Voice Rehabilitation

TESTING HYPOTHESES AND REFRAMING THERAPY

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Voice Rehabilitation: Testing Hypotheses and Reframing Therapy

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Over the years, we have found that when we integrate hypothesis development and testing with the physiological underpinnings of voice production, motor learning patterns, and the principles of patient-centered care, our hierarchy of goals and procedures emerges as a logical and cohesive gestalt. The application of hypothesis development has made our thinking about the rehabilitation process more flexible and revealed logical connections that would not have been made otherwise. We believe that providing therapy without a theoretical basis is like walking through a room in the dark. Theory turns on the light.

Our goal as we wrote this book was to incorporate these principles into a hypothesis-driven framework that will support your development as a voice clinician. This text is suitable for an advanced graduate course dedicated to voice rehabilitation as well as the clinical practicum that typically follows that course. It is relevant to clinicians beginning to practice voice habilitation and rehabilitation as well as practicing clinicians who continue to develop their skills and reframe
their treatment strategies to include the underlying physiological context for the presenting voice problem. Although it presupposes a working understanding of the normal anatomy and physiology of voice production and the laryngeal pathologies associated with voice disorders, we provide a review of the most frequently diagnosed laryngeal pathologies encountered by the voice clinician.

We have included the clinician’s internal monologue within several treatment Dialogues to demonstrate and clarify the hypothesis-driven, clinical reasoning processes in action. The clinical application of the concepts of hypothesis development and testing, motor learning, physiology, and patient-centered therapy become apparent when the clinician’s reasoning is made more explicit. It is also evident that clinical decision making is a logical process when practiced within the hypothesis-driven framework.

We are grateful to our patients and clients who participated in the video recordings and dialogues presented in this book. To protect their privacy and identity during the clinician–patient interactions, we have changed their names and personal details but not their symptoms and responses to treatment. Several of the dialogues are composites based on discussions over several sessions or across patients with similar symptoms.

The Videos of individual and group treatment that accompany this text can be accessed at http://go.jblearning.com/voicerehabilitation and have been selected to demonstrate the assessment, rehabilitation, and counseling procedures performed by the clinician and patient/client.

Finally, an Instructor’s Manual featuring frameworks for class discussions, case studies, and key chapter terms and concepts is also available to qualified instructors. To gain access, contact your Health Professions Account Specialist at http://go.jblearning.com/findarep.
We are grateful to the many people who supported this work. First and foremost, we are indebted to Geoffrey Reid and Charlotte Stewart-Sloan for their ongoing love and unwavering support, insight, and analysis. Without them, this book would not have been possible.

We give special thanks to our students, whose questions have inspired us to deepen our understanding of the process of voice rehabilitation. We hope that this book will provide a direction and support as they develop their clinical skills.

A special thank you to our colleagues in the New York City Voice Study Group whose warmth and generous affirmation of this work gave us immense support.

We thank our patients, who have taught us so much about the treatment process, especially the relationship between patient and clinician.
We appreciate their generosity, allowing us to film their therapy sessions in order to make these video clips available with the text.

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