

Selection of Voice Therapy Methods. Results of an Online Survey

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Summary: Objectives. Providing an evidence basis for voice therapy in the German-speaking countries faces the challenge that—for historical reasons—a variety of direct voice therapy methods is available. The aim of this study was to clarify which therapy methods are chosen and the underlying principles for this selection.

Methods. An online survey was implemented to identify to what extent the variety of methods described in theory is also applied in practice. A total of 434 voice therapists in Germany, Austria, and Switzerland were asked, among other things, which methods they prefer.

Results. A significant majority of therapists do not apply one specific method but rather work with a unique combination of direct voice therapy methods for individual clients. These results show that the variety of methods described in the literature is also applied in voice therapy practice. The combination of methods becomes apparent during the choice of exercises. The type of voice disorder plays no decisive role in the method selection process, whereas certain patient variables do have an influence on this process. In particular, the patients' movement restrictions, their state of mind or mood on a given day, and aspects of learning theory are taken into account.

Conclusions. The results suggest that a patient-oriented selection of appropriate exercises is of primary importance to voice therapists and that they rarely focus on specific direct voice therapy methods. It becomes clear that an evaluation of single methods does not correspond to practical experience, and therefore, an overall evaluation of voice therapy appears to be more useful.

Key Words: Voice therapy—Methods—Selection of methods—Effectiveness—Patient variables.

INTRODUCTION

Since the end of the 19th century, different concepts have been developed to treat voice disorders. In the German-speaking countries (Germany, Switzerland, and Austria), experts from the fields of medicine, vocal pedagogy, speech science, language special education, and speech therapy have established at least 20 different concepts. These methods can be classified according to their theoretical foundation, independence of method, and the extent of the combination of psychotherapeutic and speech therapeutic principles.¹ On the one hand, this variety of methods enriches the therapy; on the other hand, evidence for voice therapy becomes more difficult to obtain, as every method needs to be investigated with regard to its effectiveness and efficiency.²

Research question

A method-independent evaluation of the effectiveness and efficiency of voice therapy does not yet exist for either the Anglo American or the German-speaking areas. Considering the theoretical variety of methods, it has hardly been investigated how voice therapy is implemented in the German-speaking countries. There is no evidence that the variety of methods described in the literature is reflected in practice. This has to be answered before a method-independent evaluation of voice therapy can be done. Furthermore, the principles for choosing the methods used in voice therapy should be identified.

Aim of the study

The aim of the questionnaire was to collect data on the structure of voice therapy and the factors affecting the selection of methods and exercises. Principles influencing the selection of methods and exercises were to be identified. The results of an interview data collection by Beushausen¹ with 12 experts in the field of voice therapy were to be refuted or supported. The expert interviews suggested that speech and language therapists (SLTs) always use a combination of methods. They indicated that the number of combined methods increases depending on professional experience. A focus on only one method could not be proved.¹

Theoretical positioning and hypotheses. In English-speaking countries, some meta-analysis and systematic reviews do exist. They point out the effectiveness of direct and indirect voice therapy methods as results from randomized controlled studies.^{3–6} In German-speaking countries, the effectiveness of specific methods has been researched through pre-post designs, for example, the nasalization method of Pahn and Pahn⁷ and the effects of electrostimulation therapy on vocal fold paresis.^{7–9} Routsalainen et al pointed out a high treatment efficiency by combining direct and indirect therapy methods.¹⁰ In 2013, two studies from the Anglo American area documented that therapists always combine different methods and that this combination happens independently of the type of voice disorder.^{11,12} However, these results are only conditionally transferable because the repertoire of existing voice methods is diverse in English- and German-speaking areas. Only the accent method is internationally prevalent.^{7,13–15} Overall, there is only minor evidence of voice therapy intervention.⁶ In a qualitative study with 12 voice therapy experts, interviews were conducted to collect information about voice therapy in the German-speaking countries, its concrete form, and the basic principles.¹ On the basis of these results and the subsequent

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TABLE 1.
Description of the Sample

Occupational group	Speech and language therapists	434 (100%)
Qualification (n = 434)	Professional training	252 (58%)
	Diploma	70 (16%)
	Bachelor	70 (16%)
	Master	16 (4%)
	Magister	11 (3%)
	Other	9 (2%)
	n/a	6 (1%)
Country (n = 434)	Germany	349 (80%)
	Austria	66 (15%)
	Switzerland	12 (3%)
	Other	4 (1%)
	n/a	3 (1%)
Age (n = 430)	21–81 y (mean, 38.37; SD, 10.93)	
Professional experience (n = 432)	1–50 y (mean, 11.99; SD, 9.32)	
Sex (n = 434)	Female	396 (91%)
	Male	31 (7%)
	n/a	7 (2%)
Number of voice therapy session a therapist offers generally per week (n = 433)	1–50 Therapies/wk (mean, 11.99; SD, 9.32)	
Place of employment (multiple choices possible)	Private practice	362 (83%)
	Hospital	62 (14%)
	Professional college	42 (10%)
	University	22 (5%)
	Other	45 (10%)

Abbreviations: SD, standard deviation; n/a, not applicable.

literature, the following hypotheses were generated as the basis for developing a questionnaire.

Hypothesis 1: In voice therapy, therapists combine different methods for one patient.

Hypothesis 2: The quantity of applied methods rises with increasing professional experience.

Hypothesis 3: In their selection of methods, therapists consider patient variables such as age, learning type, actual constitution, motivation, musical aptitude, sex, and level of education.

Hypothesis 4: The selection of applied methods is dependent on the type of voice disorder.

METHODS

A questionnaire was developed in an expert group of five therapists and pretested to five practitioners during a standardized interview after completion of the questionnaire.¹⁶ To maintain objectivity, the analysis was conducted by two independent assessors, and the results were discussed in a different expert group. The final version of the questionnaire was completed by voice therapists in Germany, Austria, and Switzerland in an anonymous online questionnaire survey (Limesurvey Version 1.71, GPL-Lizenz by limesurvey). The target groups were members of all occupational categories who were actively working in voice therapy at the time of data collection (Table 1).

The sampling procedure was carried out via the link to our home page: www.stimmumfrage.de. This link was distributed in different ways, for example, by the professional associations of SLTs in Germany, Austria, and Switzerland and through an

article in a professional journal in Germany. Moreover, we used the social network Facebook. The total number of questionnaires received amounted to 724. Data sets of German-speaking therapists with a completed professional training as an SLT and at least one voice therapy per week were included. Furthermore, the questionnaires had to be filled in completely. After applying these criteria, 290 records had to be excluded and 434 data sets were included.

The main aspects that were surveyed through the questionnaire included basic parameters (frame conditions) in voice therapy, methodologic knowledge and method choice, relevance of psychogenic factors within therapy, diagnostic findings, evaluation of success through therapy, interdisciplinary cooperation, method choice in relation to specific clinical portraits of voice disorders (functional, organic, or psychogenic dysphonia; paresis), and patient variables (age, sex, level of education, learning type, and so forth).¹²

Regarding the different kinds of voice disorders, a distinction was made between vocal fold paresis, organic dysphonia (all other organic voice disorders except vocal fold paresis), functional dysphonia (hypofunctional and hyperfunctional dysphonia), and psychogenic dysphonia (aphonia or dysphonia due to psychosomatic or psychosocial influences).

In questions concerning the knowledge and selection of particular methods, 19 methods of voice therapy (based on the literature) were provided for choice (for a brief description of the classification and the principles of methods in the German-speaking countries, see Table 2).

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