

PROPOSED
SPECIALTY TRAINING
IN VOCAL HEALTH

Why, Who, What & How

Salt Lake City - April 25-26, 2013

Hosted by:
National Center for Voice and Speech

Proposed Specialty Training in Vocal Health:
Why, Who, What & How Symposium

Symposium on Specialty Training in Vocal Health

Summary Report

April 25-26, 2013
Salt Lake City, UT

Presented by



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Foreword

A symposium was held on the 25th and 26th of April, 2013 in Salt Lake City, Utah, to discuss several topics surrounding specialty training in vocal health for non-physician professionals. Topics for discussion included terminology, training/educational/employment needs, scope of practice, potential certification, and representation by professional organizations. The symposium was hosted by the National Center for Voice and Speech, a research and training center partially funded by the National Institutes on Deafness and Other Communication Disorders. Attendance and contributions were open to the public and widely advertised among speech language pathologists, singing teachers, choral conductors and academics in music, theater, music theater, communication sciences and disorders, and laryngologists. Special effort was made to encourage participation from as many stakeholder communities as possible. Fifty-six voice professionals attended the symposium's formal oral presentations, voicing opinions from the floor, and contributing to multi-disciplinary breakout discussions.

Symposium Steering Committee Members

Chair: Eric J. Hunter, Ph.D.

Linda M. Carroll, Ph.D., CCC-SLP

Starrlett Cookman, M.A., CCC-SLP

James Daugherty, Ph.D.

Kate DeVore, M.A., CCC-SLP

Lynn Holding, M.M.

Mara Kapsner-Smith, M.S., CCC-SLP

Lynn Maxfield, Ph.D.

Scott McCoy, D.M.A.

John Nix, M.M., M.M.E.

Martin L. Spencer, M.A. CCC-SLP

Leda Scarce, M.M., M.S., CCC-SLP

Ingo R. Titze, Ph.D.

Introduction

Discussions on the level of training and scope of practice regarding professionals dealing with vocal health of performers have been held for several decades. During this time, research has been conducted to determine the vocal demand on special voice user populations, and proposals for training practitioners have been made. Nevertheless, the definition of the roles and boundaries within performance voice health training and care remain murky. Several groups of stakeholders are involved, including physicians, speech-language pathologists, voice teachers, choral conductors, speech and voice trainers, and performers. These voice professionals are represented and/or regulated by a variety of organizations (e.g. American Speech-Language-Hearing Association, National Association of Teachers of Singing, Voice And Speech Trainers Association, American Choral Directors Association), but the cross-disciplinary nature of voice care and vocal training is not fully addressed by any of them.

To help address these issues and to provide a venue dedicated solely to their discussion, the National Center for Voice and Speech (NCVS) at the University of Utah initiated a symposium entitled, "Proposed Specialty Training in Vocal Health: Why, Who, What & How," which was held on April 24-25, 2013. To ensure ample representation in the planning of the symposium, a group of well-known voice professionals from the above named stakeholder organizations (ASHA, NATS, VASTA, and ACDA) was assembled prior to the meeting to act as a steering committee. The committee was chaired by Dr. Eric J. Hunter of the NCVS. Committee members (listed in the Foreword) understood that discussions on the scope of practice regarding vocal health and voice habilitation and rehabilitation for performers have been ongoing for decades. The steering committee met several times via internet to plan topics with a goal of achieving a balanced event with multiple open-sessions, panel discussions, and break-out sessions to address specific topics. In the end, the format not only included multiple open sessions developed from abstracts, but also guest lectures from other fields, talks on current training practices, and break-out sessions to help determine common ground and goals.

The current document is a brief summary of discussion topics, with an attempt to present both majority and minority points of view. Following the summary, Appendix A contains a list of all conference attendees, and Appendix B contains abstracts of all conference presentations. This summary document has been reviewed by all of the steering committee. While each member may not individually agree with all the summary reports, consensus was reached that the document represents a fair assessment of the collective thinking of the group.

Summary of Discussions and Recommendations

Nomenclature and professional labels

It was generally agreed that the combined disciplines dealing with vocal health, voice science, and voice training should be given a new name. *Vocology* was proposed and generally strongly supported as an all-encompassing term, defined broadly as the study of vocalization. *Vocology* is also easily translated (conceptually and literally) into foreign languages, as

evidenced by the fact that clinics and laboratories in Europe, Asia, and South America have already adopted the term.

A significant amount of time during the symposium was dedicated to the review of current terminology used to refer to professionals involved in various aspects of performing voice health, and to the exploration of alternative terminology. The goals of these discussions were: 1) to ensure that titles/nomenclature surrounding vocal health reflect the provider's qualifications so that the public will be able to identify the appropriate provider to address their needs (i.e. voice training vs. voice rehabilitation; acting voice vs. singing voice, etc.), and 2) to improve the specificity of the language we use to describe the roles and responsibilities of singing voice health providers so that the public is adequately informed of the provider's level of education, training, experience, depth of scientific and clinical knowledge, and scope of practice.

The major demarcation drawn was between voice *habilitation* and voice *rehabilitation* for the performance voice. It was generally agreed that voice habilitation describes maintenance, building and enhancing vocal skills and knowledge in a healthy performer, and that voice rehabilitation describes restoration of lost vocal function for a performer who has suffered a voice disorder or voice injury. It was pointed out multiple times that there can be considerable overlap of these functions, but there was general agreement that the distinction was valid and deserving of differentiating terminology. It was also generally agreed that to provide voice rehabilitation, the provider must: 1) be thoroughly steeped in principles of voice *habilitation*, demonstrating experience as a performer and teacher of performing voice and 2) have (or work under the supervision of one who has) advanced clinical training, education and qualification as a healthcare provider. The rationale for the latter requirement was based not only on ensuring that the highest ethical standards be maintained in undertaking treatment of an injured vocal performer, but also on consideration of liability issues that may arise from such treatment.

The term *singing voice specialist*, although in use currently, has lost some of its initial appeal because it carries no definitive identity separate from a singing teacher. A lay person might say that a singing voice specialist is a singing teacher. The term singing health specialist, however, does carry an identity beyond a singing teacher but it still is specific to singing while ignoring acting, public speaking and occupational voice users. Furthermore, an extra level of training is implied by the word "health," which presumably would include voice science and some aspects of general health science and practice. After some discussion, several stakeholders suggested terms such as *clinical vocologist*, *professional voice vocologist*, *performing voice specialist*, or *singing (or acting, speaking) health specialist*. In the final discussions, it was generally suggested that the term vocologist could encompass all of these specialties with the use of specific terminology to indicate subspecialties, such as clinical vocologist, research vocologist, performance vocologist, etc.

Several attendees observed that a vocologist, unlike an audiologist, is not yet a widely recognized specialist in the public or health-care domains, but those who expressed that opinion felt that in a relatively short time, acceptance would be reached. A bigger concern raised was that the clientele served by some practitioners is not well delineated with the single word vocologist.

Summary Report - STVH

For example, would a vocologist serving actors or public speakers need an identity separate from a vocologist serving singers, or one serving school teachers? Further, while a choral conductor could also have a vocology credential, a separate or subspecialty designation may be needed.

A discussion ensued about whether or not a specialty credential should include the name, program, or institution that offered the credential. Several current programs are trademarked and some carry the name of the developer or an honoree of the developer. Some attendees expressed the opinion that the credential should identify the skill set rather than the trainer or the training institution. Another opinion, however, was that until the skill set is standardized by a democratic professional organization, the trainer or training site may be relevant enough to be listed on a calling card, vitae, or letterhead. No consensus was reached.

Training and Education

Several training programs exist and were presented. Overall, most specialty training in voice includes both habilitation and at least basic principles of rehabilitation. Vocal ability that might be considered “normal” is difficult to define, given that vocational and avocational needs often take vocalization beyond “comfortable pitch, loudness, and voice quality” for conversational speech. Thus, the line between habilitation and rehabilitation is quite blurred, with similar techniques and expertise being used in both situations.

To generate a baseline understanding of voice production and consistency in academic preparation for the field, programs in vocology should include education and training in a number of important areas. Regardless of whether the practitioner is primarily engaged in voice habilitation or rehabilitation, the common areas of training should include anatomy of the upper body, and specifically the head and neck region. They should include an introduction to the biomechanics of tissue and air movement, as well as principles of sound production and propagation in airways (acoustics). The physiology of breathing, vocalization, and natural sound reinforcement should be understood at the level of neural control, muscle contraction, posturing, and movement. Scientific concepts of motor learning and theories of practice as they might be applied to voice training and practice regimens should be understood.

Didactic coursework and supervised experience for understanding voice perception and assessment of vocal ability should include training to hear small changes in the vocal signal, relating perception to production through personal performance experience, the use of visual cues (posture, alignment, strain, tension, freedom of movement), and the use of instrumentation for voice analysis.

It was generally agreed that vocology education or certification should require a thorough knowledge and understanding of voice disorders. Further, understanding and being able to classify voice pathologies and voice limitations should also be an essential part of vocology training. This would also include systemic effects of disease and medications on the voice, the difference between medical diagnoses and functional assessment, and a spectrum of therapy techniques (e.g. vocal exercises, laryngeal manipulation, and nutrition).

Summary Report - STVH

It was recognized that familiarity with performance voice (e.g., music, acting, and broadcast) terminology and training aids found in a studio is critical for vocologists who interact with voice performers. Keyboard skills, music notation, recording equipment, electronic amplification for live performance, venue acoustics, and solo versus ensemble voice production/perception are basic topics. Understanding the domains of K–12 music educators, music therapists, and choral conductors in voice training is also important due to their influence on voice production skills.

Attendees also indicated that a vocologist treating singers is well served to understand the history of vocal performance and the lifespan development of the singing voice, especially as it differs between males and females. Physiology, acoustics, training, and performance approaches differ vastly between contemporary and commercial singing styles and classical singing styles. Likewise, vocal demands in theatre are greatly affected by theatrical style and genre, and the acting vocologist must demonstrate knowledge of these differences and competence in training techniques associated with them.

Scope of Practice

The ethics and responsibilities of the profession of vocology are critical and were extensively discussed. Considerations include liability of the provider of vocal habilitation and rehabilitation, insurance billing and medical ethics, and regulation of practitioners. One of the invited speakers was an attorney who gave a presentation on liability and healthcare providers, and indicated that, at least under Utah law, anyone purporting to provide rehabilitation of injury is subject to malpractice liability.

Currently, there are at least two paths by which one may find him or herself practicing in the profession identified for the purposes of this document as a vocologist. Some are speech-language pathologists (SLPs) who have had previous experience in voice performance and/or training the performing voice. Others are performers and performance-voice teachers who have sought out extra training in vocal health, voice science, and vocology (ideally incorporating the standards outlined above). While both of these groups certainly have different job descriptions, the purpose of this discussion was to identify the responsibilities common to the field, regardless of background, so as to better define the scope of practice of a vocologist.

In order to appropriately identify the common responsibilities, it is best to begin with those responsibilities unique to individual fields. Because of the rigor associated with earning clinical competency as an SLP, this group has more healthcare-related responsibilities than do singing teachers or acting voice coaches. In the USA, as well as many other countries in North, Central and South America, clinical voice evaluation (which can include endoscopy and objective measurement of voice function) and voice therapy are the responsibility of a licensed SLP. Diagnosis of voice disorders is the responsibility of the physician, who ideally should be a laryngologist (ENT specializing in laryngology).

Through use of strong advocacy by SLPs and ASHA, the SLP is recognized as the most qualified provider of evaluation and therapy for all communication disorders, including voice

disorders. However, licensure does not on its own qualify a non-singing SLP to train her or his clients to use their voices at the highest levels of performance as required by singers and actors. Further, performance voice rehabilitation is considered by ASHA to be outside the scope of practice for SLPs who do not have additional training in vocal performance and pedagogy. For example, training character voices, varied voice qualities, vocal extremes, acting styles, voiceover technique, and accents/dialects should be the sole responsibility of theatre voice and speech trainers. Likewise, training Classical or Contemporary Commercial technique, musicianship, repertoire, and diction (as it relates to singing) should be left solely to individuals with training in singing performance and pedagogy.

The role of the vocologist, then, is to fill the gap in care left when a professional voice user transitions from being under the exclusive care of an SLP to being under the tutelage of his or her voice coach/teacher. Vocologists would likely dovetail their practices with the practices of both SLPs and voice teachers/coaches, though some may begin their services to a client following the performer's medical discharge. Depending on training, vocologists may be responsible for singing/acting voice rehabilitation and transitioning into habilitation. Additionally, vocologists will educate their clients about voice health, provide preventative voice health care, use acoustic and perceptual voice analysis, and teach/re-teach performance techniques. In some cases, the work of a vocologist may be intended to prepare the client to return to her or his previous coaches/teachers. In other cases, the vocologist may maintain a studio of private students, in which the client may choose to continue study after his or her voice has returned to normal function.

Assuming that the scope of practice of a vocologist has been clearly defined, there is still the question of what levels of interaction and/or supervision exist among all members of the voice care team. Different practices will likely design their own models for providing care to the client, and it is not within the scope of this discussion to make solid recommendations for line-of-care. Some current practices implement a protocol in which all members of the care team see the patient during the first visit. Others only involve the vocologist when the patient has been cleared to return to normal voice use by the SLP. While many models will meet the needs of patients, the best possible care for the performance voice relies on a significant amount of communication, collaboration, and cooperation between ENTs, SLPs, vocologists, and voice teachers and coaches.

Formalization of the Specialty

If the field of vocology is to become a formalized profession with clearly defined roles and standards for training, it has become clear that the most pressing need at this time is to identify an organization capable of providing oversight to this process. Such an organization would establish a codified set of standards, scope of practice, and eventually oversee certification. At a minimum, it would maintain a registry of vocologists, list training programs at various institutions, and serve as a clearinghouse for professional information including publications, internships, and training opportunities.

Summary Report - STVH

To meet the need for such an organization, the creation of a new association representing vocologists in North America, Central America, and South America, has been proposed. It was agreed by all present that 1) the association will be called the Pan-American Vocology Association (PAVA); 2) the steering committee from this symposium will serve as the charter steering committee for the creation of PAVA; 3) this committee will work to quickly develop articles of organization, a mission statement and bylaws, including the process by which the first officers can be elected; 4) after these are developed, the steering committee will be dissolved; and 5) the attendees of the symposium will be listed as charter members of PAVA and will be voting members on the proposals presented by the steering committee until the formal organization is ratified. Lynn Holding was nominated and elected by all present as the chairperson of the charter steering committee.

While the early formation of PAVA will draw upon the attendees of this symposium, it is clear that the way forward must include communication and participation from all stakeholders. Such openness is the sincere desire of the steering committee. Through inclusive dialogue, stakeholders can recognize common ground in current practice, identify key competencies critical to successful and effective practice, and help direct the development of a field of practice that stands to serve a critical need in the care of the professional voice.

-----End of Report-----

APPENDIX A: Committee, Attendees, and Symposium Staff

Symposium Steering Committee Members

Chair: Eric Hunter, Ph.D.

Linda M. Carroll, Ph.D., CCC-SLP

Starrlett Cookman, M.A., CCC-SLP

James Daugherty, Ph.D.

Kate DeVore, M.A., CCC-SLP

Lynn Holding, M.M.

Mara Kapsner-Smith, M.S., CCC-SLP

Lynn Maxfield, Ph.D.

Scott McCoy, D.M.A.

John Nix, M.M., M.M.E.

Martin L. Spencer, M.A., CCC-SLP

Leda Scarce, M.M., M.S., CCC-SLP

Ingo R. Titze, Ph.D.

Symposium Attendees

Barbara Wilson Arboleda

Linda Balliro B.S.

John Beetle

Kristen Bond

Tom Burke, M.S., CCC-SLP

Linda M. Carroll, Ph.D., CCC-SLP

Thomas Cleveland, Ph.D.

Starrlett Cookman, M.A., CCC-SLP

Karin T. Cox, M.A., CCC-SLP

Rocco Dal Vera, M.F.A.

James Daugherty, Ph.D.

Alissa Deeter, D.M.

Cindy Dewey, D.M.A.

Kate DeVore, M.A., CCC-SLP

Cristina Duran

Matthew Edwards, M.M.

Julia Ellerston M.A. CCC-SLP

Linda Faldmo

Rachelle Fleming, D.M.A.

John H. Flint, M.D.

Julia Gerhard, M.A., D.M.A., CCC-SLP

Marina Gilman, M.M., M.A., CCC-SLP

Kathryn Green, D.M.A.

Edie R. Hapner, Ph.D., CCC-SLP

Lynn Holding, M.M.

Matthew Hoch, Ph.D.

Eric Hunter, Ph.D.

Aaron Johnson, Ph.D.

Elizabeth Johnson, M.M.

Mara Kapsner-Smith, M.S., CCC-SLP

Katherine Kendall, M.D. FACS

Wendy D. LeBorgne, Ph.D. CCC-SLP

Victoria Lavan Liberty

Joanna Lott, M.A., CCC-SLP

Lynn Maxfield, Ph.D.

Daniel McCabe D.M.A., CCC-SLP

Katherine McConville M.A., CCC-SLP

Scott McCoy, D.M.A.

Kevin McMillan, M.Mus.

Mollie Solow McReynolds

David Meyer, D.M.A.

Betty Moulton

Faye Muntz, M.M.

Susan Naidu, Ph.D., CCC-A

John Nix, M.M., M.M.E.

Diana Orbelo, Ph.D.

Carleen Ozley, M.S., CCC-SLP

Brian E. Petty, M.A., M.A., CCC-SLP

Rebecca Pittelko

Deanna Pond

Sharon L. Radionoff, Ph.D.

Kari A. Ragan, D.M.A.

John R. Raskind, M.D.,

Marci Rosenberg, M.S., CCC-SLP

Leda Scarce, MM, MS, CCC-SLP

Fred Spano, Ph.D.

Martin L. Spencer, M.A., CCC-SLP

Chandler Thompson, D.M.A., M.S., CCC-SLP

Ingo R. Titze Ph.D.

Judy Wade, Vocologist

Carol Westcott

Symposium Staff

Carrie Pymm

Katelyn King

Russ Banks

Austin Wiecek

APPENDIX B – Presentation Abstracts in the order they were given

What's in a Name? The Evocation of Expertise

Lynn Holding, MM

Associate Professor of Music/Voice, Director of Performance
Studies, Dickinson College, Carlisle, PA

Specialty Training in Vocal Health: Why, Who, What & How. In order to consider the questions posed in the very title of this symposium, it will be necessary to fully explore the fundamental concept which binds them all: expert knowledge.

“Expert” or “knowledge-based” professions, especially in law and medicine, have provided fodder for a variety of social science research for well over sixty years.

Social science has thus long recognized that work borne by expert knowledge is “the sine qua non of professional work,” because it is accorded a “level of legitimacy” that is societally rewarded by high income, elevated social status and a certain degree of autonomy. While the attraction of the first two attributes may stand without further explanation, the third, “autonomy,” merits particular scrutiny in the context of this symposium.

Studies show that “knowledge workers” are more satisfied with their jobs when they enjoy greater autonomy at work than do other professions². Yet when autonomy is combined with new cultural norms (such as less rigid respect for status and authority, easy access to expert information, and the entry of previously marginalized groups into the professional class), this combination can comprise a fulcrum from which knowledge workers can spring to form their own informal “communities of practice.” This is exactly what has occurred in professional voice with the creation of Singing Voice Specialist, which at present carries no formalized curriculum nor accreditation, yet has seeped into the culture regardless.

Social science has observed that when maverick groups assert themselves in this way, prestigious traditional associations may react by asserting professional jurisdiction over “their” knowledge by “marshal[ing] institutional rhetoric to fend off challenges to their control of knowledge and the rewards that attend it.”

Yet traditional associations are understandably alarmed by what they view as the erosion of standards through circumvention of higher education, and are suspicious of what they view as personal motivations (like wealth and status) that supersede concern for the clientele. In the legal field, such cynical pursuits are considered unethical; in the medical field, such practices can have dire consequences.

Newer groups of knowledge workers counter that they are simply availing themselves of resources and expert information now freely available on the internet, and creatively responding to new economic and social realities; such groups may resent oversight by associations considered gatekeepers of their profession, especially if they themselves were denied membership based on a lack of access to higher education, and the social networking connections that may attend such access. Into this breach may come a third player: traditional knowledge-based groups who may, for example, offer shorter terms of high quality instruction

“What’s in a Name?...” continued...

during nontraditional class times (summers, evenings) precisely in response to what they agree are new social and economic realities. The challenge comes when knowledge workers produced via alternative systems attempt to gain access to traditional associations, clinics, and universities. Questions arise: are they certified to practice? If so, by whom? Who provided the instruction? What ought to be the limits of mid-level knowledge workers’ responsibilities, in both a clinical and an educational setting?

These difficult questions have given rise to a small but growing corner in social science research, peopled by those who are eager “to escape the tiresome debates about the definitions of ‘profession’ and ‘professionalism’ in which earlier generations of scholars remained mired.”⁵ A growing body of research has shed light on how knowledge-based professions have been impacted by recent waves of social, administrative and economic change.

The degree to which those changes are positive or negative is a complex question, and where the vocal health profession is concerned, we have not yet fully defined our questions.

It is my hope that this paper, if accepted, can allow symposium attendees to hurdle over the “tiresome debates” which some of us have already encountered, and 3 move us quickly to consideration of this recent sociological research so that we might combine it with our own collective wisdom for the betterment of the field of vocology, in all its iterations: voice research, voice health and vocal art.

Defining The Singing Voice Specialist: Differing Perspectives

Marina Gilman, MM MA CCC---SLP

Edie Hapner, Ph.D CCC---SLP

Emory Voice Center Department Of Otolaryngology Head & Neck Surgery
Atlanta GA 30345

This presentation will summarize the results of two surveys regarding the use of the term, singing voice specialist (SVS). One survey was directed to NATS members, and one was directed to Speech Language Pathologists with the aim of the survey to understand each profession's perspectives on the qualifications and training of the SVS.

The first survey of singing teachers was published in the Journal of Singing (Gilman et al, 2011). Of those surveyed 69% accepted students with diagnosed voice disorders to rehabilitate them (only 3.6% were certified speech language pathologists). The majority of singing teachers (68.7%) indicated they would refer singers to an Otolaryngologist only when the problem did not resolve in a timely manner. Singing teachers felt coursework in anatomy and physiology and attendance at workshops or symposia on voice and voice disorders were adequate training to work with the injured singing voice. Ninety---five percent of respondents indicated that the singing voice specialist designation is indicative of someone who "addresses the organically or functionally disordered voice". Most of the respondents considered themselves to be singing voice specialists.

Preliminary results of a similar survey of certified Speech Language Pathologists (to date 144 respondents) suggest that 15% of the respondents have masters in speech language pathology or doctorate level degrees with an emphasis in voice disorders. When asked to define an SVS, The majority (69%) believed that an SVS should be a speech language pathologist with a degree in vocal performance or pedagogy and 58% felt they should have some academic preparation in singing, vocal pedagogy or performance (not necessarily a music degree). Conversely, 39% thought an SVS Could be a singing teacher with training in voice disorders.

There continues to be a lack of agreement regarding the qualifications for the singing voice specialist. While both groups surveyed believed the SVS is someone who can work with the disordered voice of a singer, SLP believed that in addition to the SLP degree, some preparation or study of singing, vocal pedagogy or performance is necessary. Singing teachers on the other hand felt that they were the most qualified to work with the injured singing voice perhaps lacking only additional work in vocal anatomy and physiology. Until there is consensus, there will continue to be controversy and stagnation in forward movement of research and training.

How Do I Do What You Do? The Journey of One Hybrid Voice Specialist

Kate DeVore, MA CCC-SLP
Total Voice, Inc.
Columbia College Chicago
Chicago, IL

This talk will describe the training and path to my current position, as well as the myriad of diverse elements my practice now entails. I'll give an overview of the evolution from actor and singer to theatre voice coach to speech pathologist specializing in professional voice. I will discuss my current work as a theatre voice/speech/dialect coach, teacher, clinician, presenter, singing voice specialist, and voice therapist, as well as the book and other materials I have created and/or published.

Pole Dancing

Martin L. Spencer, MA CCC-SLP
The Voice Center at Ohio ENT
Columbus, OH

Today's continuum of vocal health encompasses holism, preventative maintenance, artistic habilitation, behavioral rehabilitation, pharmacology and surgery. Optimal performer outcomes are reliant on mutually informed intervention.

Symbiosis between the clinic and art studio is accelerating; several universities now offer specialty vocology training (e.g. SVI) or an interdisciplinary program in singing health specialty (e.g., OSU). However; curricula, media, work expectations, and certification in vocal health specialty have not been proposed on wider scales.

Currently, two poles of specialized interest are dancing with each other:

- Artistic training uses extensive nuance and long standing tradition to reach for cultural pinnacles. Objective support for pedagogical opinion has significantly increased over the past decades. There is no necessary certification of teaching status or singing voice specialization.
- Clinical training is informed by relatively recent protocols stemming from research in medicine, acoustics, aerodynamics, physiology, and learning theory. Training is closely monitored, and clinical activity is comprehensively documented. Licensure, national certification, and continuing education requirements are regulated by state and national organizations.

Specialty training in vocal health for performers is magnetically attracting artists and clinicians. There is a skill and knowledge overlap, but a legal divide separates intervention authority. At present, the role of a non-licensed performer is in preventative health maintenance and medical referral. State or nationally mandated certification requirements could promote further integration of the informed artist to the clinic.

Multidisciplinary Care of the Singer's Voice: Current Practices in Three Voice Care Centers

Leda Searce, MM MS CCC-SLP
Duke Voice Care Center, Durham, NC

Marci Daniels Rosenberg, BM MS CCC-SLP
Vocal Health Center, University of Michigan-Ann Arbor
Ann Arbor, MI

Wendy LeBorgne, PhD
The Blaine Block Institute for Voice Analysis and Rehabilitation, Dayton, OH
ProVoice Center, Cincinnati, OH
Cincinnati College-Conservatory of Music
University of Cincinnati, Cincinnati, OH

Currently, clinical singing voice rehabilitation is most often provided by clinical speech-language pathologists who are certified by the American Speech-Language-Hearing Association (ASHA) and licensed by the state to provide rehabilitation services in a medical or private practice. . Most clinicians have achieved a breadth of multi-disciplinary training in pedagogy and performance in addition to a master's degree in speech-language pathology.

Some voice centers employ singing teachers who have background and knowledge of voice disorders to collaborate as part of the voice care team. This arrangement can work effectively, as the singing teacher works as part of the team along with the medical and speech-language pathology providers. .

This panel will include current practice of experienced SLP with performance voice training from three voice care settings/models including:

- (1) Multidisciplinary voice care center in a large, Mid-West academic hospital established in 1996 including a laryngologist, speech pathologist with additional voice performance education at collegiate level, and vocal arts professor. Patients in this clinic are seen by both the speech pathologist/singing specialist and the vocal arts professor during their rehabilitation. These three disciplines, all housed within the voice clinic, interact regularly during the assessment and therapy process.
- (2) Voice care center in the South in which SLPs hold Master's level training in Vocal Pedagogy/Performance. Laryngologist and SLP see patients in tandem at initial evaluation and throughout therapy process as needed. Voice teachers of the patients are encouraged to attend evaluation and are considered to be part of the voice care team for their student.
- (3) An independent voice care center in the Mid-West including voice SLP, singing voice SLP's and laryngologists. Voice care center is affiliated with a Performing Arts Medicine Group serving local professional and pre-professional performers.

The pros and cons of these models will be discussed including the complexities of payment and billing, potential liability issues, and evolving perspectives on the roles of these disciplines in the care of the injured voice.

The Fox and the Hedgehog

Daniel McCabe, DMA, CCC-SLP
Grabscheid Voice Center
New York, NY

Aeschylus described the world as divided into foxes and hedgehogs. Foxes know many tricks, and move rapidly from one to the other. Hedgehogs know one trick very well, and are capable of accruing deep knowledge of that one area.

The world of voice requires the combined expertise from many fields. As we expand each specialty's knowledge base, we will start to share insights between fields. This is not only inevitable, but is good.

Based on his experience in three areas of voice (performing, academic faculty, credentialed vocologist), this voice specialist will explore the possibilities and responsibilities of a provider in a medical setting. He will discuss possible steps that can be taken to preserve the independence of each area, and to obscure those lines that would prevent beneficial exchanges.

Working as a Singing Teacher within the Voice Care Team in an Academic Setting

John Nix, MM
University of Texas at San Antonio
San Antonio, TX

The author's presentation will describe his role within the South Texas Voice Center. The members of the care team are Dr. Blake Simpson, laryngologist; Jull Green, CCC-SLP, speech pathologist; John Nix, singing teacher.

The presentation will also describe the manner in which the members of the team collaborate, and how their work as a team benefits the voice students of the Department of Music at the University of Texas Health Sciences Center at San Antonio, and members of the South Texas community at large.

**Small Town Girl Makes It “Small”
Building a voice care team in a limited population base.**

Deanna Pond, AS-Nursing BA MM cert. of Vocology
Affiliate Graduate Faculty at Boise State University
Boise, ID

After observing the University of Utah voice care team diagnose, treat and teach injured voice users, my desire to establish a team in the capitol city of Idaho began to grow. Upon identifying, then recruiting prospective professionals, we met to explore the possibility of working together for the betterment of client voice care and treatment outcomes. We did not share office space or work in the same building, so our strategies were adapted to present circumstances.

Education and preparation in the sub-specialty of voice for each team member can be independent and relatively unique since the practice does not currently require particular certification. The preparation of the singing voice specialist is least defined and regulated. At the present time, the contributions of this team member are directly connected to education and experience. Both are directed largely by the individual's personal choice.

Once our voice care team was defined and functional, referrals began to come from many sources. At the present time, physical facilities are basic, effective collaboration with and between neighboring universities is blossoming, and patient results are gratifying. Community awareness of the voice care team is growing among professionals and the general population. Outreach will continue in our communities as we work to provide more effective and individualized treatments for voice users.

We continue to be concerned with finding educational opportunities for improving team and individual effectiveness in the field.

Learner outcomes:

A method for establishing one type of voice care team will be discussed.

SVS client group composition will be considered.

Needs most likely addressed by a SVS will be outlined.

Options for SVS preparation will be included.

The Sound Singing Institute: A Current SVS Practice

Sharon L. Radionoff, Ph.D.
 Director, Singing Voice Specialist, Voice Technologist
 Sound Singing Institute, Houston, TX

The Sound Singing Institute is a singing voice specialist (SVS) practice. In the field of Arts Medicine, the SVS is a team member of an interdisciplinary professional voice care team. This team offers specialized treatment for the professional voice user. In a 2002 article in the Journal of Singing, Heman-Ackah, Sataloff and Hawkshaw define a singing voice specialist (SVS) as a singing teacher with special training equipping him or her to practice in a medical environment with patients who have sustained vocal injury.

What role does the SVS fulfill in the professional voice care team? The role of the singing voice specialist in the team management of voice patients includes four main facets. The first is as a liaison between (1) patient and laryngologist, (2) patient and the voice scientist, (3) patient and speech-language pathologist, and (4) patient and the voice teacher. The second is as an educator. Education includes helping the patient understand the anatomy and physiology of phonation, what his/her diagnosis means for the current function of the singing voice, and what to expect vocally. This education will aid in reduction of the patient's anxiety level and help him/her cope emotionally. The third facet is as a trainer. A trainer helps the professional voice user to maximize the balance of the vocal system. The term trainer is synonymous with an athlete. If a professional athlete has a physical problem then he/she would most likely see a sports medicine specialist for therapy to mediate the problem. The singer is a vocal athlete. Since there is no licensure for a singing voice specialist, legally the term therapist is currently not advocated. The fourth facet is as a problem solver. This facet will vary greatly depending on the patient's area of expertise. Additionally, there are elements of counseling that occur during a session.

This SVS practitioner began as a team member onsite at an Arts Medicine Center, both in training and in career. However, this SVS has evolved from being an on-site team member to being a referral source stand alone practice. As a result of this, patients are referred by multiple practitioners and referral sources. These referrals include (1) ENT, (2)SL-P, (3)Voice Teacher, (4)SSI Client, (5)Choir Director, (6)Worship leader, (7)church, (8)school, (9)producer, (10)website, (11)TV/news or (12)other. Referrals are primarily from ENT's in Houston, as well as other ENT's in and out of TX and several internationally as well.

It is the policy of the SSI that a referral must have a medical examination with an ENT who specializes in voice prior to an initial evaluation. It is required for the patient to have a video examination to present at the time of the SSI initial evaluation with the SVS as still pictures only show if pathology is present and do not show muscular function. The SSI also requires an onsite initial evaluation. While Skype is an available option there is too much artifact, even with the best possible equipment, to have an excellent full analysis of a patient's voice. There are a host of factors that become masked by Skype which include the inability to carefully monitor (1)body alignment, (2)body energy, (3)intensity and (4)agitation but to name just a few. After the initial evaluation and perhaps 2 or 3 more sessions, Skype may be used as a viable alternative. Again, it is by no means perfect, but it is better than nothing for those in Italy, India, etc. who cannot feasibly come to a weekly session in person.

“The Sound Singing...” continued...

SSI has seen a diverse population of Classical Music, Commercial Music and Music Theatre practitioners (voice foundation symposium commercial music poster presentation 2006). . The objective of an in-house 2011 study (voice foundation symposium presentation), was to gain an understanding of the SSI population demographics from inception to the present time. . The following categories were examined: (1) age, (2) gender, (3) singer type, (4) genre, (5) group, (6) diagnoses, (7) post surgery, (8) post cancer treatment, (9) medical condition, (10) referral source, and (11) occupation.

As outlined in “Preparing the Singing Voice Specialist Revisited,” as the need for qualified and well trained singing voice specialists grows then a means for appropriate preparation is required. The examination of this SVS practice will help to define the breadth of preparation needed.

A Proven Model of Care for the Performer's Voice

Chandler Thompson, DMA MS CCC-SLP
Professional Voice Specialist, Clinical Coordinator
Voice and Speech Laboratory
Massachusetts Eye and Ear Infirmary, Boston, MA

Current practice in the care of the performer's voice requires a specific set of skills as well as the ability to work with performers, their management, physicians, and singing teachers and coaches. The combination of skill set and "team spirit" is especially important in triage situations requiring an immediate voice assessment and short-term plan, while keeping the long-term goals of vocal health in mind.

The model used by the Voice and Speech Laboratory (VSL) at Massachusetts Eye and Ear Infirmary has remained essentially unchanged since its inception in 1992. The performer is typically seen first by a laryngologist, then by a speech-language pathologist who performs both transnasal and transoral endoscopy with stroboscopy, using speaking and singing tasks to observe vocal mechanics. A laryngologist reviews the endoscopy exams with the evaluating speech-language pathologist, and a course of action is planned. If serious phonotrauma is observed first in the physician's office, the professional voice specialist/ speech-language pathologist may be called upon to begin working with the performer to navigate through the healing period and to plan for long-term management/therapy.

The majority of referrals come from in-house physicians, as well as primary-care physicians and otolaryngologists in the greater Boston area and throughout Massachusetts, Rhode Island, Maine and Connecticut. Singing teachers and coaches who suspect a problem may also refer patients. Patients may self-refer through their primary care physician.

The original model included acoustic and aerodynamic measures in every initial voice evaluation at the Voice and Speech Laboratory, but with changes in insurance reimbursement, these laryngeal function studies are now administered at the first therapy session at the VSL.

In Massachusetts, many insurance programs will pay for up to 15 sessions of voice therapy once they review the evaluation, but the length of therapy is left to the discretion of the treating Professional Voice Specialist, the patient, and the referring physician. A complete re-evaluation is typically recommended at the conclusion of a course of therapy.

Summary Report - STVH

University of Utah Voice Disorders Center's Team Approach to Voice Care: An Overview of the Evaluation and Treatment Process of the Singing Voice Patient

Faye Muntz, Singing Voice Specialist
University of Utah Voice Disorders Center
Salt Lake City, UT

The Voice Disorders Center's multi-disciplinary team consists of Laryngologists, Speech-Language Pathologists and a Singing Voice Specialist. Each discipline will be present to define and demonstrate their respective roles and the collaborative process used throughout the singer's evaluation and treatment/therapy.

Scope of Practice, Patient flow, Coordination of Care and Billing for injury evaluation, treatment, preventative medicine and performance training in orthopedic sports medicine

John R. Raskind, MD
Orthopedic Surgery and Sports Medicine
Park City, UT

John C. Flint, MBA RPT Practice Manager
Heiden Davidson Orthopedics
Salt Lake City, UT

This presentation will discuss both the generalities and specifics of our clinical practice in orthopedic surgery and sports medicine. We see a wide range of patients, from the professional and recreational athletes, to those whose only exercise is walking from the parking lot to their office desk. We will discuss the scope of practice and coordination of care among the many professionals we work with, as it pertains to the clinical care of the injured athlete. We will include preventative medicine and injury avoidance as well as performance training. Within our practice, we have surgeons, non-surgeons and physical therapists. We work closely with coaches, trainers and teams to provide care and we will discuss the issues of interaction and care coordination. The scope of our practice, flow of patients, practice management and billing aspects will be discussed.

What is the difference between a singing lesson, a voice therapy session, and a session with a SVS? What is required for each?

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 Member, NATS Scientific Advisory Board
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In order to determine the necessary qualifications of a “Singing Voice Specialist” (SVS), it is important to clarify the activities and processes that constitute an interaction (henceforth a “session”) between a singer and a voice professional. That is, we need to understand the activities that the proposed SVS must engage in, and more importantly, the thought processes that would guide those activities. In order to do this, it is necessary to differentiate between different kinds of sessions, in terms of those thought processes and activities. **What is the difference between a singing lesson, a voice therapy session, and a session with a SVS? What is required for each?**

There may be numerous kinds of “sessions,” including:”

- a traditional singing lesson, given by a singing teacher to a healthy student of singing
- a traditional singing lesson, given by a singing teacher, to a singer who is recovering from a disorder
- a voice therapy session, provided by a speech-language pathologist for a singer with some kind of voice disorder
 - a voice therapy session that does not address singing technique
 - in order to remediate the speaking technique itself
 - in order to address the speaking component of an overall disorder
 - a voice therapy session that does address singing technique
 - in order to remediate the singing technique itself
 - in order to address the singing component of an overall disorder
 - in order to use singing mode exercises to address overall vocal technique
- a session of singing instruction, given by a SVS, to help a singer recover from a disorder, or recover optimal technique

Two groups of constituents can offer a unique perspective on the activities and processes involved in each kind of session:

- Singers who are experienced in taking lessons with a singing teacher, and who have also developed some kind of voice disorder, and have been treated by a speech-language pathologist in a voice specialty clinic
- Certified Speech-Language Pathologists who treat voice disorders in singers within a voice specialty clinic, and who are also trained, experienced singing teachers, concurrently teaching singing in a traditional studio

“What is the difference...” continued...

These two groups of individuals, having participated in different kinds of voice sessions, can draw on their experiences to answer the following questions:

What is the difference between a voice therapy session, a singing lesson, and a session with a singer who has a voice disorder, working on their singing technique, or using singing mode to improve their overall technique (henceforth called a hybrid session)? Regardless of who is providing the session, what are the differences in activities and thought processes involved in each kind of session?

Specifically, singing teacher/speech-language pathologists can answer the following questions:

- What is the purpose of each kind of session?
- What activities does each kind of session require?
- What skills do we draw upon for each kind of session?
- What thought processes do we use?
- What was the training we received and use for those skills and thought processes?
- Is there a difference in skills necessary to engage in therapy with a singer with a lesion, versus a singer with MTD, versus some other disorder?
- Is there a difference between a primarily singing disorder, versus a more global voice disorder, in terms of the activities and thought processes necessary for each session?

Singing student/patients can answer the following questions:

- What is the purpose of each kind of session?
- What goes on in a therapy session? a singing session? a hybrid session?
- What are the differences in activities, and differences in focus of those activities?
- What do you learn from each session, and what/how do you practice between sessions?

In preparation for this presentation, a minimum of 10 singing teacher/speech-language pathologists have been or will be identified and interviewed with the questions above. Those singing teacher/speech-language pathologists will identify patients who have undergone therapy, and who have also taken singing lessons recently, and will interview those patients (or secure permission for me to interview them). These interviews will be very different from Survey Monkey- type surveys that allow for categorical answers and statistical results. Rather, the questions are open-ended, and will elicit thoughtful and complex responses. The responses will be compiled in a narrative fashion, without statistic analysis. Rather, the content of the answers will be given in an organized, but essentially verbatim, manner. It is hoped that this will provide insight to the kinds of skills and training required of a professional working with a disordered singer.

Responses so far have included the following comments:

1) For singers with an organic disorder (such as a lesion or neurologic disorder), very close connection to the medical intervention of individual’s disorder is necessary. Even in a hybrid session, questions come up frequently, and the answers dictate activities. The therapist needs an excellent understanding of, and experience with, the anatomic/medical underpinnings of intervention. For speech language pathologists I have talked to, the totality of their training comes into play in their thought processes at all times; they “think” far beyond just the voice disorders course.

“What is the difference...” continued...

- 2) The therapist needs excellent background in the anatomic underpinnings of each therapeutic activity, and needs an excellent ability to bring the singer to an adequate understanding of each activity. This background cannot be perfunctory. One singer described the therapeutic process as “wiping the slate clean” after years of misinformation from singing teachers.
- 3) The therapist needs a very large “bag of tricks.” In a hybrid session, activities incorporate components of typical speech therapy approaches as well as vocalises. Ability to instruct many different vocalises is important, as different exercises work differently for individual singers. Different styles may require different vocalises.
- 4) One difference between the types of sessions is emphasis on repertoire, but all types of hybrid sessions are likely to include repertoire. However, the specific activities involving the repertoire are very different. One singer said “therapy is not about art.” A speech pathologist countered “therapy may be about ‘selling’ the repertoire a different way.”
- 5) Another difference between types of sessions is the rate of progress. The therapist must know how to guide this, as the singer has no idea how fast to progress, or even what an appropriate practice regimen would be. This requires understanding of typical singing practice as well as principles of motor learning.

Interestingly, from these comments and others, it would seem that speech pathologists are as concerned about SLPs who have inadequate background in singing providing therapy for the singing voice, as they are about singing teachers with inadequate background providing intervention for disordered singing. Further interviewing is required to more clearly delineate the skills and background necessary for anyone providing a hybrid session.

I regret that I will not be able to attend the conference in person. My friend and frequent co-author, Marina Gilman, will present the paper and respond to questions. If possible I would like to attend “online.”

Teachers of Voice: Identifying Roles & Defining Boundaries

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In the last decade, numerous MDs, SLPs, singing teachers, and other voice professionals have emphasized the need for more clarity in the tasks and qualifications of those who most commonly work in voice training, rehabilitation, and health. The relatively new role of the Singing Voice Specialist further clouds the boundaries between those who rehabilitate and those who habilitate, in large part because a Singing Voice Specialist is generally either a singing teacher or an SLP with special training beyond their primary field of study. This murky intersection of specialties has prompted many thought-provoking discussions about certifications and licensure in the voice community, though these are based on inconclusive amounts of research data.

The assessment of certifiable knowledge required for an SVS should be considered a separate evaluation from the primary field of study for a singing teacher, whose specific assessments of vocal technique and remediation have been largely dictated by both historical traditions and current trends. Thus evaluating and training a singer is firmly established in methodology, but must be flexible to the current aesthetics that are based on scientific clarification, cultural popularity, and demographic diversity.

More than in past eras, today's teachers of singing possess more information, education, and resources from various allied professions to facilitate the highest level of voice training. However, the thoughtful and judicious application of information appears to be lacking, causing controversy among all those involved with singing, be it artistically or clinically. This session attempts to define the intersections of those involved with pedagogy, pathology, and therapy summarizing published data/studies impacting these populations. Finally, implications and considerations of the roles among those who service singers will be discussed as part of the session.

CCM Voice Pedagogy and the Singing Voice Specialty

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Collegiate voice pedagogy programs typically focus on classical, resonance-based voice instruction. This certainly serves the needs of the aspiring operatic singer, but does not address issues related to singers active in the non-classical market (e.g. jazz, rock, pop, folk, etc.).

CCM vocal music dominates the marketplace for recorded and live performances. However, numerous studies have indicated that CCM singers are being underserved by the voice community. Many of these singers fear that a traditional approach in voice instruction or treatment could have a detrimental effect upon their marketability, and this fear prevents them from seeking treatment. A concern that is perhaps, not unfounded.

At this point in our profession we have a unique opportunity to lay the groundwork for the singing voice specialty. To adequately address the needs of multiple stakeholders, an SVS certification process must be carefully crafted.

We propose that the American Academy of Teachers of Singing is correct in stating that non-classical singers utilize unique vocal production strategies, and therefore a dedicated CCM-specific pedagogical approach is warranted. To adequately address the needs of all singers, it follows that graduate level CCM voice pedagogy instruction should be an essential component of the SVS credentialing process.

Current vocal training trends in collegiate Music Theater programs in the United States

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Since 1970, a growing number of musical theater (MT) performance degree programs have emerged in colleges and universities throughout the United States. The National Association of Schools of Music (NASM) and the National Association of Schools of Theatre (NAST) have developed and revised standards with essential and recommended competencies for programs seeking accreditation. These guidelines require programs to provide students with “basic information regarding the maintenance of hearing, vocal, and musculoskeletal health and injury prevention.”

Although information on pedagogy techniques and vocal health are to be considered essential in training programs, the national guidelines are not designed to offer detailed information on either the content of this aspect of training, nor the methodology for teaching it. The relatively recent development of MT training programs, vocal methods and voice science research in this area, combined with the lack of defined standards and vocabulary specifically related to MT vocal training, strongly suggests the need for more detailed guidelines for MT degree program knowledge and performance outcomes, particularly in regards to pedagogy and vocal health maintenance and prevention.

In an effort to develop standards for MT degree programs and training, five leading collegiate MT degree programs were closely examined for required vocal pedagogy coursework including content related to: vocal production, vocal safety, vocal health, vocal hygiene and the prevention and early detection of vocal health concerns. Also reviewed were requirements for matriculation of these programs in comparison with recommended NASM/NAST guidelines, at what degree level these standards are required, as well as current faculty teaching requirements.

Given there are no currently required national exams or boards for voice educators or graduating performance majors, the responsibility of developing successful teachers and artists needs to be established, and should begin with training programs.

A Review of Training Opportunities for Performance Voice Health Clinicians

Julia Gerhard, MA DMA CCC-SLP

Training opportunities for singing voice health clinicians are growing and changing. This is happening despite a lack of agreed-upon guidelines or accredited certifications acknowledged by the governing bodies in the fields of speech-language pathology and vocal pedagogy (ASHA and NATS). Without an outline to guide what is required of a singing voice health clinician, the opportunities for training are diverse and the existing organized programs are not standardized with regard to curriculum. At present, singing voice clinicians are either separately trained in vocal pedagogy/performance and in speech pathology as dual-trained professionals or singly trained in vocal pedagogy, performance or speech-language pathology with add-on training in the secondary area of specialization.

This presentation will address a historical look at the development of training opportunities for performance voice health clinicians and a review of current opportunities for training across the fields of vocal performance, vocal pedagogy, and speech-language pathology. The overview of current training options will include: university training programs, private training programs and mentorships, clinical fellowships, professional organizations, conferences, and vocal training across genres.

Historical Review of the Voice Specialist: Who have they been, what have they done?

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The use of specialized trainers to achieve vocal endurance and vocal health has existed for centuries. Singers and actors seek trainers who can keep them on the stage, and enable longer careers. The ideal professional is one trained and experienced in all aspects of voice production and vocal health. This is the vocologist.

The historical review explores the demands and expectations of the voice specialist in the medical setting sets the stage for standards of the training of the vocologist.

The Singing-voice specialist (SVS) and speech-language pathologist (SLP) share the common goal of optimizing voice production, but do so using different techniques. The SVS and SLP have different training, different minimum standards to “hang out a shingle.” Both specialists examine the efficient use of respiration, phonation, resonance, and articulation. Both seek effective communication of the intended message. However, very few singing voice professionals understand anatomy and physiology of voice production in normal and abnormal subjects, nor do they fully understand acoustic and aerodynamics of the vocal tract, or the role of general health on phonatory control. Likewise, very few SLP's have any understanding of singing voice, acoustic and aerodynamic demands for professional singers and high level of professional speakers, and view loud or excessive phonation as injuries.

We now examine a new paradigm for training those who care for voice professionals, taking into account the traditions as well as current trends in voice care and voice use.

**Patient Centered Care-Best Practice Considerations in Voice Rehabilitation
Positive Benefits and Pitfalls in Multidisciplinary Management**

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Leda Scarce, MA CCC-SLP

Duke Voice Care Center
Durham, NC

Marci Rosenberg, MS CCC-SLP

Vocal Health Center, University of Michigan-Ann Arbor
Ann Arbor, MI

Considerations for best practice with a “patient-centered” care approach regarding the rehabilitation of vocal injuries is the intent of this 30-minute session. Benefits and pitfalls of a multidisciplinary management team, with a specific focus on roles each team members play will be addressed. Specifically, this lecture will define the population to be served (injured voice) and subsequently present a historical, evidence-based, non-biased review of literature with supporting ethical and legal documentation. This unique perspective will be compiled and presented by clinical researchers in the specified area with over 50+ years of combined singing, clinical, and research experience.

The Apologetics of the Singing Voice Specialty

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David Meyer, DM
Associate Professor of Voice, Shenandoah Conservatory
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Singing voice specialists are uniquely qualified to serve singers whose voices have been compromised by injury or pathology. Just as professional athletes require a team of sports and medical specialists to recover from injury, the standard of care in performing arts medicine for singers requires a team approach. As part of the rehabilitative team, the SVS specifically addresses the demands of the singing voice. SVS practitioners require years of specialized training (e.g. extensive studies in anatomy, physiology, acoustics, musical, linguistic and psychological components) to prepare them for work in this field.

The SVS is primarily an experienced singing voice pedagogue who is fluent in the functional, scientific, and medical basis of the voice. Standard qualifications of an SVS should be a DMA in voice pedagogy, specialized training in voice disorders, and practical training in working collaboratively with a voice team, including preparing clinical documents, and observation of another SVS. To serve all singers, the SVS should be familiar with a broad range of vocal production strategies. They should have personal knowledge of the psychological implications of voice and voice injury, as these factors profoundly impact the singer's identity and habilitative process.

Although speech language pathologists are a vital part of the voice team, they are not trained in the care of the singing voice. ASHA clearly outlines the SLP's scope of practice. Unless their training, expertise and experience in singing is equal to that of the SVS, their clinical practice should absolutely not include habilitating the singing voice.

The gold standard for rehabilitating the voice is an interdisciplinary approach, and all members of the voice team bring important skills and resources to the table. This paper will examine the necessity of the singing voice specialty, its implications for the care of singers, and the parameters of the SVS' work within the clinical setting.

**Is there a place in the voice center for a singing voice specialist?”
The Singing Voice Specialist in the Clinic: Pros and Cons**

Thomas F. Cleveland, PhD
Director of Vocology, Vanderbilt Voice Center
Associate Professor, Department of Otolaryngology
Vanderbilt Bill Wilkerson Center
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With the introduction of the multidisciplinary approach to voice care, singing voice specialists have contributed to the success and growth of voice centers. Nevertheless, not having the scientific background or credentialing that some other specialists possess, their usability has been limited. New training programs have addressed some of the needs, and in addition, some singing voice specialists have sought degrees in Speech-Language-Pathology to attain certification. Though these programs avail the student of incredible knowledge and expertise, the length of time necessary to gain the credential is burdensome. In addition, certain programs of study do not address the needs of professionals in a voice center. This talk will address the need for a new program of study for both singers and speech pathologists to prepare them for the demands of a voice center.

Essential singing voice competencies for the Singing Voice Specialist

John Nix, MM
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The Singing Voice Specialist (SVS) serves a unique role in the vocal health care team. He or she helps singers and those whose voices may benefit from singing voice training bridge the gap between voice therapy and returning to regular professional voice use.

In order to work with vocalists of all types and abilities, there are a number of essential skills or competencies which the SVS must possess. These include:

- Competent musicianship
- Ability to model good body alignment, healthy breath management for speech and singing, efficient voice onset and offset, fine differences between vowels and consonants found in multiple languages, staccato and legato phrasing, different registers, vibrato and non-vibrato, different dynamic levels, and different timbres (bright, dark, veiled, ringing)
- Possess extremely keen auditory and visual perception and kinesthetic empathy in order to evaluate the voice production of clients/students
- Ability to develop individualized exercises and training regimes based upon clinical and personal observations, and designed in accordance with voice physiology, biomechanics, acoustics and motor learning principles
- Familiarity with a wide range of musical styles and repertoire
- Ability to reinforce good habits being established in the singing voice and ensuring these habits are transferred into the speaking voice, and vice-versa
- Experience with singers in order to recognize and reinforce age, gender, and developmentally appropriate sounds from singers

The author's presentation will discuss and demonstrate many of these skills, and will include means for developing or improving these competencies.

Training for the Assessment and Treatment of Professional Voice Users

Chandler Thompson, DMA MS CCC-SLP
Professional Voice Specialist
Clinical Coordinator
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Caring for a performer's voice often requires collaboration among several team members: the performer, the acting/singing teacher, the acting/singing teacher, the physician(s), the Professional Voice Specialist/Speech-Language Pathologist (PVS/SLP), and sometimes, a voice scientist. Each member plays a specific, essential role. The role of the PVS/ SLP is unique among team members, and therefore requires a specific skill set, which may be challenging to train when compared to training in other sub-specialties of speech-language pathology and when compared to traditional training for the teaching of singing.

A singer possesses an innate musical ability, talent and an ear for music. These attributes may or may not be enhanced by formal training, but a singer must possess them to succeed, even avocationally, in singing. The development and honing of these skills takes years to develop. In addition to these attributes, a teacher of singing must also be able to break down the singing tasks—both mechanical and artistic—to analyze what could be adjusted to allow the singer to reach maximum artistic potential in the most vocally-efficient and healthy way. These musicians have a common vocabulary that is unique to singing, which may also take years to develop, for example: “head voice”; “chest voice”; “belt.” Since most college music programs offer, at best, one year of training, usually a Vocal Pedagogy class, to prepare singers for teaching, much of the teaching expertise is gained from experience.

A speech-language pathologist who already possesses this background of knowledge and experience should receive training in the medical and scientific aspects of normal and abnormal anatomy and physiology. This also involves learning a vocabulary referenced by laryngologists and speech scientists, for example: “loft register”; “modal register”; “phase asymmetry.”

The PVS/ SLP must master both of these vocabularies; must have impeccably trained ears; must have a personality that is flexible enough to manage the relationships among all team members, and, perhaps most importantly, serve as an interpreter of information, between the patient and each of the team members since the PVS/SLP will likely be the one to have the most contact hours with the voice professional. Most graduate Speech-Language Pathology programs offer 1 or 2 courses in voice and acoustic phonetics, which cannot possibly prepare a new graduate to work with professional voice users with exquisite command of both disciplines.

Proposed Model for Licensure for the Singing Voice Specialist

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Certification of the Singing Voice Specialist has been a topic of debate for years. Ask a dozen Singing Voice Specialists to define “Singing Voice Specialist,” and you are likely to get twelve different answers. A few “certification” programs have evolved from this debate, but all lack uniformity and oversight. If we agree that certification is essential, then what? More questions:

- 1) What defines a practitioner as a Singing Voice Specialist (SVS) or Singing Health Specialist (SHS)?
- 2) How can a consumer or patient recognize a true SVS from an imposter?
- 3) How do the existing SVS training programs differ? Is one better than the others? Can we agree on what the requirements should be?
- 4) Who will govern licensing and certification for the SVS? Who will write the content for tests?

As we think over these initial questions, two additional topics immediately come to mind: 1) Voice teachers are capable of doing great good or great harm. Perhaps certification should be required, or at least available, for voice teachers. 2) Does the average graduate program prepare the Speech-Language Pathologist (SLP) to treat voice patients, let alone professional voice users and singers?

Our proposal for an online certification program for voice practitioners addresses these questions.

The Voice Practitioner Certification Program (VPCP) takes a four-track approach to training voice teachers and SLPs to their desired level of expertise. Our presentation will define each track and its requirements.

Track One: Singing Health Certification for the Singing Teacher.

Track Two: Singing Health Certification for the SLP.

Track Three: Vocal Health Certification for the SLP.

Track Four: Voice Teaching Certification.

This program will partner with Voice Centers throughout the country to allow for the necessary voice therapy and laryngology observation hours. The goal is a training program that is both accessible and affordable while providing the training structure lacking in our field.

Preparing the Singing Voice Specialist Revisited

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In review of singing voice specialist preparation, discussion can be chronicled prior to the establishment of Arts Medicine in 1987. Although discussion began in 1984 (and earlier), no formal academic program currently exists to train the singing voice specialist. The need now is greater than ever for a formal program of study to prepare a person who seeks to be a singing voice specialist. The question of adequate preparation continues to be in need of an appropriate answer since no formal training programs or fellowships are available. It is essential to first define the role of the singing voice specialist and the populations that he/she will encounter. To meet the needs of a diverse population, care of the professional voice demands cross-disciplinary training. Knowledge from the fields of music, science, medicine and communication disorders and experience/observation, clinical preparation, and research would provide for optimal preparation. To meet this need, development of a Masters degree program seems highly desirable. The structure of such a program is proposed, along with specific requirements outlined from the music and singing voice pathology components for a Masters degree in arts medicine with a concentration in voice.

Keywords: Arts medicine - Voice curriculum - Cross-disciplinary training

The Summer Vocology Institute

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The most general definition of Vocology is the study of vocalization. For professional training, however, a narrower definition is: the science and practice of voice habilitation. Vocology began as a specialty track in speech language pathology at the University of Iowa about 25 years ago. It was to fulfill the need for didactic training and habilitation. Four major graduate level courses were structured:

1. Principles of Voice Production (3 semester hours)
2. Voice Habilitation (2 semester hours)
3. Instrumentation for Voice Analysis (2 semester hours)
4. Voice for Performers (2 semester hours)

A problem arose with the strict regulation of class size and enrollment at the University of Iowa. The Communication Sciences and Disorders Department accepts 15-20 students per year in its SLP program. The graduate college requires at least 8 students for didactic graduate level class. That meant that half of all SLP students accepted would need to be voice specialists, which is completely unrealistic. In the year 2000, this problem was solved by teaching the Summer Vocology Institute, to which admission was granted for students from all over the world if they qualified. The SVI has since graduated about 150 vocologists, many of whom are well-known clinical settings all over the U.S., Canada and South American Countries.

“Self-Education for the Voice Professional: NYSTA’S Pioneering Online Learning for Voice Teachers Around the Globe.”

Matthew Hoch, DMA,
Vice President of NYSTA
The New York Singing Teachers’ Association (NYSTA)
New York, NY

While organizations, both national and local, have long offered professional development opportunities for teachers of singing, online and distance offerings have been few and far between. Though educators in other fields have developed online courses, voice teachers have generally experienced professional development by means of a more traditional delivery. There is a great need for the expansion of online offerings in vocal education. This presentation is intended to pinpoint the areas in which teachers of singing can improve their instruction and to demonstrate NYSTA’s pioneering work in this field, while offering new advice on how other organizations and individual singing teachers can make quality online education “happen.”

Founded in 2001 by the New York Singing Teachers’ Association, the Oren Lathrop Brown Professional Development Program has served as a resource for hundreds of vocal pedagogues. The NYSTA PDP Program features a five-course “core curriculum” in vocal anatomy and physiology, voice acoustics and resonance, vocal health, singers’ developmental repertoire, and comparative pedagogy. Beginning in 2007, NYSTA implemented web-based webinar versions of all of its core curriculum courses, thus making the courses available to voice professionals beyond the New York City area. Five years later, voice teachers from all over the globe have experienced professional development and networking through NYSTA’s online program. Within the field of vocal pedagogy, NYSTA has been a pioneer in the utilization of web-based teaching and learning technology for the purpose of distance education. Voice teachers who live in non-metropolitan areas of the country (and world) now have access to first-rate, inexpensive professional development opportunities because of NYSTA’s implementation of this program. The NYSTA PDP program is instructed by some of the vocal pedagogy community’s most luminous and high-profile voices, including Dr. Scott McCoy, Jeannette LoVetri and David Sabella-Mills, as well as over a dozen other vocal health, pedagogy, and literature specialists.

In addition to an overview of the program, there will also be a technical walkthrough and discussion of various challenges involved in mounting an interactive vocal pedagogy course online. Some of these topics will include equipment, what to remember and avoid, time schedules (with consideration of time zones), online payments, optimal viewing angles, and other pertinent information. A PowerPoint presentation will be used, and clips from various courses will also be played with opportunity for audience interaction.

Dr. Matthew Hoch, Vice President of NYSTA, will deliver the presentation. In addition to serving as Vice President of NYSTA, Dr. Hoch serves on the PDP committee, edits *VOICEprints: The Official Journal of NYSTA*, and has also gone through the entire PDP program as a student, becoming the first person to complete the core curriculum completely online. He also serves as Assistant Professor of Voice at Auburn University. During the final portion of the presentation, participants will have the opportunity to ask specific questions about web-based teaching and learning technology in general and the NYSTA PDP program in particular.

The University of Kansas Ph.D. in Vocal Pedagogy: A Consideration of Carts and Horses

James Daugherty, PhD
Associate Professor of Choral/Vocal Pedagogy
University of Kansas
Lawrence, KS

This presentation frames an overview of the Ph.D. program in Vocal Pedagogy at the University of Kansas within the larger consideration of "Who Needs Specialty Training in Vocal Health?"

Our selective, three-year program emphasizes lifespan voice pedagogy in a variety of contexts, including private studio instruction, choirs, school music classrooms, churches, camps, and community singing. Within that focus, students avail themselves of trans-disciplinary coursework and practica in music, speech-language-hearing, acoustics, music therapy, education, voice science, and related areas to construct, in consultation with a faculty committee, an individualized plan of study that addresses their interests, intended research concentrations, and career goals. In preparation for the comprehensive examination and advancement to degree candidacy, students (a) complete a semester's clinical practicum shadowing laryngologists at the KU Medical Center, who in turn have referred their singer-patients to our doctoral students for work on rebuilding or reestablishing efficient habits of singing voice production as part of an overall treatment plan); (b) successfully perform a doctoral voice recital, and (c) prepare and defend at least two, single-author research studies that either have been published in a refereed journal or judged by a faculty committee to be of publishable quality. The final phase of the degree entails proposing, writing, and defending a dissertation that demonstrates a substantial, original contribution to the knowledge base of vocal pedagogy. There is strong expectation throughout their studies that students present their research at refereed national and international symposia.

Given this framework, this Ph.D. program reflects a value assumption that *everyone* who works with singers needs and benefits from specialty training in vocal health, regardless of the age or abilities of the singers with whom they work and regardless of the particular contexts in which singing occurs. That perspective, in turn, raises interesting questions about whether a focus on either elite singers or limited private practice pedagogy, although pertinent, may be the best starting place for discussions of specialty voice training.

**In the Meantime:
One Voice Center's Approach to Establishing Requirements for
Clinical Singing Voice Rehabilitation Specialists**

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Director of Performing Voice Programs and Development
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Duke Voice Care Center's Approach to Training of Singing Voice Rehabilitation Specialists:

The preeminent goal of providers in this hybrid and highly specialized profession must be to provide the highest level of evidence-based care to singers who have sustained a voice injury, and to ensure that the singing public is adequately informed regarding what experience and qualifications to seek in their healthcare providers.

In the absence of any recognized credentialing and regulatory body, and considering the factors enumerated above, Duke Voice Care Center has established criteria for education, training and experience for clinicians who provide singing voice rehabilitation services in our practice. This includes master's degrees in both speech-language pathology and vocal pedagogy/voice performance (or equivalent education and experience in vocal pedagogy/performance), completion of a clinical internship program, competence in instrumental evaluation of voice, demonstration of competence in a variety of well-documented voice therapy techniques for speaking and singing voice, demonstration of competence in building vocal technique in healthy singers in classical and contemporary singing styles, professional performing experience, piano skills, observation requirements for voice therapy and vocal pedagogy, and a period of supervised experience in rehabilitation therapy for singers with voice disorders.

This presentation will outline the requirements that DVCC has established for its clinicians, rationale for criteria, and case studies of two young clinicians who have completed the requirements in different ways.

The presentation will also include exploration of problems with this model, including the financial and time burden of completing sequential master's degrees, often at different universities, difficulty in obtaining clinical internship in singing voice rehabilitation and appropriate experience, obstacles to convincing health system human resources of the need for special recognition and compensation for speech pathologists who have this additional training and experience, as well as the problematic nature of establishing such a program in isolation.

These problems illustrate the need for specific and streamlined training programs that prepare clinicians for a career in clinical singing voice rehabilitation. This presentation will also include discussion of DVCC's current collaboration with academic speech pathology and vocal pedagogy programs to establish such a training program in which students can obtain education, training and experience in all required areas "under one roof."

Ohio State University – School of Music

Scott McCoy, DMA
Professor of Voice and Voice Pedagogy
Ohio State University
Columbus, OH

The Ohio State University offers a full range of degrees in voice pedagogy and performance. Graduate students in music and/or speech and hearing science also may elect to complete OSU's pioneering singing health specialization (SHS) as a cognate. This interdisciplinary program includes courses in music, speech and hearing, and laryngology, including extensive clinical and surgical observations. Serving the needs of two audiences, the program helps prepare speech pathologists to work with singers, and singers to effectively interface with the medical community. Studies in both pedagogy and singing health are supported by OSU's Swank Voice Research Laboratory, which is among the most sophisticated facilities housed within a school of music anywhere in the world. The lab sees extensive use to reinforce instruction in voice science and pedagogy, to enhance applied voice instruction, and for significant original research.