-identified, which means that it will not contain your name or other information that can directly identify you. This research may be similar to this study or completely different. We will not ask for your additional informed consent for these studies.

We will assign your information a random code, rather than your name or any other details that others could use to identify you, before sharing it with other researchers. Alli will securely store the code key that links your coded information to you.

9. CONTACT INFORMATION

Who can I contact about this study?
Please contact the researchers listed below to:

- Obtain more information about the study
- Ask a question about the study procedures
- Report an illness, injury, or other problem (you may also need to tell your regular doctors)
- Leave the study before it is finished
- Express a concern about the study

Principal Investigator: Allison Mae Carnes
Email: allimaecarnes@gmail.com
Phone: (386) 546-6630

Faculty Advisor: Melissa Toy
Email: Mel@voicestudycentre.com

If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

1. The Voice Study Centre
   +44 1206 298172

2. University of Wales Trinity Saint David
   +44 1570 422351

10. YOUR CONSENT

Consent/Assent to Participate in the Research Study
By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. I/We will give you a copy of this document for your records and I/we will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information in Section 9 provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study.

Print Legal Name: _____

Signature: _____

Date of Signature (mm/dd/yy): _____

Link:

https://research-compliance.umich.edu/irb-hsbs-general-informed-consent-template

Appendix 3

Questionnaire

1. Name, Age, Location
2. Tell me about your singing experience. How long have you been singing, what's your training, etc.
3. As you know, one of the requirements to be involved in this study was the experience of trauma. Would you mind discussing this trauma? You do not have to share more than you are comfortable.
4. Have you noticed/Did you notice any specific changes in your voice or singing ability during or after traumatic experiences? If so, tell me about it.
5. Can you elaborate on any physical sensations you associate with singing in relation to past trauma?
6. In what ways do you believe trauma has influenced your vocal technique or approach to singing?
7. Can you recall any specific instances where trauma has significantly impacted your ability to sing or perform?
8. Have you noticed any differences in the way you approach singing or interact with your voice compared to singers who have not experienced trauma?
9. Have you sought any professional assistance or therapy to address trauma-related issues affecting your vocal function? If so, has it impacted your singing experience? If yes, how?
10. Do you have any insights or lessons learned from your experiences as a singer dealing with trauma that you believe could benefit other singers facing similar challenges?

Appendix 4

Transcription of Interviews (separate zipped file)

Appendix 5

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:		Allison Mae Carnes			
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:	Institute of Management and Health
5	Campus:	Carmarthen
6	E-mail address:	allimaecarnes@gmail.com
7	Contact Telephone Number:	386-546-6630
	For students:	
8	Student Number:	2244755
9	Programme of Study:	MA in Professional Practice (Voice Pedagogy)
10	Director of Studies/Supervisor:	Julie Crossman/ Debbie Winter

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	This may include codes of conduct of professional bodies or overseas laws (particularly for data protection).	☐

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**	X
14	If Yes, please attach a copy of any final approval (or interim approval) from the organisation **Not applicable**				

SECTION E: Details of Research Activity

1	Indicative title:	Trauma and Effects on Singers and their Vocal Function		
2	Proposed start date:	March 18, 2024	Proposed end date:	July 1, 2024

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:** ● *Purpose of Research Activity* ● *Proposed Research Question* ● *Aims of Research Activity* ● *Objectives of Research Activity* Demonstrate, briefly, how **<u>Existing Research</u>** has informed the proposed activity and explain ● *What the research activity will add to the body of knowledge* ● *How it addresses an area of importance.*
4	**Purpose of Research Activity** I would like to research how trauma affects singers and their experience of their vocal function. The purpose of this would be to add more insight to my area of interest as a Trauma Informed Voice Professional. If I know how trauma affects the voice, then I can research ways to target that. Proposed Research Question: How does trauma affect a singer's experience of their vocal function? The goal in studying this is to see the effects, if any, and if there are, what we can do to improve singers' vocal function after experiencing trauma. Current research shows that singing can help in times of trauma. Additionally, the research around trauma-informed care discusses the importance of creating a supportive environment such as noticing physical and emotional sensations and engaging in co-regulation. Other than this, I cannot find research around how trauma affects the voice in an audible and physical way. There is no research around the singer's experience. My aim is to fill this gap in research. (this box should expand as you type)
5	**Research Question** How does trauma affect a singer's experience of their vocal function? (this box should expand as you type)
6	**Aims of Research Activity** The goal of studying this is to see the effects, if any, and if there are, what we can do to improve singers' vocal function after experiencing trauma. (this box should expand as you type)
7	**Objectives of Research Activity** - Discover the effects of trauma on vocal function - Learn about how traumatic experiences affect us emotionally and physically - How can we target the effects of trauma on the voice by improving vocal function? - How do we improve vocal function? (this box should expand as you type)
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	- Case studies - Observation - One-on-one interviews (Video) - Literature review This will be a qualitative study that will focus on the experience of the participants. To begin, I will be delving into case studies around psychogenic dysphonia. Psychogenic dysphonia refers to loss of voice where there is insufficient structural or neurological pathology to account for the nature and severity of the dysphonia, and where loss of volitional control over phonation seems to be related to psychological processes such as anxiety, depression, conversion reaction, or personality disorder (Baker, 2003). This will inform my understanding before conducting interviews. I plan to then conduct one-on-one interviews with the participants. I will ask about their experiences; their trauma and how they feel it affected their vocal function. Additionally, during this interview, I will also be observing the participants. I will be listening to the qualities of their voice. For example, is their voice "breathy" or do they have increased vocal fry? I will use the CAPE-V form for an analysis of their voice. Following the interviews, I will do a literature review. (this box should expand as you type)

10	**Location of research activity** Identify all locations where research activity will take place.
11	Zoom - within the United States. (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	Some of the influential codes of ethics and regulations that guide ethical clinical research in the United States clude: ● Nuremberg Code (1947) ● Declaration of Helsinki (2000) ● Belmont Report (1979) ● CIOMS (2002) ● U.S. Common Rule (1991) Using these sources of guidance and others, seven main principles have been described as guiding the conduct of ethical research: ● Social and clinical value ● Scientific validity ● Fair subject selection ● Favorable risk-benefit ratio ● Independent review ● Informed consent ● Respect for potential and enrolled subjects Ezekiel J. Emanuel, MD, PhD; David Wendler, PhD, and Christine Grady, PhD. "What Makes Clinical Research Ethical?" Journal of the American Medical Association, Vol. 283, No. 20, May 24, 2000, pp. 2701-2711. *It's also important to note that the subjects will be vulnerable due to their trauma experiences. This is a sensitive topic that will be handled as such. See below for more information regarding specific practices.

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?	X	☐
3	Use of interviews?	X	☐
4	Use of diaries?	☐	X
5	Participant observation with their knowledge?	X	☐
6	Participant observation without their knowledge?	☐	X
7	Use of video or audio recording?	X	☐
8	Access to personal or confidential information without the participants' specific consent?	☐	X
9	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	X
10	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	X
11	Investigation of participants involved in illegal activities?	☐	X
12	Use of procedures that involve deception?	☐	X
13	Administration of any substance, agent or placebo?	☐	X
14	Working with live vertebrate animals?	☐	X
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?	☐	X
3	Adults (over the age of 18 and competent to give consent)?	X	☐
4	Vulnerable adults?	☐	X
5	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	X
6	Prisoners?	☐	X
7	Young offenders?	☐	X
8	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	X
9	People engaged in illegal activities?	☐	X
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?	5 participants. *(this box should expand as you type)*
14	Who will the participants be?	The participants will be 5 individuals who have experienced trauma. The participants will be of various races, gender identities, and ages (all above 18). The term "trauma" for the purposes of this study will be defined as "an incident that caused you physical, emotional, spiritual, or psychological harm." I am intentionally leaving open the type of trauma, as everyone experiences this differently. It is not up to the researcher to

		determine what is deemed legitimate trauma or not, as this focuses on the individual's experience. I recognize that the implications of this will be that there might be a range of experiences, thus the creation of some confounding variables. *(this box should expand as you type)*
15	How will you identify the participants?	- Participants 1-5 - I will find them through contacting various SLPs/Laryngologists and giving them my information to pass along. I will contact the following SLPs or Laryngologists: - Kerrie Obert, MS, CCC-SLP - Sarah Brown, MS, CCC-SLP - Dr. Rupali Shah, MD - Leanne Goldberg, MS, CCC-SLP I will give the industry professionals listed above my contact information. They will be asked to pass it along to their patients/people who they feel would be interested. - The interested parties would need to then reach out to me directly, as the SLPs/Laryngologists cannot disclose patient information. - The SLPs/Laryngologists will be in various locations across the U.S. *(this box should expand as you type)*

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	*(this box should expand as you type)*			

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?	X	☐	☐
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?	☐	X	☐
33	If YES to any question, please provide full details			
34	I plan to record interviews that are conducted via Zoom. The equipment required is my computer. *(this box should expand as you type)*			

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: Further traumatization via emotional distress, transfer of personal data, risk of accusation of harm, personal safety if anonymity was compromised. *(this box should expand as you type)*	*How will you mitigate the Risk to Participant* I will use my knowledge as a Trauma Informed Voice Practitioner to ensure the participants have a check-in/check-out process. Additionally, I will ensure the participants have a counselor/therapist to speak with following the interviews. I plan to ask therapist Kelly Lynn to be the specified therapist. Re: transfer of personal data, I will ensure the data is kept on a password-protected computer that no one else can access. If this data is kept protected, anonymity would not be compromised, thus mitigating the risk of personal safety and accusation of harm. *(this box should expand as you type)*	
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		
	I will provide resources to counselors and mental health help (i.e. https://mentalhealthhotline.org and contact information of therapists in the participant's area). I will also make it clear to participants that if something illegal is discovered, it may need to be disclosed to the proper authorities. Kelly Lynn, Therapist, LMCHC - her email will be listed. *(this box should expand as you type)*		
6	**Risks to investigator** For example: personal safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest		

	Risk to Investigator: There may be a risk of emotional distress while recalling my own personal trauma. Others may raise a flag about the risk of accusation of harm, with a concern that I am trying to harm these participants. *(this box should expand as you type)*	*How will you mitigate the Risk to Investigator:* For emotional distress: Check in/out, self-care/boundaries, therapy For accusation of harm: I have therapists and other resources for the participants in order to try to mitigate the risk of further traumatization for them, thus mitigating the risk of accusation of harm. *(this box should expand as you type)*
7	**University/institutional risks** For example: adverse publicity, financial loss, data protection	
	Risk to University: There is a risk that this research, if gone awry, could cause damage to the school's reputation. Additionally, the risk would be data protection. *(this box should expand as you type)*	*How will you mitigate the Risk to University:* We will need to ensure responsible use of the findings and protecting the data accordingly. This will be mitigated by coding data to ensure anonymity and storing data on a password protected computer that is only accessed by myself. All data will be destroyed once the project is complete. *(this box should expand as you type)*

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?	☐	X	☐

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?
	After anonymizing the interviews, I will send a transcript to each participant of their own interview. This will allow them to view it and ensure I interpreted everything correctly. They will have to approve of the transcript before it can be used further. Once they approve of the transcript, I will provide the participants with a written debriefing that provides my contact information and reminders about their ability to withdraw, mental health helplines, what the study is, and how the data will be used. This would remind them of the consent they gave earlier. *(this box should expand as you type)*

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.
	Before the research begins, I will create an online form that asks for consent and provides further details on the study. *(this box should expand as you type)*
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.
	I will either number the participants or provide an alias. *(this box should expand as you type)*

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.*	X	☐
2	If YES, provide a description of the data and explain why this data needs to be collected:		
	Names, personal data, videos of interviews, consent forms, etc. I will keep this data digitally, on a password-protected computer. I will also delete it afterward. This data must be collected because it is integral to the study; the study requires personal stories. *(this box should expand as you type)*		

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),*	X	☐
4	If YES, provide a description of the special category data and explain why this data needs to be collected:		
	Mental health conditions; this will assist with the trauma discussion to know where the participant is at now in their journey. *(this box should expand as you type)*		

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)?	☐	X
7	University computers?	☐	X
8	Private company computers?	☐	X
9	Home or other personal computers?	X	☐
10	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	X	☐
11	"Cloud" storage or websites?	☐	X
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 data will be kept on a memory stick. This memory stick will be password-protected and stored in a safe when not used. Audio/visual data will be transcribed and would be shown to participants to check accuracy of the reporting. All participants will be given a unique identifier (either number or alias) to ensure confidentiality and this list will be kept securely in the password-protected folder. *(this box should expand as you type)*		
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?	X	☐
17	Sharing of data with others at the University?	X	☐
18	Sharing of data with other organisations?	X	☐
19	Export of data outside the European Union or importing of data from outside the UK?	X	☐
20	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	X	☐
21	Publication of data that might allow identification of individuals?	☐	X
22	Use of data management system?	☐	X
23	Data archiving?	☐	X
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): All data will be encrypted and kept in password protected cloud storage on my password protected computer. Any USB sticks used to store or transfer data will be password protected. All data transfers will be encrypted and password protected. All participants will be given a unique identifier to ensure confidentiality and this list will be kept securely in the password protected folder. The data will be stored until the completion of the project and then deleted. In accordance with the DPA2018, participants will have the right to ask to see what data is held relating to them, and this data will be deleted immediately if the participant requests this, in which case the data will not be used in the project.		
	This research will be shared with University of Wales Trinity Saint David and Voice Study Center. Because I am in the United States, I will be exporting this data within the U.S. *(this box should expand as you type)*		
25	List all who will have access to the data generated by the research activity:		
	The principal researcher, Allison Mae Carnes, + Voice Study Center leadership team, specifically Mel Toy.		

	(this box should expand as you type)		
26	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	The principal researcher, Allison Mae Carnes. *(this box should expand as you type)*		
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.		
	All data will be encrypted and kept in password protected cloud storage on the Alli's Office 365 system which will not be shared. Any USB sticks used to store or transfer data will be password protected, and will be reformatted at the end of the project in order to destroy the data. The data will be stored until the completion of the project and then deleted. *(this box should expand as you type)*		
28	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. (*Most relevant to academic staff)*		
	(this box should expand as you type)		
29	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	**YES**	X
		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**	X
		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:	Allison Mae Carnes	**Date: 2/9/2024**

For STUDENT Submissions:

32	Director of Studies/Supervisor:		**Date:**
33	Signature:		

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:

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

X	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/

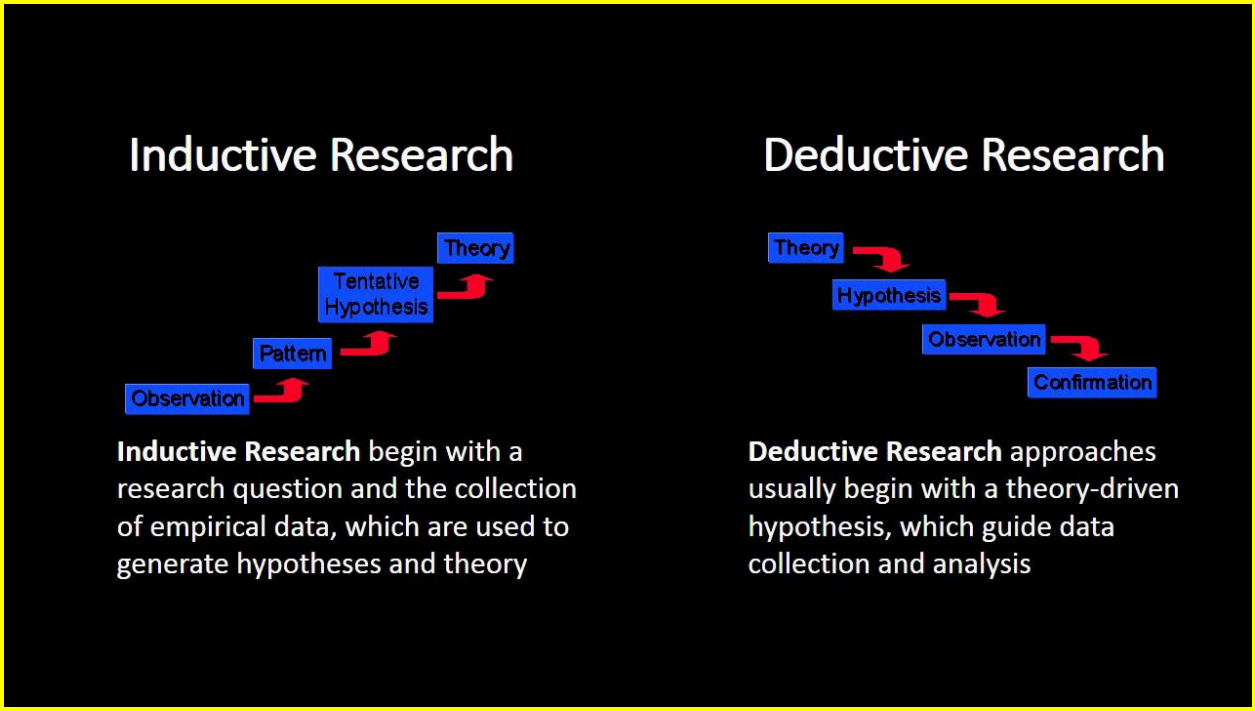
Application Process

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.

Appendix 6

Inductive Analysis



(Russell, 2015)

Appendix 7

CAPE-V Form

Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V)

Voice Sample #:_____

The following parameters of voice quality will be rated upon completion of the following tasks:

1. Sustained vowels, /a/ and /i/ for 3-5 seconds duration each.
2. Sentence production:
   a. The blue spot is on the key again.
   b. How hard did he hit him?
   c. We were away a year ago.
   d. We eat eggs every Easter.
   e. My mama makes lemon muffins.
   f. Peter will keep at the peak.
3. Spontaneous speech in response to: "Tell me about your voice problem." or "Tell me how your voice is functioning."

Legend: C = Consistent I = Intermittent
MI = Mildly Deviant
MO =Moderately Deviant
SE = Severely Deviant

					SCORE
Overall Severity	_____	C	I	/100
	MI MO SE			
Roughness	_____	C	I	/100
	MI MO SE			
Breathiness	_____	C	I	/100
	MI MO SE			
Strain	_____	C	I	/100
	MI MO SE			
Pitch	(Indicate the nature of the abnormality): _____			
	_____	C	I	/100
	MI MO SE			
Loudness	(Indicate the nature of the abnormality): _____			
	_____	C	I	/100
	MI MO SE			
_____	_____	C	I	/100
	MI MO SE			
_____	_____	C	I	/100
	MI MO SE			

COMMENTS ABOUT RESONANCE: NORMAL OTHER (Provide description):_____

_____

ADDITIONAL FEATURES (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):

Clinician:_____