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THE SINGING VOICE SPECIALIST: AN OVERVIEW OF THE HISTORY, TRAINING PROTOCOLS, CAREER OPPORTUNITIES, AND GENERAL CONSIDERATIONS

THE TWENTY-FIRST CENTURY SINGING TEACHER is faced with a complex world of voice pedagogy that is being augmented by a rapidly evolving body of science- and pedagogy-informed knowledge. Those who paved the way for voice teachers past could not have imagined the daunting amount of information with which the modern teacher is expected to be familiar. As part of our mission in service to the singing community, the American Academy of Teachers of Singing affirms the necessity of being lifelong learners. To support that goal, AATS also strives to help colleagues stay abreast of emerging knowledge and to become aware of reliable sources of access to that knowledge currently available to both teachers and singers. One such area of significant progress requiring attention is the field of voice medicine, and in particular, the singing voice specialist.

Recent advancements in voice medicine have improved the possibility not only of early, more accurate diagnosis of voice disorders, but also of treatment modalities that enable sufficient recovery for singers to resume their former vocal pursuits. Singing teachers and performers need to know about the possible diagnostic and treatment protocols that are now available. The habilitative strategies used by effective singing teachers to optimize efficient vocal function overlap considerably with rehabilitative strategies used in therapy. Habilitative knowledge alone, however, is not sufficient to qualify a voice teacher for rehabilitative work with injured voices. Qualifications necessary for rehabilitative work constitute the focus of this position paper: the role and training process needed for the singing voice specialist (SVS), a practitioner who works either within a clinical setting or privately by referral from a medical team.

Historically, there was no established association between laryngologists and singing teachers. The concept of the singing teacher working to aid in the recovery of an injured voice began informally, usually through close association and collaboration between a singing teacher and a laryngologist treating voice disorders. When singers needed rehabilitation of the singing voice following an injury and/or vocal surgery, the logical choice for the laryngologist was an experienced singing teacher who possessed expert knowledge of vocal production. It is important to remember that until very recently, most speech language pathologists had little experience or training in voice production. It was therefore reasonable and appropriate that the laryngologists would refer their voice patients to singing teachers, not only for the restoration of healthy singing, but also, in some cases, of healthy speaking.

The term “singing voice specialist” was first coined in 1981 by Dr. Robert Sataloff. Loosely defined, it refers to a singing teacher with specialized training that qualifies them to work with the injured singing voice in collaboration with a medical voice team. Dr. Linda Carroll, of Dr. Sataloff’s Philadelphia office, was the first individual to be given this designation. In establishing

a context for optimal care of the injured voice, Dr. Sataloff outlined and implemented the model of the team approach. This team would include a laryngologist with specialized training in the diagnosis and treatment of voice disorders, a speech language pathologist with specialized training in treating voice disorders, and an experienced singing teacher who also had specialized training in voice disorders. Other team members might be a pulmonologist, an allergist, a neurologist, a psychologist, an acting voice specialist, a movement expert, and others in voice-related fields.

Voice scientist Dr. Ingo Titze has long advocated for formal, recognized, and codified systems of training for singing teachers, as well as for those who work with injured voice. His term “vocology,” which he defines as “the science of voice habilitation and the treatment of voice disorders” has led to the term “vocologist,” now widely used to self-identify by many individuals involved in various aspects of voice training, care, and research.

Understanding the difference in scope of practice between a singing teacher and the singing voice specialist requires making a clear distinction between habilitation and rehabilitation. Habilitation refers to the process of training and strengthening the healthy voice to meet specific performance demands. This describes typical speech and singing lessons for the uninjured voice. Rehabilitation refers to restoring what has been damaged to its former condition and function. Ideally, when a voice has been injured and an accurate diagnosis made, rehabilitative treatment is applied by a qualified practitioner. This can then be followed by subsequent habilitative training to continue both the correction of any inappropriate compensatory behaviors that evolved in response to the injury and retraining any previous behaviors that may have contributed or led to the injury. While effective functional strategies overlap, the task for the SVS is to guide the singer safely through the rehabilitative process until they are sufficiently healthy to resume habilitative work with their singing teacher. It is often advantageous for the singing teacher to stay in communication with the voice team as the rehabilitative work proceeds until the pre-injury vocal baseline is fully re-established. This establishes a unified approach to rehabilitation and subsequent habilitation, minimizing

confusion and leading to best compliance on the part of the recovering singer.

The terms rehabilitation and therapy need to be reserved for describing modalities provided by individuals with legally recognized licensure or certification in the treatment of disordered or injured voices. This necessarily limited use of language presents a semantic problem for individuals who have received appropriate training to safely and effectively work with the injured singer, but who do not have the recognized licensure or certification to legally use the term rehabilitation, even though that is what they are doing. An SVS who does not possess licensure or certification might consider the terms recovery intervention or recovery work to describe what they offer. The legality of treatment terminology in this case has not kept up with the changing circumstances of actual clinical practice.

In Rebecca Loar’s comprehensive doctoral dissertation entitled, “The Singing Voice Specialist: an Essential Bridge between two Worlds,” her survey of voice teachers showed a surprising lack of familiarity with the term singing voice specialist. This may be due to its relatively recent introduction in the field or its lack of a universally recognized licensure or certification training process. It is also possible that the term does not clearly differentiate its role or scope of practice, since any voice teacher can legitimately be considered a “specialist” in the singing voice. There have been suggestions within the medical community of alternative designations such as Clinical SVS or Rehabilitation Specialist or Singing Health Specialist. All of these have their own inherent issues, such as the term clinical being limited to a medical setting or the word rehabilitation implying the necessity of licensure or certification.

A more fundamental problem arises due to the lack of any recognized certification process qualifying a singing teacher to effectively do habilitative work, that is, teach singing to healthy voices, a crucial prerequisite for pursuing additional training toward becoming skilled in working with rehabilitation of injured voices. Absent any current certification process for teaching healthy voices, a singing teacher who aspires to become a singing voice specialist will need prior experience in mastering habilitative techniques for all the various vocal styles and techniques in use and likely to be represented in a clinical voice practice. While unskillful singing instruction

could possibly harm a healthy voice, the risk for damage is greater with inappropriate rehabilitative work with an already injured voice. There are also potential legal and liability implications when working with a medically diagnosed injury without certification. Currently, obtaining a speech language pathology degree with additional course work in voice is the safest path available to a singing teacher aspiring to become appropriately trained to work with injured singers. Likewise, even a speech-language pathologist with an emphasis in voice who aspires to become a singing voice specialist will need to be both trained and experienced as a performer and singing teacher.

There is a consensus among experienced singing voice specialists and laryngologists regarding many of the basic requirements for SVS training. Ideally, SVSs should have:

- at least an undergraduate degree in vocal performance and/or pedagogy;
- a number of years' experience as a singing teacher;
- professional performance experience;
- completed coursework in vocal anatomy and physiology, neuroanatomy of the voice, voice disorders, and voice measurement and assessment equipment;
- a basic understanding of the principles of laryngology and current treatment modalities, including medications and surgical interventions;
- a fundamental understanding of the principles and practices of voice-specialized speech-language pathology;
- a substantial amount of time in observation of the interaction between laryngologists, SVSs, and SLPs with their patients;
- a number of clinical hours of mentored supervision by an experienced clinician.


It is further recommended that, in order to stay abreast of advances both in voice pedagogy and in medicine, treatment, and therapy, the SVS be an active member of relevant professional interdisciplinary organizations such as NATS, PAVA, and/or the Voice Foundation.

In conclusion, there is no question that there is a growing need for the SVS to aid injured singers or professional


voice users in their recovery process. The field of laryngology is a rapidly expanding subspecialty in medicine, with attendant need for a trained therapy team. Though career opportunities in this area of voice care are growing, to date neither the education nor certification processes for the singing voice specialist are fully established. Singing teachers interested in this important and rewarding work are encouraged to consider either the speech-language pathology path with a voice specialization or the more challenging process of seeking out relevant course work, mentorship, and collaboration with professionals established in the field of voice medicine.

REFERENCE


- Loar, R. H. "The Singing Voice Specialist: An Essential Bridge Between Two Worlds." Doctoral dissertation, University of Southern California, 2020. Retrieved from <https://scholarcommons.sc.edu/etd/6056>.



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