

# Focusing the Scope: The Voice Practitioner's Role in Trauma-Informed Care

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The phrase *trauma-informed* has gained popularity in the singing voice community, especially since the outbreak of COVID-19. Although it is a critical area of education and research, there can be a lack of consensus on its definition, and how we can responsibly integrate trauma-informed principles into voice education. In this article, the authors touch on the definition, effects, and statistics of trauma and on principles of trauma-informed practices. Additionally, the authors offer suggested guidelines to be supportive in the potential presence of trauma-related reactivity, but in a manner that is completely within the scope of the voice specialist.

**I**N THIS ARTICLE, WE THE AUTHORS offer voice specialists suggested guidelines to help create a trauma-informed atmosphere in the studio. We would like to clarify that we do not suggest that voice specialists engage in mental health care, nor do we suggest that the voice specialist should label anything with the term “trauma” or inquire about trauma. We mention key elements and a few simple techniques that could help a student feel more balanced in case they have a physiological reaction that could be trauma-related.

In their article “Trauma-Informed Care: Better Care For Everyone,” authors Purkey, Patel, and Phillips suggest that “trauma-informed care is not trauma *specific* care.”<sup>1</sup> As voice professionals, we do not offer diagnosis or opinion, and indeed may have no idea what histories singers bring into the room. We are not mental health care providers; yet, we co-create in a vulnerable, often emotionally heightened art form. Even the term “trauma-informed” can feel uncomfortable, especially when used in unnuanced social media spaces where words like “traumatized” and “triggered” have become buzzwords rather than terms which highlight the profound impacts of post-traumatic stress.

*Trauma* is a word many have come across in their lives and often in their careers. It is a word that can generate a sense of empathy, images of shock, and a variety of feelings. Sometimes, humans can hold misconceptions about what trauma is, and how often trauma occurs. This can happen for a variety of reasons, including a lack of familiarity with trauma or a heightened awareness of trauma so intense that misconceptions can occur. It is therefore fundamental for service providers to reflect on the ever-evolving definition of trauma and the statistics that show how many people have been affected by traumatic events which may impact their daily lives.

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## WHAT IS TRAUMA AND HOW DOES IT IMPACT INDIVIDUALS?

Trauma refers to an event or series of events that are painful and frightening for the individual and challenge the individual's capacity to be in control and cope, as well as their psychophysiological equilibrium.<sup>2</sup> The psychophysiological reaction to the event, and potential changes in general psychophysiological reactivity of the individual, are at the core of what trauma is.<sup>3</sup> How extreme these alterations are depends upon a variety of factors, including length and circumstances of the traumatic event or events, biological factors, epigenetics, the social support system of the individual and more.

Early life adversity can have unique influences on cognitive, emotional, and neurobiological development. The percentage of adults that have reported at least one category of childhood abuse and neglect across a variety of samples range between 40 and 75%.<sup>4</sup> Psychiatrist Bessel van der Kolk and colleagues, as well as Kearny and Lanius, emphasize the large spectrum of ways in which early trauma can manifest itself and affect an individual's neuropsychosocial equilibrium. For the purposes of this article, we are going to stay out of diagnostic criteria (for example, what Post-traumatic Stress Disorder is, and debates on Developmental Trauma Disorder) and instead, we are going to bring attention to psychophysiological elements associated with traumatic experiences.<sup>5</sup> This is for two reasons: 1) we aim to help focus the scope on the topic of trauma so that voice specialists do not need to concern themselves with mental health diagnostics, and 2) psychophysiological manifestations after trauma can occur in a variety of complex ways that are not always within traditional specific diagnostic criteria.<sup>6</sup> Having said this, we would like to emphasize that while we do not suggest that every physiological event in an individual is trauma-related, the voice specialist will nevertheless not know for which students it may be.

Trauma-exposed youth can show a variety of physiological and neurobiological differences, including alterations in the activity of the autonomic nervous system, such as less differentiated physiological responses between fear cues and safety cues, compared to controls.<sup>7</sup> This means that the nervous systems of traumatized individuals are inclined to interpret stimuli as threat. This excessive stress exposure may over or under-sensitize responses to stress, therefore damaging physiological

development.<sup>8</sup> Childhood trauma can also lead to alterations in immune factors, circadian factors, autonomic reactivity, brain structure, epigenetic changes and more.<sup>9</sup> All of these factors can have an effect on how individuals function, interact, and show up to their day-to-day activities, including the voice studio.

What about specific links between trauma and voice? Little research exists examining trauma and non-disordered voices. Monti and colleagues found a potential link between childhood trauma and voice perturbation measures. Becker and colleagues and Helou and colleagues found evidence of childhood trauma being linked to the likelihood of being a "laryngoresponder" (an individual who senses discomfort in the larynx as a result of experiencing stress). Marmar and others found that veterans with *post-traumatic stress disorder* (PTSD) had vocal differences in natural speech samples compared to veterans who were not as PTSD-symptomatic.<sup>10</sup> Monti and colleagues found evidence linking anxious attachment and childhood neglect to both intensity and loudness measures in singers.<sup>11</sup> This literature is still growing and it is a promising line of research that could someday draw stronger connections between trauma and voice. However, that does not mean (at least for now) that we can utilize cues in voice to draw direct conclusions about one's history.

## SINGING AND EMOTIONAL RESPONSES

Why does singing elicit such strong emotional responses? In order to sing, singers need to slow down and breathe deeply, thus opening up to different emotions, conscious or unconscious, which may have previously been lying dormant. When singing, our voices and bodies are the instruments and we are deeply connected to the source of the sound and its vibrations.<sup>12</sup> Singing is also a neuromuscular activity and muscular patterns are closely linked to psychological patterns and emotional responses.<sup>13</sup> Singing can be an incredibly vulnerable experience as "the self is revealed through the sound and characteristics of the voice."<sup>14</sup>

## HOW TRAUMA CAN SHOW UP IN THE STUDIO

Whether voice users are aware of it or not, symptoms of stress or trauma, affecting the body, mind and psyche,

may show up in the voice studio. Voice teacher Emily Jaworski Koriath says, “As a voice professional . . . your job is to be aware of the ways that it [trauma] can impact learning, relationships, and singing skills.” This is the essence of the awareness that is important for a voice specialist to have.<sup>15</sup> Stressed, activated, or traumatized clients often alternate between a state of “overwhelm” and hyper-arousal with intense re-experiencing of a stressful event, and a state of emotional constriction and numbing.<sup>16</sup> For example, basic survival instincts may kick in when a client is perceiving a threat. Simple, seemingly normal experiences such as an instruction to blow into a straw or a question that the client views as invasive or sensitive in nature may be perceived as a threat and trigger unexpected responses. Psychologist Peter A. Levine discusses a category of procedural memory pertaining to “hard wired emergency responses that call upon our basic survival instincts in the face of a threat.”<sup>17</sup> Physical symptoms of such responses can include palpitations or an accelerated heart rate, sweating, trembling, shortness of breath and more. In those moments, a person can have a limited capacity to stand back, observe and evaluate when experiencing these intense emotional responses, thus having difficulty deciphering what is real and what is not real.

On the other hand, singers may experience symptoms of hypo-arousal and/or dissociation in response to a perceived threat, which impacts the ability to stay present, due to a hyperawareness of one’s body to the point of paralysis.<sup>18</sup> Due to the fear of various bodily sensations that may arise, dissociation is a defense against feeling, with the purpose of protecting the psyche and becoming a way to escape. Dissociation may show up in the voice studio as a client spacing out, daydreaming, not remembering what was just said, and generally appearing inattentive, confused, or distracted. It can become one of the few ways to escape what may be perceived as terrifying feelings or sensations in the body.

### SOME TECHNIQUES

Below we describe a few simple techniques that can be helpful if a student is having a stress reaction and it appears that the autonomic nervous system is shifting state. Again, we are not suggesting that every reaction that presents itself is necessarily trauma-related and

we are not suggesting that the voice specialist gives any interpretation about the reactivity shown. This is just helpful in case the reaction is trauma-related; for non-survivors as well, these techniques can still be centering and calming.

Breathing is one of the most vital and essential resources that we have for coping with stress responses. As with the physicality of the voice, the kinetics of the breath are intimately connected to emotional influences.<sup>19</sup> Music Therapist Diane Austin states that “Breath is the life force that connects the mind, body and spirit.”<sup>20</sup> The first step in helping a person who is dysregulated can be breathing. Deep breathing is crucial in helping a client calm a hyper-aroused response and begin to balance themselves, as it can still the mind and body, creating an experience of being more present. When we are stressed, we often unconsciously breathe shallowly, or even hold our breath, to control our emotions. Breathing deeply empties the body of stale air, preparing it to receive fresh air, thus quieting the nervous system and aiding the body to relax, making it easier to reach a state of relative equilibrium.<sup>21</sup>

One breathing exercise that can help when a person is dysregulated is alternate nostril breathing.<sup>22</sup> In this activity, the teacher would sit opposite the client and instruct them to have their feet planted firmly on the ground, sitting comfortably, in an upright position. This technique begins by bringing the right hand to the nose and covering the right nostril with the right thumb, then inhale deeply through the left nostril. The next step is to cover the left nostril with the right index finger, release the thumb and exhale through the right nostril. The right index finger keeps covering the left nostril as the client inhales deeply through the right nostril. The next step is to release the index finger from the left nostril and cover the right nostril with the thumb, exhaling through the left nostril. If the client is comfortable with this exercise, repeat this pattern for several minutes.

Breathing exercises that focus on the exhalation can also help a person feel more present and balanced.<sup>23</sup> For example, one technique involves counting up to four when inhaling with the client, then breathe out to the count of four. This same four-count inhale can be repeated, followed by breathing out to the count of five. This can be repeated to then breathe out to the count of six, slowly extending the exhale.

**TABLE 1. Best Practices in the Voice Studio for Dealing with Trauma.**

In Scope ✓	Out-of-Scope ✗
Listening to the student e.g., “I hear what you are saying, thank you for sharing this with me.”	Asking the student direct questions about their trauma history e.g., “What happened exactly? How many times?”
Offering empathy e.g., “That must have been very difficult.”	Offering a psychological interpretation e.g., “that definitely sounds like PTSD.”
Acknowledging that the past can sometimes affect our bodies and voices today e.g., “Sometimes our body can have sensations and/or reactions also related to our past.”	Giving a definite explanation of what is occurring e.g., “you are definitely in fight-or-flight; what your body is doing is definitely related to this or that experience.”
Bringing the conversation to how breath, posture, and voice are impacted in the present moment e.g., “What are you noticing? How can we adjust?”	Unpacking student’s trauma history, particularly without returning to the purpose of the voice session.
Trying brief breathing and grounding exercises with students to find more balance for singing; see more information in this article.	Guiding students through understanding the psychological origin of body reactions and investigating trauma connections.
Indicating to the client that you understand and feel for what they are dealing with, without getting into personal details.	Sharing a lot of personal information in an attempt to align e.g., “I feel your pain, my relative died too.”
Having a variety of mental health resources handy to give to clients when they seem to be stressed, with compassion e.g., “We all struggle sometimes; here are some helpful resources.”	Making assumptions about their level of dysfunction or danger e.g., “this behavior is unhealthy, you need to be in treatment.”

Grounding techniques can be especially helpful to those clients who may be experiencing some dissociative symptoms and have veered from the present reality.<sup>24</sup> Grounding or anchoring practices help clients focus on aspects of their external reality in order to stop or slow down stress responses and emotional or physiological dysregulation.<sup>25</sup> Asking a client to touch, rub or gently pat their thighs, forearms, or heart area can help them orient to their body.

The voice specialist can also inquire if a client is noticing any smells around them. If there are some flowers or essential oils, encouraging the client to smell them can also help orient the client to the here and now. Another grounding technique is to ask about an object or material close to the client, for example, “What material is your sweater? That is a nice color; is it ok if I ask you where you found it?” An additional technique is to ask the client to name and describe three objects in the room or ask them what sounds they presently hear. Reorienting a client to their present environment, as well as to the day and time can also help ground them. These sensory-based experiences can help a client shift out of what may feel like out-of-control inner turmoil, to the present moment with the voice specialist.

### TRAUMA WITHIN SCOPE

When defining scope of practice for voice specialists, it is important to note that guidelines do exist. For example, the American Speech and Hearing Association (ASHA) has stated that “The overall objective of speech-language pathology services is to optimize individuals’ ability to communicate and swallow, thereby improving quality of life.”<sup>26</sup> Within the guidelines of the scope of practice for any field of practice, specialists must maintain integrity by administering what corresponds to present knowledge and skill level; according to ASHA: “It is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.”<sup>27</sup> In light of these guidelines, we offer suggestions for voice specialists that we believe are completely within their scope of practice, and also supportive of a trauma-informed framework (Table 1).

Voice specialists may address the following questions to themselves in order to help them stay focused on responding to and helping their client who appears dysregulated, possibly due to trauma.

- When a client is in distress, is my attention on *what* or *why*?

If you wonder *why* or where it comes from, shift your focus to *what*—what can be done to keep the client in the present or gently help them come back to the present? Briefly use the grounding techniques previously suggested in this article, such as instructing a client to describe an object, to feel the floor under their feet, or to describe how a fabric they are wearing feels. Breathing techniques, such as alternate nostril breathing, or elongating exhalation time, may also be helpful.

- If a client discloses a painful experience, is my attention on *empathizing* or on *fixing*?

If your attention is on *fixing*, pause, slow yourself down by grounding yourself, feel the floor under your feet, and notice your breathing. Then, shift to *empathizing* with the client, gradually returning to voice work at the client's pace.

- What should I do if a client is stuck in the narrative of the painful experience?

You can offer empathy, validate the client's feelings, and remind them of the importance of connecting to their voice. Share resources and remind them that you are rooting for them and their wellbeing.

## THE SIX PRINCIPLES OF SAMHSA

It may be useful here to introduce an additional and established system of helpful principles to be kept in mind when the voice specialist is asking themselves how they can maintain a trauma-informed lens. The CDC's Substance Abuse and Mental Health Services Administration (SAMHSA) provides six principles to a trauma-informed approach that we expand upon, below. These guidelines are constructed to be organic approaches which are periodically reassessed and improved on for both organizations as well as single providers implementing trauma-informed care. These principles can help define our parameters as we work to provide a supportive and respectful presence in the voice studio:<sup>28</sup>

1. **Cultural, Historical, and Gender Context:** The practitioner “moves past cultural stereotypes and biases . . . offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that

are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.”<sup>29</sup>

Although SAMHSA lists this as an independent principle, many view it as the bedrock of all six. We must be in continual dialog with our personal biases and how historic and ongoing structural oppression may impact both pedagogy and institutional policy. Kenneth Jones and Tema Okun's seminal article, *White Supremacy Culture*, outlines how white supremacy markers (including perfectionism, power-hoarding, fear, either/or binary, urgency, and worship of the written word, to name a few) impact personal and systemic beliefs.<sup>30</sup>

2. **Safety:** Ensuring that people feel physically and psychologically safe or grounded, both with the practitioner and in the space itself.

Feeling safe in our bodies and environments is vital for wellbeing. The reality, however, is that we cannot assume that our space feels safe to others. What feels safe for us may feel incredibly dangerous for someone else—and, for many, “safety” has never been part of their lived experience. “Safe-enough” spaces can only be created in relationships. It might be useful to ask clients, “Is there anything that might make you more comfortable or grounded in our space?” Logistically, we might ask singers where they feel comfortable standing or sitting; we might check in with them about the temperature in the room, their proximity to an exit, to water, or to restrooms; we might consider the lighting, or anything that supports basic human needs, and offers choice and care for the shared physical space.

3. **Trustworthiness and Transparency:** The practitioner conducts themselves with the utmost transparency, with the goal of gaining and maintaining trust with the client.

Intentionality, follow-through, and clear boundaries can cultivate trust, particularly knowing what we offer and what we do not. We might ask ourselves: Are my expectations clear? Do my actions support my intentions? Am I open to receiving feedback, shifting my perspective, and engaging in repair when necessary? Do I honor the roots of the practices and ideas that I share, providing context and due credit?

**4. Peer Support:** “Peer support [meaning support from other survivors or individuals who have experienced trauma] and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.”<sup>31</sup>

In the context of voice work (where we are not in therapeutic relationships or offering “group care”), peer support could be considered community affirmation and accountability. To honor our scope of practice, voice teachers can have referral resources if students need support that we are unable or unqualified to offer. It is also important that we voice teachers have our own accountability system. Do we have a network (colleagues, friends, family) that we trust to give honest, reasonable, and compassionate feedback?

**5. Empowerment and Choice:** Practitioners “understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment.”<sup>32</sup>

When we honor difference in voices, in bodies, in cultures—and understand that our “yes” could be someone else’s “no way!”—we become better able to offer choice in the first place. Consent becomes a fluid dialog in which we become curious about possibilities; and, being secure enough in our own embodied knowing to handle varied choices, especially when they are different from ours. A first step toward offering empowered choice and consent in the voice studio is sensing what “yes” and “no” feel like in our own bodies so that we can more clearly offer and receive choice and consent from others.

**6. Collaboration and Mutuality:** The practitioner creates an environment of mutual respect, dialog, and collaborative decision-making.<sup>33</sup> In empowered educational relationships, teachers and students become active participants in an emergent, co-creative learning process where “yes” and “no” are equally offered and celebrated. Rather than feeling owned by or obligated to a particular method or teacher, voice professionals can lean into multiple pathways for building skill and artistry. As teachers, we trust both our expertise and the student’s experience.

## CONCLUSION

Trauma affects both the individual and society at large, and the impact of chronic stress on singing bodies can be unexpected and unquantifiable. Given these factors, this article highlights that trauma-informed care is not only within the voice professional’s scope of practice, but may be a critical part of relationship-building and successful learning outcomes. The authors hope that the principles and techniques provided in this article might be helpful to voice specialists and singers in situations where a stress or traumatic response may be occurring.

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chological trauma and voice. Her mission is to contribute to further our understanding of this relationship. Dr. Monti is a certified Performance Wellness therapist trained in the Montello Method for Performance Wellness and is certified in Vocal Psychotherapy (trained by Dr. Diane Austin). She has experience working with individuals on trauma, attachment, voice, communication, self-expression, and performance. She is also a provider at LoveAddicts.com. Dr. Monti collaborates with numerous scholars and scientists, including the Helou Laboratory at the University of Pittsburgh, the Voice Study Centre, and New York Speech Pathology. She is also the president and co-founder of the Voice and Trauma Research and Connection Group, Inc. She is also the co-founder of Monti Bianchi Performance Wellness. Dr. Monti has been the recipient of honors and awards, including the Audio-Visual Media Award (2017) from the International Society for the Study of Trauma and Dissociation.

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**Megan Durham** (she/her), serves on the voice faculty at the University of Louisville and works as a singing voice specialist. Incorporating trauma-informed care into her pedagogy, she is a facilitator of YogaVoice®, LifeForce Yoga®, Transcending Sexual Trauma Through Yoga, and Movement For Trauma (Jane Clapp). Megan serves as the Education Director the Voice and Trauma Research and Connection Group, co-founded by Dr. Elisa Monti and Heleen Grooten. Megan holds a Master of Music degree in voice pedagogy and performance from Westminster Choir College of Rider University, and a Bachelor of Arts degree in music from the University of Richmond. She is a Recognized Vocologist with the Pan American Vocology Association, and completed her certification in singing voice habilitation with Dr. Karen Wicklund at the Chicago Center for Professional Voice.

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**Allison Reynolds** (she/her), LCSW-R, LCAT, MT-BC received her Master of Arts in Music Therapy from New York University and her Master of Social Work from Hunter College. She is an Adjunct Faculty at NYU in the Music Therapy Master's program. She maintains a private music psychotherapy practice in New York City, specializing in trauma work, including developmental/complex trauma. She is a certified Nordoff Robbins Music Therapist and an Austin Vocal Psychotherapist. She is currently training under Dr. Diane Austin as a trainer in the Austin Vocal Psychotherapy model. From 2005–2021, she worked in various capacities with the HIV/AIDS population, as a music therapist, clinical social worker and as the Director of Behavioral Health at St. Mary's Center in Harlem. Allison has been on the board of the Voice and Trauma Research and Connection Group, Inc. since January of 2021 and facilitates workshops nationally and internationally. Learn more about her work from her website: [www.musicislifenyc.com](http://www.musicislifenyc.com)