Manual of Singing Voice Rehabilitation
A Practical Approach to Vocal Health and Wellness

Leda Scearce, MM, MS, CCC-SLP
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As we live into the 21st century, our world is a place in constant motion, all time and matter seeming to move faster by the minute. Every aspect of our culture is affected by an exponential rate of change and in no place is that demonstrated more than the field of Western medicine. Extraordinary leaps in scientific research and knowledge coupled with technological developments have paved the way for meaningful, applied advances in the understanding, diagnosis, and treatment of human disease. It is an exciting and challenging time to be involved in any aspect of the medical field.

Voice medicine is one of a growing number of subspecialties that has benefited from this evolutionary process. The past 50 years have seen improvements in care of the voice and treatment of voice disorders that previous generations could not have imagined. Many of these advances can be attributed to meaningful collaborations among the many disciplines involved in voice, including laryngology, speech pathology, voice science, singing, and acting pedagogy in addition to contributions from singers and actors and many others. We have learned that a “team approach” to medical diagnosis and treatment can positively impact treatment outcomes. This has given rise to the role of the singing voice rehabilitation specialist in the field of voice medicine. This area of expertise was originally defined as a singing teacher with specific training to work with injured voices and was commonly referred to as a singing voice specialist.

As more people have become interested in pursuing this path and as demand in medical settings for this particular expertise has grown, it has become imperative that appropriate, standardized, and authorized training protocols be established. This pathway to certification is now being vigorously discussed and pursued. In the meantime, any training program for singing voice rehabilitation is going to require educational materials. Naturally included will be knowledgeable textbooks written by individuals in the field whose unquestionable credentials, vast experience, and peer recognition have solidified their reputations as expert in singing voice rehabilitation. Leda Scearce is just such a person.

Leda is the ideal individual to have written what I believe is the most comprehensive examination, explanation, and overall directive on singing voice rehabilitation to date. As a highly trained and accomplished professional singer, speech therapist, and singing voice rehabilitation clinician, she is in the unique position to understand every element necessary to the development of those wishing to enter this field. In her very thorough book, she has left no stone unturned. Using the most accessible prose, she leads us from a basic history of this nascent profession through chapters covering everything from voice disorders to vocal hygiene and from building a multidisciplinary voice team to the nitty gritty of documentation and session planning. Her extensive passages on vocal pacing were a welcome reminder to me about the need to establish clear guidelines and goals for the patient and to make sure that the patient at all times understands the plan for his or her return to vocal health. The inclusion of chapters by other experts in the field of voice, such
as the chapters on vocal apps and sound equipment, provides very current information while also representing the kind of collaborative approach that is needed in all areas of medicine.

This book is written with the understanding that a voice disorder in a singer has enormous emotional-psychological implications for the patient and that to successfully treat the voice of the injured singer, you must treat the whole person. This is a construct that had sadly fallen out of fashion in modern Western medicine and is only now being readdressed in our medical universities. The importance of the book’s consistent reference to the compassion we need to show the injured singer cannot be overstated. And yet, Leda balances this point of view with the objectivity necessary to clearly assess a patient’s needs and establish an effective treatment plan.

While the target audience for this book may be those who already possess extensive background knowledge in voice anatomy, physiology and neuroanatomy, voice science and acoustics, singing pedagogy, voice disorders, and other areas of voice, this book can be valuable to many others. For individuals with some basic background in voice, it can provide important insight into the knowledge base and skill sets needed to work with injured voices.

As an experienced singing voice specialist, Leda’s book has provided me not only with new insights about how to approach common problems I encounter daily in the clinic but also validation for long-held treatment paradigms shared by many of us in voice care.

Manual of Singing Voice Rehabilitation: A Practical Approach to Vocal Health and Wellness is a comprehensive, systematic, and current text for those wishing to better practice the science and art of singing voice rehabilitation. It was written by one of our best clinicians whose singular combination of intellectual integrity, rigorous scholarship, and generous heart and spirit is evident in the message of holistic healing that resounds through this entire work. I can honestly say that this book has inspired me to raise the bar in my daily work and has enabled me to clarify my thinking about many of the questions I face as a voice clinician. Thank you, Leda for your amazing work. We are in your debt for this important contribution to the field.

—Margaret Baroody
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I count myself extremely fortunate to have many teachers, mentors, colleagues, collaborators, students, allies, and friends who, over the years, have shared gifts of knowledge, wisdom, guidance, insight, support, kindness, encouragement, opportunity, and camaraderie. I am thankful for all of them, especially Maya McNeilly, Angus Reuben, Cesare DeLac, Peggy Baroody, Kate McGarry, Don Wilder, Karyn Friedman, Gary Poster, Laurina Uribe, Brenda Smith, Glenn Bunting, Elizabeth Gavett, Mary Klimek, Debra Albrecht, Judith Coffey, Wafaa Carter, Art Jolin, Benee and Lee King, Chris Hvezda, Nancy McMillan, Kathleen Evans, David Witsell, Tara Nixon, Emily Scheuring, Melissa Stark, Karen Stark, Seth Cohen, Gina Vess, Caroline Banka, Hilary Bartholomew, Eileen Raynor, and Ray Esclamado. I am grateful for the gracious contributions of Matthew Edwards, Mirabelle Sajisevi, Alissa Collins, Chad Whited, and Jarrod Keeler and for the special assistance of Erika Juhlin and Gerrit Heinrich.

This book would not be possible without you.
About the Editor

Soprano Leda Scearce has been featured in leading roles with the National Opera Company, Hawaii Opera Theatre, Long Leaf Opera Festival, Triangle Opera, the Ohio Light Opera Company, and Whitewater Opera Company, and has appeared as a concert soloist with orchestras including the North Carolina, Toledo, and Honolulu Symphonies. An active proponent of new music, Ms. Scearce has given world premiere performances of works written for her with the Berkeley Contemporary Chamber Players, Nashville Chamber Orchestra, Orchestra Nashville, Mallarme Chamber Players, the American Chamber Music Festival, and Chamber Music Hawaii. A winner of the Birmingham Opera Vocal Competition, Ms. Scearce has also been a regional finalist in the Metropolitan Opera National Council Auditions. Ms. Scearce is a graduate of Indiana University with both bachelor’s and master’s degrees in vocal performance. A voice teacher for more than 25 years, Ms. Scearce has served on the artist faculties of Bowling Green State University, Meredith College, Brigham Young University of Hawaii, and the University of Southern Maine.

Ms. Scearce obtained a master of science degree in speech-language pathology from Boston University, where she completed an internship in voice disorders and voice rehabilitation for the performing voice at the Massachusetts Eye and Ear Infirmary. She is currently singing voice specialist, clinical associate faculty, and director of performing voice programs and development at the Duke Voice Care Center, where she provides rehabilitation therapy to singers, actors, and other vocal performers with voice injuries. Ms. Scearce is a frequent speaker on the topic of the singing voice at national and international voice conferences, including the American Academy of Otolaryngology-Head and Neck Surgery, the Voice Foundation, National Association of Teachers of Singing, the International Conference on the Physiology and Acoustics of Singing, The National Center for Voice and Speech, the McIver Lecture in Vocal Pedagogy, and the North Carolina Regional Chapter of the Acoustical Society of America. She is a member of the American Speech-Language-Hearing Association, the Voice Foundation, National Association of Teachers of Singing, the American Academy of Otolaryngology-Head and Neck Surgery, and is a founding member of the Pan-American Vocology Association. Ms. Scearce maintains an active performance career.
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To the brave singers who inspire me every day.

In bocca al lupo.
PART I

Setting the Stage
If you have picked up this book, you have already demonstrated your interest in helping singers recover from voice problems. Although many pathways intersect with the act of singing (including performance, voice pedagogy, conducting, music education, music therapy, speech-language pathology, and otolaryngology, to name just a few), singing voice rehabilitation is a hybrid profession that represents a very specific amalgam of voice pedagogy, voice pathology and voice science. Becoming a singing voice rehabilitation specialist requires in-depth training and thorough preparation across these fields. Before you become a practitioner, you must lay the groundwork for this fusion of faculties.

For many decades, helping singers recover from a voice injury has presented a conundrum: Who is the best person to provide singing voice rehabilitation: the singing teacher or the speech-language pathologist (SLP)? Experienced singing teachers are typically better prepared to train singers, having the appropriate knowledge and skill set to build technique in healthy voices. However, speech-language pathologists have the clinical and scientific background necessary for voice assessment, they understand the differential impact of voice disorders on vocal function, and they are conversant in therapeutic paradigms.

Additional questions spring from this supposed dichotomy: Must one have dual training in both fields to provide singing voice rehabilitation? What training and experience should singers seek in the person who provides their rehabilitation? How is singing voice rehabilitation different from speaking voice rehabilitation and from voice lessons?

Let’s take a look at how some of these questions have been and are being addressed.

Clinical Singing Voice Rehabilitation Specialists

For those who wish to practice clinical singing voice rehabilitation (or singing voice therapy), the training “package” must include at least a master’s degree in speech-language pathology due to
requirements for obtaining licensure and billing insurance. In the United States, these practitioners are typically certified by the American Speech-Language-Hearing Association (ASHA) and licensed by the state to provide rehabilitation services in a medical setting or private practice (requirements in other countries vary; International readers must of course become familiar with the competency standards for the country in which they practice).

Training in voice performance/pedagogy is also a necessity for those seeking a clinical career in singing voice rehabilitation, as speech-language pathology education does not adequately prepare clinicians to address the specialized needs of the performing voice patient, even if the clinician has obtained advanced training in clinical speaking voice rehabilitation as part of their graduate training, professional internship experiences, and continuing education. Ideally, speech-language pathologists who provide singing voice rehabilitation should also be experienced teachers of singing (ASHA, 2005; National Center for Voice and Speech [NCVS], 2013). This makes intuitive sense if you consider that one must be proficient at building technique in healthy instruments before embarking on the more complex endeavor of rehabilitation for singers with injured instruments. Speech-language pathologists should consider the ethical implications of engaging in singing voice rehabilitation if they do not possess a significant performing and teaching background.

Historically, people who have pursued this career have assembled the necessary expertise through self-designed pathways (NCVS, 2013). Some are dual-degreed, having obtained at least a master’s degree in both speech-language pathology and voice pedagogy/perform-
Still another scenario is the voice teacher working solo in an academic or private studio setting who includes singers who have voice disorders as a part of his or her practice, often with excellent results. In some cases, singers are referred to these practitioners by a clinical voice care team and the voice teacher works in collaboration with the medical providers, albeit at a separate location.

Whether in the clinic or the studio, having a singing teacher who is not an SLP deliver rehabilitation services may present potential financial, time, and convenience disadvantages for the singer, as he or she will not be able to take advantage of insurance benefits and will have to seek voice therapy for speaking voice with a separate provider (NCVS, 2013). However, if a clinical singing voice rehabilitation specialist is not readily available, the investment of time and money may be well worth it to the singer.

Singing voice teachers who do not have clinical training and certification must be cognizant of the legal ramifications of characterizing the services they provide as “therapy.” Doing so may render them liable for damages if a singer decides to take legal action against them. Singing teachers who work with singers who have vocal injuries may wish to consider obtaining liability insurance.

An ASHA (2005) position statement asserts that “the preparation of the teachers of singing needs to be augmented . . . to include training in anatomy and physiology, behavioral management of voice problems, development of the speaking voice, and the singing teacher’s role in working with the speech-language pathologist and the physician in the medical management of voice disorders.” However, in the United States, no clearly defined criteria have been established as yet for voice teachers (whether they work within a medical practice or not) as to what education and training is needed to work with singers who have voice injuries. A number of programs have sought to provide this background information for singers and teachers of singing, including the Summer Vocology Institute at NCVS, the PhD in Voice Pedagogy at the University of Kansas, the Singing Health Specialization cognate offering at the Ohio State University (all reported in NCVS, 2013), and a program in Singing Voice Rehabilitation developed by Karen Wicklund (Wicklund, 2010). It is important to point out that although many of these are excellent programs for augmenting the knowledge typically gained in academic music or speech-language pathology programs, none are recognized by ASHA or state licensing organizations, and thus these programs do not prepare or qualify the voice teacher to provide voice therapy.

The Way Forward

Although there is currently much debate about what form and direction the future of singing voice rehabilitation will take, one thing is very clear: There is a tremendous need for providers who can help singers recover from voice problems in a manner that is first and foremost effective but also scientifically and evidence based.

In April 2013, a symposium was held at the National Center for Voice and Speech to explore the topic of singing voice health, titled “Proposed Specialty Training in Vocal Health: Why, Who, What and How?” This symposium—which led directly to the formation of the Pan American Vocology Association (PAVA) in 2014—featured much discussion relative to the
topic of singing voice rehabilitation: Who is best qualified to provide it, what training should be obtained, and what critical skills must be demonstrated by those who practice it?

Although there are currently no credentialing processes or training programs that specifically prepare one for singing voice rehabilitation, the establishment of organizations like the Pan American Vocology Association (PAVA) and of academic degrees in clinical singing voice rehabilitation currently under way (Searce, Scheuring, Nixon, Wells, & Lundgren, 2014) make it likely that the coming decades will see increasing educational opportunities for those who seek this specialized training, as well as clarification and specification of professional standards. It is indeed an exciting time to be part of this emerging profession.

What’s in a Name? Clarifying the Terminology

- As the language surrounding singing voice rehabilitation has historically been inexact, inconsistent, and unclear, an attempt was made at the NCVS symposium in 2013 to clarify terminology used to refer to the practice of working with singers who have voice disorders as detailed in the Summary Statement of the symposium. This included defining the difference between voice habilitation and voice rehabilitation:

  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. (NCVS, 2013, p. 5)

  People who provide singing voice rehabilitation are sometimes referred to as “singing voice specialists” (or SVSs). However, it is important to realize that to date, no formal process has been established by any relevant organization or institution for determining the criteria for this designation, there is currently no oversight as to the use of this title, and it has been applied to those with widely varying backgrounds and experience, from speech-language pathologists with advanced degrees in voice pedagogy to voice teachers who work in a clinical context to voice teachers who have undergone training in supplementary vocal health programs to people who simply self-designate the title.

- The NCVS summary statement (2013) acknowledges the importance of establishing clear terminology relative to providers of singing voice rehabilitation:
In the Meantime

It may appear that I am presenting conflicting views as to who should provide singing voice rehabilitation, endorsing dual training in speech-language pathology and voice pedagogy while commending the trailblazing work of many singing voice teachers who have augmented their training to prepare themselves to work with singers who have voice disorders. My purpose is not to confuse matters but to acknowledge the reality that this is a dynamic and emerging profession in which historical and contemporary approaches are both currently in play. A more clearly delineated pathway will likely arise in the not-too-distant future, but at present issues of “who should do what” have not yet been fully resolved. In the meantime, my intention in this book is to provide practical resources to illuminate and enhance the necessary skills and competencies for conducting singing voice rehabilitation. Throughout this text, we will continually explore the integration of these critical skills and their application in creating targeted, personalized intervention programs for the singers you will work with, as well as recommendations for recognizing where and how scopes of practice converge and diverge for providers with differing backgrounds and experience.

(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. (NCVS, 2013, p. 5)

Critical Skills for Singing Voice Rehabilitation

If singing voice rehabilitation is a hybrid profession, then the singing voice rehabilitation specialist—whether on the clinical or pedagogical track—must demonstrate a level of competency in all component disciplines of voice science, voice disorders, vocal performance, voice pedagogy,