

Clinician-Driven Recommendations for Revising the CAPE-V

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RATIONALE

- The CAPE-V (Kempster et al., 2009) was intended to provide a **standard, brief and reliable protocol** for perceptually evaluating voice quality in both research and clinical settings.
- There is increasing evidence of confusion about some of the characteristics of the instrument and of the protocol itself.
- This study surveyed voice-focused clinicians who regularly use the CAPE-V as part of the process to develop specific recommendations for revisions to the protocol and form.

METHOD

We created an anonymous **web-based survey** focusing on how experienced clinicians elicit and rate voice stimuli when administering the CAPE-V. 59 individuals initiated the survey; data analysis used descriptive and qualitative methods.



Link to survey & references

RESULTS

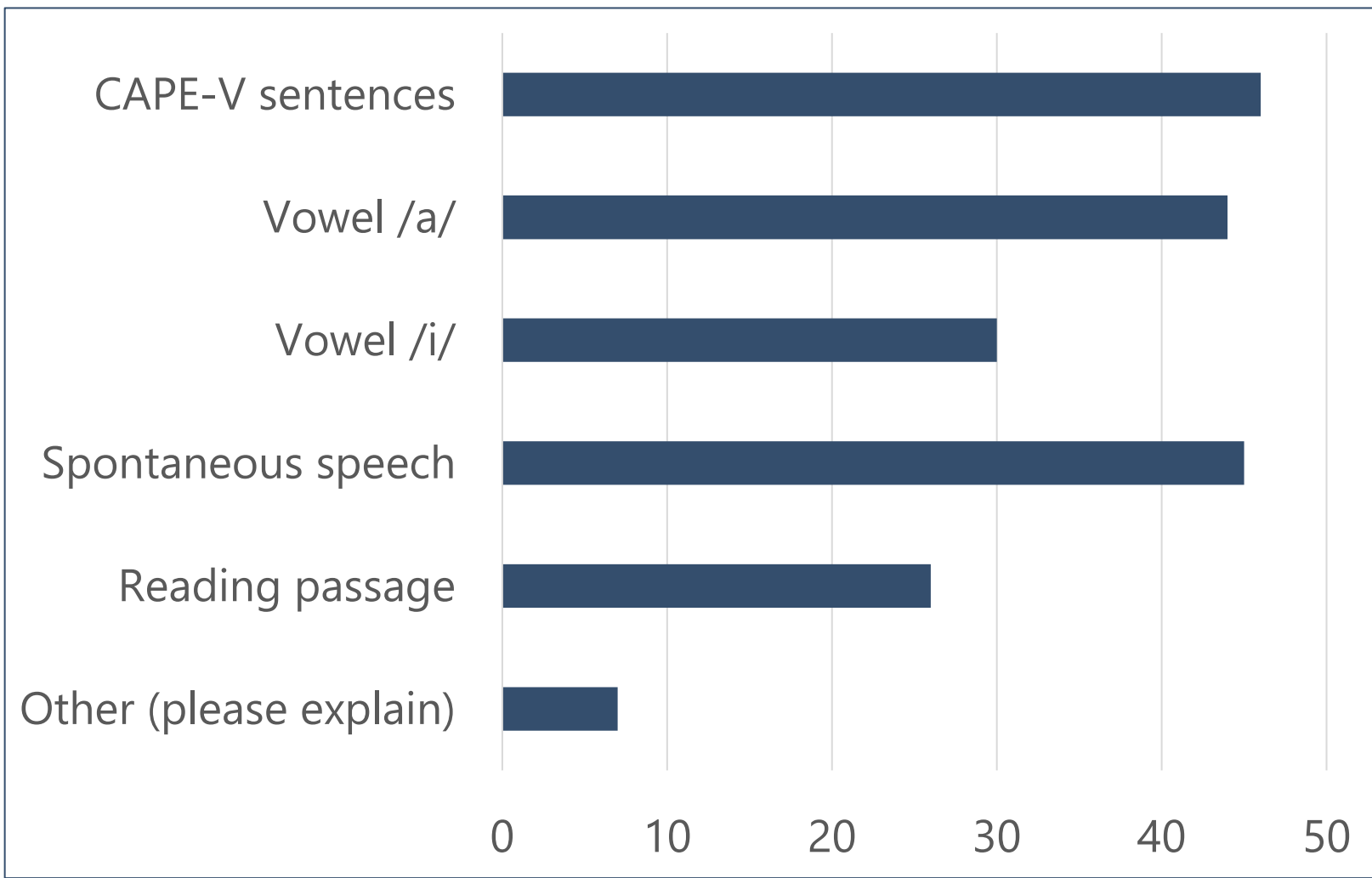


Figure 1. Frequency counts for use of **specific components** reported by participants in a typical administration of the CAPE-V protocol.

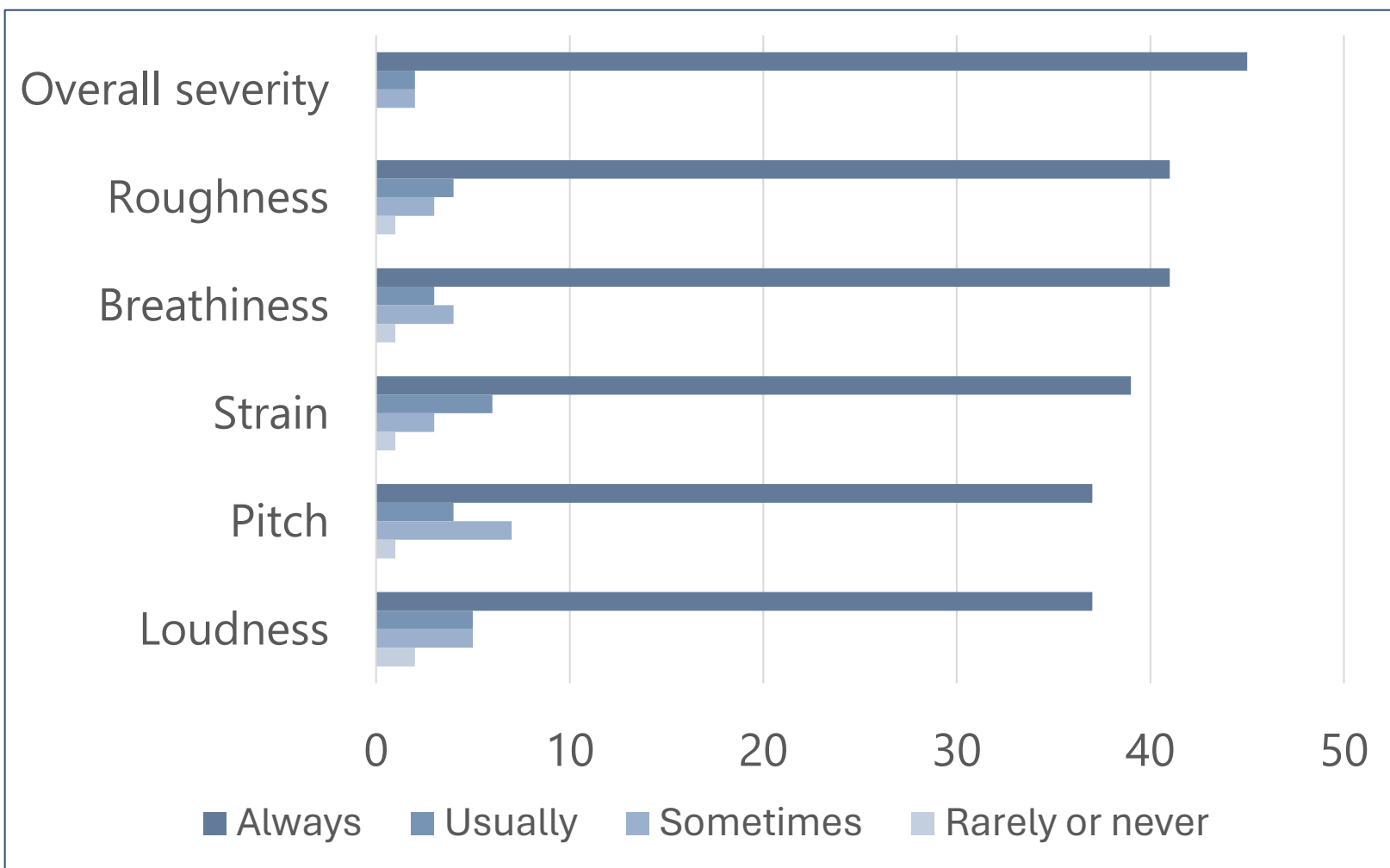


Figure 3. Frequency counts for participants' ratings of the **main voice quality parameters** in the CAPE-V protocol.

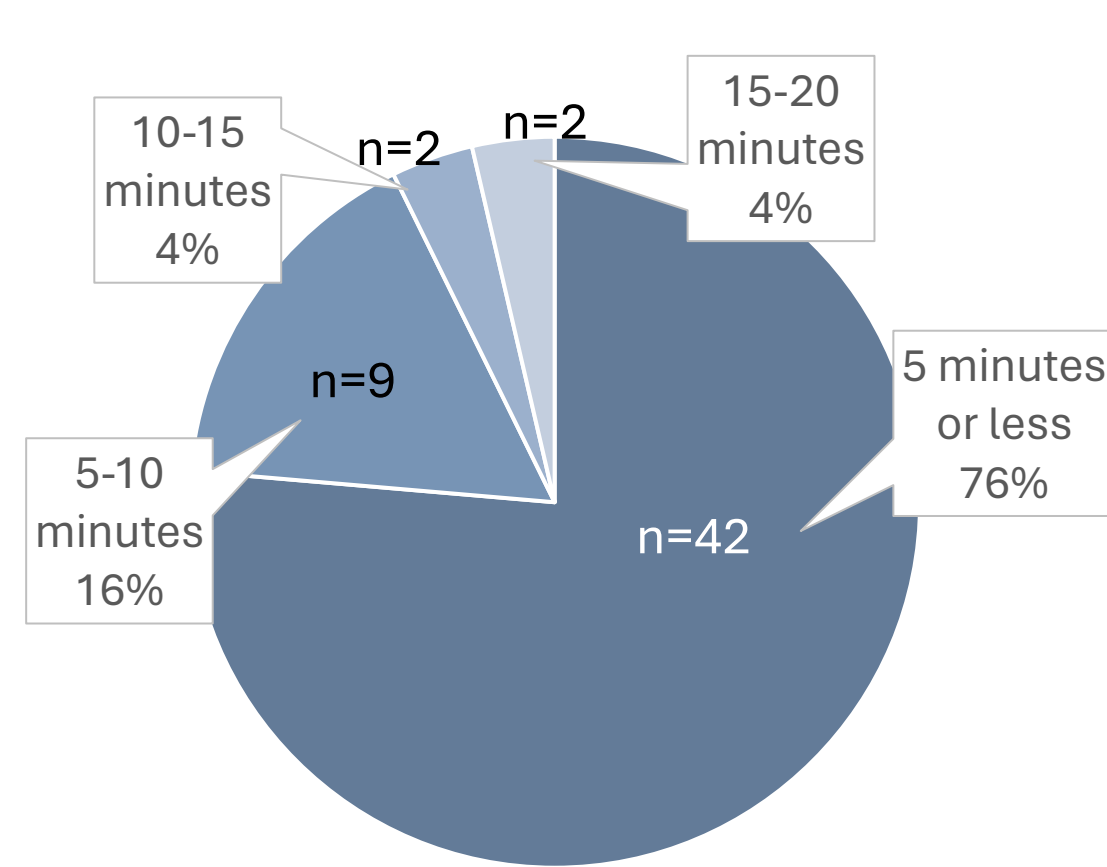


Figure 2. Reported time to **elicit** CAPE-V stimuli.

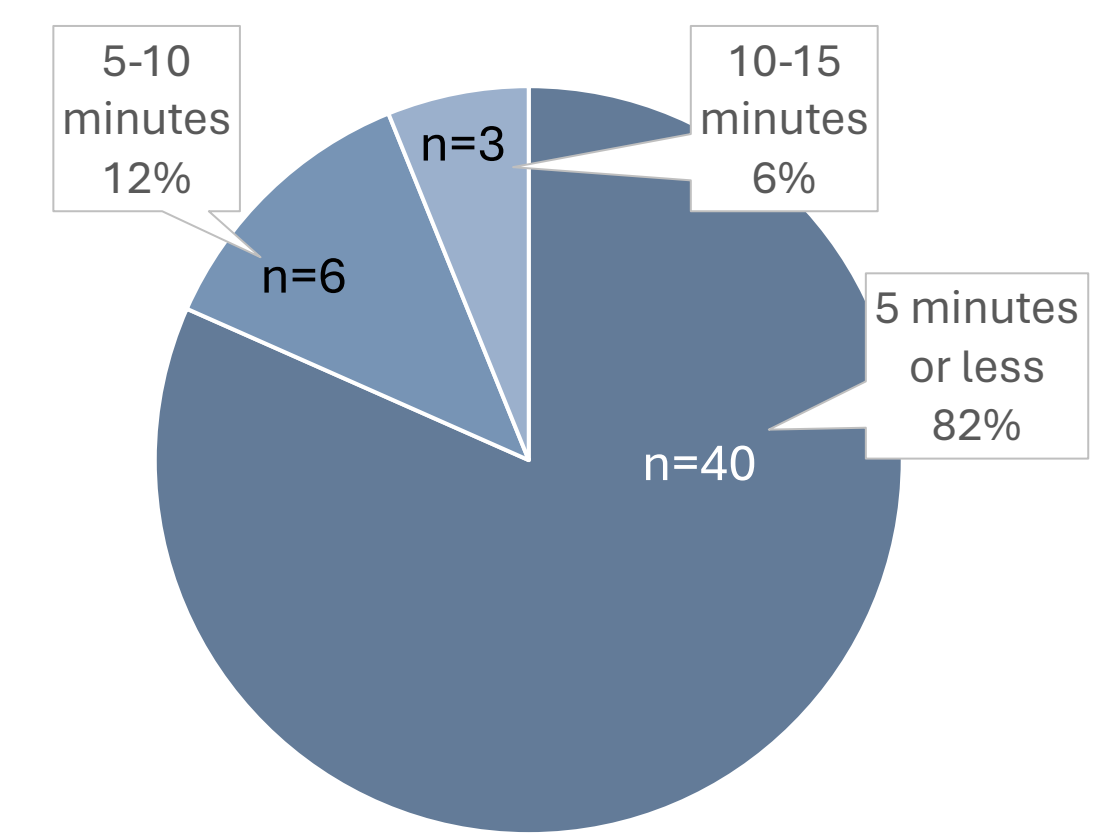


Figure 4. Reported time to **complete rating and scoring** CAPE-V results.

"If you skip sections of the CAPE-V procedure or stimuli, what is your rationale?"

Theme 1: The scoring protocol is too detailed

- "I do not have 100 different levels of perception for a specific auditory-perceptual construct."
- "I find we are able to rate and assess perceptual qualities without having to follow the entire procedure."

Theme 2: Doing the entire protocol is too time-consuming

- "I complete other PROMs and more objective ratings first, so if I don't have time, I will skip it altogether."
- "I also haven't got time to pull out a ruler and measure my "x" marks."

Theme 3: Stimuli or tasks are irrelevant or overlap with other components of assessment

- "I find the specific stimuli to be irrelevant and I am not convinced they serve a functionally sound purpose."
- "I skip sentences and reading because spontaneous speech is what I want to change in therapy, So I "cut the fat" and only go with what I'm interested in changing."

"If you could change the CAPE-V, what would you add, revise or remove from the protocol or form?"

Theme 1: Modify the sentences

- "I would change the sentences to be more culturally sensitive and trauma informed."
- "Many patients incorrectly read 'Peter will keep at the peak.'"

Theme 2: Remove or modify tasks

- "There needs to be specific outlined parameters for rating severity."
- "Just do spontaneous speech and take out the sentences and reading passage."

Theme 3: Clarify the terminology and parameters

- "I think pitch could be reframed to be more relevant."
- "Make it less subjective on severity rating. There needs to be specific outlined parameters for rating severity."

Theme 4: Simplify or automate rating procedures

- "Remove VAS and make it an estimate in 10's or categories (mild, mild-mod, mod, mod-severe, severe)."
- "An electronic version with sliders that generated a quick text report with numbers."

DISCUSSION

- The CAPE-V has been in circulation for 22 years and has become a commonly-used tool for perceptual assessment of voice quality.
- Over time, users have altered their use of the prescribed stimuli and scoring protocol, and have developed preferences and opinions about its use.
- CAPE-V users' suggestions from surveys and previous studies (Lodhavia & Kempster, 2024; Nagle, 2022) are being used to develop a revised CAPE-V (Kempster et al., in preparation).
- **Changes include** removing the textual markers for severity below the scale lines; rewording of some sentences and adding a sentence; and new, neutral prompts for extemporaneous speech.