

COMMUNICATING VOICE

SPRING/SUMMER 2019
VOLUME 19, ISSUE 3



The journal of **the british voice association** – the UK's voice for voice

SPRING/SUMMER 2019 VOLUME 19, ISSUE 3

Editorial	2
ROCK & POP WEEKEND 2018	
Anatomy of an event: Craig Lees talks about how a BVA event works.....	3
Mary Hammond's Interactive Workshop reviewed by Philip Salmon..	5
BVA VOICE CLINICS FORUM	
Reviews by the Lewisham Voice Clinic team	9
SIDMOUTH SCIENCE FESTIVAL.....	15
BVA NEWS.....	16
BOOK REVIEWS	
Voice Disorders 2nd Edition	16
The Voice Clinic Handbook, 2nd Edition	17
End of Life Care: A Guide for Therapists, Artists and Arts Therapists	18
Teaching Singing to Children and Young Adults: 2nd Edition	19
Chronic Refractory Cough.....	20
FORTHCOMING EVENTS	20

COVER PHOTO



Prof. Robert Sataloff at the Voice Clinics Forum



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330 Gray's Inn Road, London WC1X 8EE
Tel: +44 (0)300 123 2773 Email: administrator@
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EDITORIAL

Welcome to the Summer edition of Communicating Voice. This issue looks back at two fantastic events from the end of last year and the beginning of this – *Rock and Pop*, and the *Voice Clinics Forum* respectively – and forward to our AGM, which this year, reverts to a July slot.

The *Rock and Pop* weekend was the biggest event so far organised by Craig Lees, though not his first for the BVA. It struck me – as it so often does within the BVA – how multi-talented so many of our members are. Although a musician by profession, taking on the organisation of a weekend event called upon a whole other area of Craig's skills. A short while before the event took place I had an opportunity to speak with him and find out what's involved in making a study weekend come together. You can read about it on page 3; then on page 5, Philip Salmon reports on part 1 of the weekend, Mary Hammond's masterclass.

There was an impressive turnout for the *Voice Clinics Forum* at the beginning of February. Jointly hosted by the BVA and London Voice Clinical Excellence Network, the conference took place in the handsome surroundings of Governor's Hall, St Thomas' Hospital, London. This year we welcomed the distinguished physician, academic, author and teacher, Professor Robert Sataloff, and his learned colleagues from Philadelphia Ear, Nose and Throat Associates, Bridget Rose and Margaret Baroody. The Philadelphia team shared the platform with British colleagues and friends, collectively giving delegates a really superb insight into the very latest in voice clinic practice on both sides of the Atlantic. See pages 9–13 for reports by Pippa Anderson, Amelia Carr, and the Lewisham Voice Clinic team.

Elsewhere in the issue, you can see what other members have been busy with during the past few months: setting up a network for SLTs and singing teachers wishing to collaborate, conducting research into the usefulness of vibrators for vocal massage and baring their vocal folds for an unsuspecting audience at Sidmouth Festival of Science.

Finally, as we approach July and the annual handover of the office of President, we also look to the end of Kristine Carroll-Porczynski's distinguished tenure as Company Secretary. We will pay tribute to Kristine's extraordinary contribution to the BVA in a future issue of CV; for now, attention must be drawn to the vacancy her departure creates. Kristine brings a set of skills to the organisation that it may not be possible to find in another individual amongst us, but the role could be split if necessary. See page 4 for more information about the position and if you or someone you can think of might be suitably equipped, please do give it serious thought.

See you at the AGM.

Geraldine



Geraldine McElearney

IN THE NEXT ISSUE

Reports from:

- AGM and Study Day 'Hormones & Voice'
- Report from 'Breathe Easy'

Send letters, corrections and suggestions for future articles to: BVA@gmcelearney.com



ROCK & POP WEEKEND 2018

ANATOMY OF AN EVENT

Most members will have enjoyed attending at least one BVA conference, and it won't surprise anyone who has done so that a significant amount of effort goes in to the organisation of every event. November's Rock and Pop weekend was the first with President-Elect Craig Lees at the helm. CV caught up with him a couple of weeks before it took place to get some idea about how BVA events are put together.

Craig, this is the biggest BVA study day you've organised. Tell us how you came to be in charge of it.

"BVA Rock and Pop events have been running for over ten years. The first iteration was held back in 2004 and organised by Mary Hammond, Maureen Scott and Graham Godfrey at the Royal Academy of Music. More recently, they have been led by Kim Chandler and Dane Chalfin, who have both done fantastic work with it. Looking towards the 2018 event, the BVA thought the time was right for some fresh blood to take things over, bringing a new perspective and energy."

"The first, most significant variables concern what the theme or flavour of the event should be, and who might be attractive speakers to help deliver this. There's a degree of chicken-and-egg about those two elements: the subject of the conference can to some extent shape itself around one or two key individuals to whom we want to give a BVA platform. However, more conventionally, the speakers follow the conference subject; here, the approach was more like 'this is broadly what we want to cover, who has something to offer in that field?'. Naturally, there is dialogue between organiser and potential speaker to determine the exact subject that will most effectively align the speaker's expertise with the conference theme."

"Part of what we wanted to achieve with this event was to revitalise the line-up of presenters: giving delegates the opportunity to hear from people who they maybe haven't come across before. We were really excited to confirm Mary Hammond as our keynote speaker, so it was important to find a date that would work for her. In this instance, we were lucky with Mary as she was able to confirm her participation very early on; that gave us a stake in the ground that other elements could be built around. Often, the BVA are fortunate to be spoilt for choice about who will be in the final line-up of speakers; there needs to be a good, complementary mix across the day with a balanced range of professional perspectives to reflect the diversity of our membership."



Craig Lees

Is it a given that all events must appeal to members across our professional spectrum?

"Yes. Invariably, some professionals will gravitate towards certain events, and some events will have a greater pull than others for particular sections of our membership, but no event should be wholly exclusive of any group. The wonder of the BVA is its multi-disciplinary approach and I think there is discovery and learning to be had in [for example] a singer going to a Voice Clinics Forum."

Events are spread as evenly as possible throughout the year. Nailing the exact date takes some coordination; it isn't just about the availability of speakers and venues, crucial though they are. The diary beyond the BVA has to be looked at. Does the date in mind clash, or come unacceptably close to other events that our members will be involved in such as meetings of AOTOS or the BLA? Then we have to consider national holidays, religious festivals, sporting events, major transport disruption: anything that could make it difficult for would-be delegates to fit our event into diaries, or even just physically get to it.

Several venues will be investigated, and suitability depends not only on availability; it needs to be accessible, have the necessary capacity and room format for our needs. Are the audio-visual facilities and support services up to scratch? Is there in-house catering? How much does it cost? Craig researched options around London, some familiar to the BVA, others not.

"With Rock & Pop, Mary's involvement really led us to the Royal Academy of Music for the first part of the weekend. A number of venues were looked at as possible locations for the second day. I had looked at Cecil Sharpe House for a previous

event and really liked it, so I am pleased that it's turned out to be the best choice on this occasion."

A proposed budget has to be approved by the Association's Treasurer before any money can be committed. This requires business planning skills – not ones necessarily in the portfolio of the typical BVA organiser but ones they must quickly learn. "A break-even figure needs to be identified, and projected costs/income set out based on a number of booking scenarios: high, medium and low attendance. Entry costs to the event are kept as accessible as possible whilst still allowing the BVA to draw at least a minimum amount of income. Even details like china cups versus paper impact costs and represent a choice that has to be made" says Craig.

With budget approved, the venue can be confirmed and we can start planning to market the event. While budgeting and venue planning have been going on, the organiser will also be beaver away at finalising the presenter line-up, discussing ideas for their slot and coordinating overall conference content. Sometimes, the presenter of first choice isn't able to take part but typically, they are fantastically helpful in recommending/approaching colleagues who might be good alternatives.

The definitive group needs to be largely settled by around four months ahead so that publicity work can begin. The moment a date is confirmed, members can be notified that the event is happening so they can save the date. No later than two months ahead (ideally longer), publicity materials are ready for distribution and bookings can open.

Much of the later organisation tasks depend on bookings. Catering is a critical item and not surprisingly, good information about attendance numbers and special requirements is essential. It's a huge help to us if delegates book early, hence the incentivised early-booking option. The more confident organisers can be about audience figures, the less time has to be deployed in marketing ever closer to the date. Reliable booking data as early as possible in the process also helps to ensure that the venue is going to be organised appropriately for the size of the event. Booking figures are reviewed frequently and reactive publicity activity put in place where and when needed. It can be a worrying time for organisers if bookings are slow to come in. If all the steps to avoid clashes and ensure easy venue access have been taken, is the conference subject itself a cause for concern? Events can and will be cancelled if take-up is too low, or too late.

Craig is appreciative of the contribution of his Rock & Pop panel to raising awareness of the weekend:

"We are really fortunate in the BVA to have such good relationships with our presenters that they will often really help with promoting the event, spreading the word amongst their colleagues, friends and other contacts."

Word of mouth marketing is often cited as the most effective; some of our senior members have terrific contacts and are key influencers in their field. Their support gives a much wider platform for raising awareness of the Association.

As bookings (hopefully) roll in, there's an extended period of firming up our plans with the venue: ensuring any access or other special needs are in place, specifying audio-visual support, making outline catering arrangements, keeping in touch with speakers, planning handouts, confirming our agreement with sponsors and attending partner organisation: a myriad varieties of dotting i's, crossing t's and general snagging. By 7-10 days before the event, final numbers are known for ordering meals and refreshments, including special dietary requirements. Poor catering has a big impact on delegates' overall conference experience so needs to be given proper attention: it's why event feedback forms include a section on housekeeping. These forms are an essential research tool for event planning; every single one is read and noted.

Our administrator, the amazing Jackie Ellis, spends these few days in overdrive: mailing out final arrangements to delegates, preparing packs, name badges and attendance certificates, packing up BVA literature to display at the event, and so on.

Once the day itself dawns, there are still numerous eventualities that can occur, including people arriving unbooked. This can be a challenge; not only for the catering and potential health and safety numbers we've planned around, but taking payment on the door isn't something that can be easily managed.

"It's a tricky one" acknowledges Craig. "Naturally, it's great if even more people want to come than we knew about, and we wouldn't want to turn anyone away. On the other hand, it can mean that planning goes out of the window if certain sections of the day are number dependent and suddenly those numbers are different. Never mind whether we can give them a drink, or even a seat. There's no doubt, the earlier we know who's coming, the better!"

So how did the Rock & Pop weekend turn out? See pages 5–8 for reviews and pictures.

Craig Lees' term as President begins at the BVA's AGM on July 7th 2019.

Company Secretary

The BVA needs a new Company Secretary. This office is a cornerstone of our organisation with a number of key responsibilities that are vital to our efficient, effective and lawful management.

Ensuring the BVA's legal compliance and protection in matters of corporate governance and accounting, being the charity's named representative on legal documents, and having oversight of all our contractual arrangements (eg with conference venues) are all central to the role. Working closely with the President, Treasurer, Administrator, Council and Working Parties of the BVA, the Company Secretary also provides vital organisational support such as calling meetings including the AGM, writing agendas and recording minutes.

If you would like to get involved at the heart of the BVA, we would love to hear from you. A professional legal background is not a prerequisite. If you have other relevant corporate, administrative, planning or management skills from any sector, paid or voluntary, and would be interested in taking on all or part of this position, please get in touch.

For further information, please contact Jackie Ellis: administrator@britishvoiceassociation.org.uk

ROCK & POP WEEKEND 2018

MARY HAMMOND

INTERACTIVE WORKSHOP

Reviewed by Philip Salmon

Mary Hammond seems almost surprised to find herself considered probably this country's leading vocal coach for pop, rock and musical theatre. Engaged by Cameron Mackintosh as a trouble-shooter and vocal coach before such a role existed as it does now, and founder in 1993 of the ground-breaking Musical Theatre course at the Royal Academy of Music - which she then headed for nearly 20 years – Mary has blazed a trail in teaching voice, both in the UK and abroad.

After 25 years of singing at the top level of the industry, in practically every style imaginable including classical (an alumnus of the RAM herself where she studied singing and piano), Mary has forged a distinguished teaching career in which she works with singers of several levels, including college students, young emerging artists forging careers in the music industry, through to world-touring, stadium-packing household names. Her 3-hour evening workshop was interactive throughout and chock-full of insight.

Mary's unassuming, informal delivery immediately engaged an attentive audience, meandering pleasantly and informatively around most aspects of the subject with a lightness of touch that comes from experience and knowledge.

While acknowledging the value of scientific investigation, and certainly knowing her stuff, she readily admits that research does not fire her neurons as much as does coaching singers. She is quick to point out that she does not teach 'a method' but, in her words, puts it all in a mixed bag. "This is what I do", she says, "If it works, fine. If not, bin it."

However, that mixed bag is a swag-bag, full of valuables! There were many references to her technical approach (which she labels as "light classical – unforced singing") scattered throughout the session. She prefers to speak of 'breath management' rather than 'support'. There is sometimes "too much fuss" made about breathing. She prefers to think of the exhale rather than the inhale (although it is fair to say that firstly she takes great care to make sure that the breath mechanism is well understood), and that sometimes the quick, high breath is useful for a top-up or a high attack (although this has to be interpreted in the context of good breath management). We were invited to join in with shoulder turns and head circles as she spoke of the importance of loosening the neck muscles. And the independence of the tongue from the jaw (free from root tension) was emphasised more than once with a useful exercise that involves rotating the tip of the tongue slowly around the outside of the lips (with dropped jaw and open mouth) while a finger gently touches the underside of the chin to make sure it doesn't move.



Mary Hammond

We heard of the importance of flexibility of the soft palate, of connecting consonants to the body, and of exercises that play with the length and thickness of the vocal folds. We sired, we sang with 'Flexibility, what a very fine ability' to loosen stiff folds, we fff fff fff-ed (all part of the promised interactivity), and warmed up on an ee vowel looking stupid, as instructed, with the mouth open and the tongue lolling out on the bottom lip (as the critic said of Wagner's music, it is better than it sounds!). And as Mary says with a wry smile, "It's not a relaxed art. We are active." She expressed her belief in having a handful of exercises well applied ("You need to know what you are doing with them"), and the importance of building the physical strength that is related to singing.

A contemporary sound has a higher tongue at the back. Vocal mix is a high larynx with tilt. Twang is emphasised more in music theatre than in pop. Here, an interesting observation: that we have bastardised American culture, with too much twang and exaggerated inflexion. There, a quick tip for rock gigs – if you've been singing full throttle with high falsetto, take a moment to turn around, siren downwards to creak and make sure you breathe abdominally. When recording, think beyond the booth. Good stuff everywhere.

But the most interesting of all was to learn of her approach to each singing individual (no talk of client, customer or student here), making use of the "varied ear" she developed during her performing years, when she had to be able to listen and rapidly adapt her vocal style according to context.

There is the initial assessment: listening to their music and their sound non-judgementally, to vowels, to connection with the body, while singing or chatting.

There is consideration of the performer's circumstances. Many pop artists, especially new talent, are not mentally prepared for the rapid ascent from 50 to 500 to 100,000

seater venues that can happen in literally a few months. Artists can be under enormous pressure to perform to avoid the huge financial consequences of cancelling. Often those sent to Mary by managements write their own music: singer/songwriters whose voice becomes the servant of their imagination. The job is never to change or 'improve' the voice, but to give the performer the tools to find, understand and develop the natural voice. Sometimes, as for many singing teachers, this is short-term fixing, addressing what is useful and realistic in the time available.

After the break Mary was given some respite while Mary-Jane de Havas gave us a sample practical session in 'lax vox': the semi-occlusion technique of blowing, then vocalising, through a straw of prescribed diameter into a glass of water, to strengthen the vocal folds and soft palate, originated for speech therapists, but useful for budding singers too. There could have been more preparatory explanation for the uninitiated, but some interesting answers surfaced in the ensuing Q and A. We blew into a 5cm depth of water; speech therapists usually start therapy with only 1–2 cm. More than 4 minutes of blowing will not increase the beneficial effects. This may not be what one wants just before a concert. It was an instructive, if tantalising, interlude.

We then heard from three young emerging talents, performing for us live and relating their stories of learning with Mary Hammond more long-term. Ama (her name, appropriately for the night, means Saturday's girl) told how the vocal exercises gave her security and more flexibility. Antigone's naturally husky voice had become unreliable (in fact a polyp was eventually 'removed' by care and steaming). Through Mary's coaching she was able to regain vocal clarity and reliability, and as a result control or choose when to apply growl. As she put it, "I've developed my voice rather than faking it". Matty admitted that he was suspicious of voice work and has his own natural determination. But working with Mary he has learnt to play with flexibility, colour and accent, and to join up his "different voices", giving him the confidence and stability to go forward with what he has learnt. He stressed how important it is to feel that the coach is trying to get the best out of you, not change you.

And from him came what for me was the most crucial observation of the evening: that this work is not only about improving the voice, but also about self-affirmation – that [music] is worth doing. This echoed something that Mary had said earlier. It is easy for singer/songwriters to get a little

Mary Hammond with Ama



Mary-Jane de Havas

lost in the pressures of raising backing, and of production and promotion. One technique to help them back to the origin of their creation is an exercise that re-words the song according to its subtext. Matty told how it reminded him of what the words and the song meant to him. Likewise Ama: "It helped me get my head back in the place it was when I wrote it".

There are too many more interesting nuggets to mention here. Regarding belting – "There's nothing new since mediaeval times, really, except for amplification." If a big star asks whether they should go ahead with a gig, rather than tell them what to do, take them into a room and "decide together". Give writers, who often work only on their own music, a new aural experience, such as Mahler or Bach.

At the end Mary touched briefly on the psychodynamics of singing teaching, and the importance of the awareness of avoiding transference. This was a moment that stimulated more than a ripple of interest, and many requests were voiced for the BVA to consider organising a further study day on the subject.

All in all, it was a delight to hear someone speak (sense) freely from the depth of experience, delivered with the refreshing BVA ethos of sharing information.

"You don't have to agree," she said, winding up the evening, "I don't mind conflict".

I don't think Mary Hammond would find much conflict here.

Philip Salmon ARCM

Matty





Kim Chandler working with volunteers from the floor



Keeping it interactive



The Voc-Doc aka Charles Ward



Tori Burnay



Nick Gibbins



Sharon Mari



Craig Lees



Will Lester and Juliet Russell



Lorna Blackwood



The interactive
**ROCK & POP
WEEKEND** 2018

Delegates were kept involved throughout the weekend

VOICE CLINICS FORUM

2nd–3rd February 2019, Governor's Hall, St Thomas' Hospital, London

Reviewed by the Lewisham Voice Clinic team

The BVA held its annual Voice Clinics Forum for 2019 at St Thomas' Hospital. This year's event was hosted in collaboration with the London Voice CEN and was fortunate to have as special guests and speakers, Professor Robert Sataloff, Margaret (Peggy) Baroody (Singing Voice Specialist) and Bridget Rose (Speech and Language Pathologist) from Philadelphia Ear, Nose and Throat Associates in Drexel University College of Medicine.

The weekend was divided into two parts, with Saturday concentrating on speech therapy and recovery aspects of the professional vocal performer going through surgery or rehabilitation, and Sunday devoted to more surgical and multidisciplinary aspects.

The Saturday session highlighted the similarities and differences between the US and the UK approaches to the voice clinic. Peggy Baroody, Singing Voice Specialist (Singing Rehabilitation Coach in the UK) described the history of her role and stated that "...we have to remember that until very recently, most speech language pathologists [Speech and Language Therapists in the UK] had little experience or training in voice production". By this we assume she meant that SLTs in the States are not trained in voice use in the way singers are in order to perform. This is also true in the UK, although in the distant past, vocal use was included in the SLT training but was somehow lost over the years. The voice specialist SLT in the UK is, however, highly trained in the anatomy and physiology of voice production whereas singing teachers, until very recently, were not.

Singing teachers normally worked from ear, experience of how techniques should feel, and the (copious) existing singing pedagogy, some of which has been shown to be physiologically inaccurate. Unless dual qualified as spoken voice teachers, singing teachers in the UK are not experienced at dealing with the speaking voice. Peggy did not discuss whether knowledge in anatomy and physiology or the science of voice production formed part of a singing training. However,



Governor's Hall

she explained that historically, ENTs developed working relationships with singing teachers to provide help for their singer clients rather than referring to the SLT, and surprisingly, this included work with the speaking voice.

"It is no surprise that laryngologists would refer their voice patients to singing teachers not only for the rehabilitation of the singing voice but also the speaking voice". However, these days "...in the United States, therapy for the speaking voice should only be provided by a licensed SLP. The word "therapy" in the US implies licensure. Because I do not have licensure as a SLP and there is no licensure for a SVS (singing voice specialist), I cannot call what I do 'therapy.' Therefore, an SVS working with any element of an injured speaking voice should only do so in conjunction with a laryngologist and in collaboration with an SLP trained in voice."

There is no recognised training or formal recognition for vocal rehabilitation coaches (VRC) in either the US or the UK and this was discussed as a frustration by both teams. There are now attempts to develop and introduce training programmes on both sides of the Atlantic. One universal consensus however, was the necessity of a VRC coach as part of the Voice MDT.

The Voice Clinic set-up also differs between the US and the UK in terms of personnel present in the room during the initial ENT assessment. In the UK, the most familiar model is that of the ENT surgeon, SLT +/- osteopath and VRC, all



The Panel (left to right): Nimesh Patel, John Rubin, Peggy Baroody, Bridget Rose, Prof. Robert Sataloff, Declan Costello, Nick Gibbins



Peggy Baroody (left) and Bridget Rose

being present in the clinic room together so as to get multiple viewpoints during assessment and a consensus on treatment. In the US, the ENT surgeon assesses the patient alone and refers on to the SLP or VRC who see patients separately but who communicate as necessary. This model is probably related to the way in which the US healthcare system works regarding fees that are only paid on an individual basis.

Bridget Rose (SLP) described and demonstrated many of the treatment techniques thoroughly and helpfully. Most were very familiar to the UK audience, something that was reassuring for everyone! There was also complete agreement that there is no one-size-fits-all management and that treatment must be individually tailored.

There was discussion about exercises for the jaw, tongue, breathing and overall posture but little about actual hands on treatment. Little reference was made to the extra-laryngeal muscles that effect the position and movement of the larynx and can play a crucial role in voice production. This meant that although the speech therapists did have, the manual therapists may not have had the comparison of managements that they would have hoped for. The feeling was that this is an area that voice practitioners in the US might not yet have fully embraced.

Prof Sataloff is well known as one of the founders of modern voice practice and it was interesting to hear comparisons and differences between the Philadelphia and the UK approach to the professional voice performer in trouble throughout the Sunday session. This was highlighted with a series of illuminating and refreshingly honest cases of patients in whom treatment had not gone to plan by the UK laryngologists, followed by an interactive discussion about management options with the audience and Philadelphia team.

Meredydd Harries was coaxed out of retirement to give a presentation on the ageing performer, BVA President John Rubin gave an enlightening and in-depth talk about the basic science of scar formation in the vocal fold and Nick Gibbins described the ongoing management of a young singer with a large sulcus, all before lunch. The comparison of treatment options was comfortingly similar. However, Prof Sataloff did show a couple of novel surgical techniques that he has described that may be considered in these cases; these were helpful and stimulated discussion.

In the afternoon session, Declan Costello gave a clear and precise description of the management of vocal fold palsy, strongly advocating early intervention. Nimesh Patel, Past President of the BVA and straight from running the Southampton Phonosurgery Course the day before, described



Nimesh Patel



Input from the floor

some acute problems seen in the high-level performer and their management options.

There was a short section for research papers and Sharon Mari presented the basis of her thesis in vocal pedagogy regarding VRC management options for the dysphonic vocal performer, showing that there is little consistent evidence and a wide variation in management options. It was a great opportunity to have these research presentations within such a high-powered meeting and not to focus purely on the cutting edge of laryngology, as this edge can only be based on a large and solid platform of evidence and research.

Finally, Declan Costello presented, in collaboration with Paul Farrington, the case of Emily Edmonds, an operatic soprano who had had some vocal problems. The emphasis of the discussion was of the patient's journey and concentrated on its emotional aspects and the uncertainty around any vocal issue in an elite vocal performer. It was a fitting end to an excellent weekend to concentrate on the patient and their journey. It was also wonderful to hear that Miss Edmonds had recovered so well and was performing in the upcoming production of 'Katya Katanova' at the Royal Opera House.

It was beneficial to be able to call upon a vast reservoir of knowledge within the hall and undoubtedly the whole of the large audience, which barely fitted into the hall, left with greater knowledge than when they arrived! A welcome reminder that when the speakers and the programme is right, people will come from far and wide to listen. We look forward to next year's VCF and more BVA events through the year.

N Gibbins, S Harris, S Mari, L Mudford, L Hutchison

VOICE CLINICS FORUM

‘Common diagnoses and treatments in professional voice users’ – Professor Robert T Sataloff

Reviewed by Pippa Anderson

The esteemed Professor Sataloff gave an extremely insightful and detailed presentation which was useful for both teachers of voice and medical professionals. He underpinned the talk with the notion that the larynx is a mirror of disease, and he advised that if you can take care of high-end professional voice users, you can take care of anyone - a really interesting concept.

Prof Sataloff began with a brief acknowledgment of the inferior methods of diagnosis that were used in the past. He went on to explain that understanding an individual's needs today is undertaken with a much more sophisticated analysis.

His recommendations for thorough diagnosis included implementing pulmonary function testing on every patient that is seen. Prof Sataloff suggested that it is worth screening all patients for respiratory issues because there is a surprisingly high number of people who have undiagnosed asthma, which may impact support and lead to problems such as tongue retraction. Further to this, he suggested that stroboscopies should be carried out using both a flexible and a ridged endoscope (which should be reasonably lengthy). The two highlight different pathologies. He advised that a flexible strobe alone is simply not enough because it doesn't fill the screen with a high-resolution image which may pick up small masses or a sulcus.



Professor Sataloff

It was interesting to hear that every single client receives singing voice therapy, whether they are singers or not, the idea being that singing exercises the voice more, and thus can give a patient more control over his/her speaking voice.

Reflux was big on the agenda; 24hour pH impedance testing was recommended to determine the type of reflux occurring. The implications of prescribing treatment of PPIs versus surgery were also discussed. The latter was thought to have a better outcome for some younger adults, rather than having those patients on medication for years and for whom there may be repercussions. The distinction between sinusitis or gastro-reflux causing symptoms was also highlighted. Consideration should be given to sleeping patterns for reflux sufferers, eating late, etc. It wasn't part of this talk, but later in the day, Peggy Baroody wisely advised not to eat for four hours before bedtime or, if you are on tour and performing late, eat a little after the show then stay up!

Highlights which may interest the medical community include investigating hormonal patterns and the hormonal effects that weight loss or weight gain can have for the voice user. Other dietary considerations were touched upon, for example the effect that being gluten intolerant may have on the voice and the link to reflux. Something which may not be widely known is that exercise-induced asthma can manifest due to singing and should be managed appropriately. Prof Sataloff also discussed the layered nature of wound healing and surgical techniques carried out without obliterating the layered structure of the vocal fold. He didn't discourage the use of corticosteroids but



Louise Gibbs



Janet Shell

stressed the fact that there is no consensus on appropriate dosing, nor is there evidence to suggest that there is no injury potential when they are used to enable a singer to perform. If injury does occur, superior laryngeal nerve paresis should not be overlooked, and if a singer has been using his/her voice for years and a problem suddenly occurs, paresis should be suspected. Finally, although the advice is awaiting scientific validation, voice rest for 72 hours to one week post op is generally accepted as a given.

The ageing voice was discussed in more detail later in the day, but there was a short and very thought-provoking section on the subject in this talk, which revealed that we may possibly be being too kind to our ageing singers. If their voice becomes 'wobbly,' the client needs medically supervised aerobic retraining in collaboration with voice retraining. Prof Sataloff joked that the ageing population may fix their face with plastic surgery, but when you hear them, their true age is revealed. He suggested that with a little re-training, you can take 30 years off the sound of the voice!

Some really good cautionary advice was given for performers. When discussing elite voice users, Prof Sataloff stressed that they often delay seeking care in fear of losing work or affecting other members of the company; both scenarios have financial implications and can be very stressful. He stated that if you were ill and performing at a high level, "There is no concert worth risking permanent injury [for]." He discussed the unforgiving critics and suggested that, in the long run, even if you don't get a vocal injury, but perform poorly, negative feedback may cause a singer to lose work anyway. He also advised that if you are ill, your ears may be a little stuffy, leading to the loss of auditory feedback, which has obvious implications. On a positive note he said that if you have an upper-respiratory tract infection it may not stop you from performing; however, be mindful of the anticoagulant effects of aspirin (and check all medication – sometimes it is hidden in



John Rubin



Yakubu Karagama



Paul Farrington, Emily Edmonds and Declan Costello

the small print) which can lead to vocal fold haemorrhage. Prof Sataloff warned that it is the up-and-coming professionals who can run into trouble, something as a singing teacher working with this community, I am all too aware of.

Prevention strategies include adhering to basic hygiene, for example warming up and cooling down, and checking that urine is water-like in colour. Being aware of environmental factors like working in an 18th Century theatre which may be dusty is useful; and if you have allergies, you could consider wearing a fibreglass-free face mask with a thin wet handkerchief to collect dust or residue. You should inform your doctor if you are going on tour: an allergy shot for New York is not going to work in another state; so, this needs to be planned well in advance.

Prof Sataloff suggested that if performers have recurring bouts of tonsillitis that lead to performance cancellations, they are at risk of being unemployed pretty quickly. He warned that if an operation is needed, a scar that prevents palatal lift can affect the voice. The surgeon shouldn't just think about the larynx but also about the pharynx as a whole, and performers and teachers of voice need to be aware of this fact also.

In rehabilitation, relative voice rest means working with one of the voice clinic team to ensure vocal hygiene is happening. We don't seem to have that luxury all the time in this country, which is why singing teachers need to be informed; and it is worth noting that in order to improve and undo any hyperfunctional technique, you may sound worse before you sound better. Trust the process, trust the team (if you are lucky enough to have a team).

There was a lot more to this superb talk. The wealth of knowledge that was shared was so vast. Prof Sataloff concluded with an insight into the multidisciplinary work that the Philadelphia team undertook to help rehabilitate the voice of a professional voice user. We watched footage and got a real insight into every step of the course to recovery, including when therapy alone didn't work and surgery was needed. Seeing the



Meredydd Harries

minister in his role at the end of the film, singing and speaking to the congregation and able to fully carry out his work, was wonderful. The team had re-educated him, with 'team' being the operative word. The minister was included in decision-making every step of the way. There was a constant interchange between all involved: the client, Peggy Baroody the singing voice specialist, Joanna Lott, the speech language pathologist and the professor himself. Surely such collaborations are possible to achieve here, throughout the UK? I appreciate that there are voice clinics that are paving the path to this multidisciplinary approach which is extremely commendable, but we all know it isn't nationwide. Obviously, there is a cost to such support, and we have to appreciate that our Health Service in the UK is free but surely, we can strive for the excellence demonstrated in this talk?

Pippa Anderson, Singing Teacher and Voice Coach



VOICE CLINICS FORUM

Review by Amelia Carr

I came to the Voice Clinics Forum with high expectations with such a ‘Vocalebrity’ (Voice-Celebrity) line-up. As singing teacher of children and young adults in musical theatre, understanding the work of the ENT team is an important part of my practice, but also sometimes can be overwhelming to engage with.

I was excited to attend and am passionate about being part of a wider movement to ensure good vocal health and quality singing and voice training for the next generation of young theatre singers coming up through the professional training schools in which I work.

As a singing teacher of mostly teenage, and some very young child singers, I was particularly looking forward to a day titled ‘Decision making, intervention and outcomes in difficult case management, as my colleagues and I frequently experience difficulties handling the sensitive topic of vocal injury, and more importantly, vocal health in general. There’s no denying that social media and some TV shows, as well as the industry’s demands on increasingly younger voices, are all having a negative impact on developing voices. It’s ever-important that we singing teachers pay full attention to new research and that we are networking with those who will inevitably need to help our clients!

Only recently, a 16 year old boy was cast in the lead role in Broadway’s current biggest adult sing [Barth Feldman, *Dear Evan Hansen*] – we teachers feel like we are bashing our heads against a brick wall trying our best to produce healthy voices capable of sustaining a career. It’s incredibly useful to have this safe platform to learn about what goes on after we refer clients to the clinic and to share in concerns with other voice professionals.

“The biggest problem is singers focusing on sound... They [singers] can’t want to sound better, they need to fix their voices not the sound” Robert Sataloff

It was incredibly insightful to hear surgical reports and case studies from both UK and US teams including surgeons, speech therapists and singing teachers to name a few. The topics covered were broad, informative and most impressively multi-disciplinary, indicative of an exciting progression in research and committed, patient-focused professionals.

Whilst the presented studies were mostly exploring surgical opinions and options, the inter-disciplinary input was hugely useful to all professionals working with voices at all levels. For a singing teacher or vocal coach, the talks gave a bird’s-eye view of how decisions are made, and allowed for us to appreciate what our clients experience at the clinic and before and after surgery. There was also a huge input on medications; the effects on the voice pre- and post-surgery, as well as much

discussion surrounding voice rest. Much of this information is useful to us teachers in practice.

Notably, Mr Nimesh Patel gave a powerful example of a case where he was faced with a patient who refused his advised surgery, which echoed concern amongst clinicians, therapists, and teachers alike and once again proved the value of such platforms to explore professional practice and to share in concerns for our clients. Furthermore, highlighting the need for inter-disciplinary and multi-skilled clinics and knowledgeable, skilled teachers as well as the need for invested interest from managers and directors. He expressed the need for the singing world to catch up with sports, giving an example of David Beckham and THAT fatal injury, when a full team ran out to the football field to assist him at point of injury. He questioned how it is that countless professionals on a sports team meticulously map out the training and match play; the coaches, physios and team behind any minor niggle a player experiences and the care given throughout training and performance. Yet for a singer, a vocal athlete, we still seem so far behind in attitude.

“Use it so you lose it less frequently”

Margaret Barody, when discussing the ageing voice

There were some differences addressing the protocol for prompt treatment between the US and UK teams. This was purely down to NHS wait times versus the fact a US patient can simply call up and get an appointment. This discussion was not resolved but it was unanimous that patients should get appointments as soon as possible, with Ms Margaret Barody suggesting clients voice rest until being able to see their professional doctor or therapist if they think there’s a serious problem.

A highlight of the day echoed in every discussion was the necessity for knowing background information; knowing a patient’s full vocal history is essential to doctors and surgeons making good decisions for how to proceed when there’s a problem.

Each section of the day gave unique and interesting topics for discussion with clear presentations that were easy to follow for a weekend lecture!

A poignant closing discussion was held with Emily, a young soprano from the Royal Opera House who shared her experience of vocal surgery. The discussion stressed the importance for ‘team work’ between all professionals, to ensure that clients and patients are cared for as quickly and as efficiently as possible. Paul Farrington, ROH Vocal Consultant stated that the Opera House now scopes all new young singers before accepting them onto their two year artist programme. Professor Robert Sataloff concluded both this practice and voice analysis should be routine for all conservatoires in order to identify issues or abnormalities which could become problematic as students progress. Emily, who is now in the midst of a flourishing singing career urged BVA members to recognize the need for singers to have a ‘medical team’ before they get to a problem, suggesting all singers need to be well connected with a teacher, SLT, and voice surgeon throughout their training and career. She finally requested that all voice professionals challenge themselves to a vocal retreat in order to feel what it’s like to suffer enforced voice rest.

“Vocal cords are like the curtains on stage: they must touch or we see too much in the gap” Robert Sataloff

SIDMOUTH SCIENCE FESTIVAL – OCTOBER 2018

L.O.V.E. – THE LANGUAGE OF VOICE FOR EVERYONE

Melanie Mehta

The word 'Festival' conjures up many images – an arts festival bringing together local talent, a muddy field with lots of people, music and tents – or if you know Sidmouth in Devon, its August week-long Folk Festival which has been going for 65 years this year.

However, not all festivals are about the arts; Sidmouth hosts another festival in October focused on Science. Its statement of intent explains: "The Sidmouth Science Festival aims to raise awareness of the STEM subjects of Science, Technology, Engineering and Maths, to showcase how they affect our everyday lives, and to provide stimulating events for all age groups and all parts of our community". Run entirely by volunteers, events take place over an eight day period; many are free of charge to attend so the Festival relies on grants and donations.

In 2018 the BVA was invited to take part. So it was that on a blustery afternoon in October, I ventured into Sidmouth Parish Church to be greeted warmly by members of the organising Committee and members of the church who had done everything possible to make the event a success.

I had been given a 90-minute slot to introduce the topic of voice. My subject was new to the Festival – the organisers were keen to introduce different ideas to their audience – so we were not sure how it would be received! I wanted to cover all aspects of voice and voice care so prepared a general presentation that combined a mix of talk, video and some exercises for them to try.

I was mindful of this being a 'science' event so it seemed apt to show to video recordings of my larynx and vocal folds going through a range of motions. Most if not all of the audience

had never seen footage of VFs in action like this and I think it's fair to say they were fascinated. About 50 members of the public were present at this free-entry event and they ranged from members of local choirs, people who were concerned about the effects of advancing age on their voice, as well as a professional voice over actor – truly a mix, and a pretty good reflection of the communities with which all of us interact.

As usual, I had packed too much into my presentation, but the audience certainly interacted with me when encouraged to do so, and I had questions ranging from "what's overtone singing?" to "what's the highest note ever sung?"! We did a little bit of practical work but as the church still has pews, we were limited in space/freedom of movement, even with people spreading out into the aisles. I did my best to field the plentiful questions that arose both during and after the event.

The Committee were very happy with the talk, so much so that I have been asked back for 2019. What's more, this year I've been given a larger venue and twice the amount of time! The idea is to do a more practically based session. The Committee were very grateful to the BVA for agreeing to be part of the Festival, providing the free literature and for following up their enquiry to us in the first place. I was approached by the BVA to give this talk as I've done similar ones before ('BVA Roadshows') and as it happens, live near to Sidmouth.

If you want to find out more about the Festival, please do look at its excellent website: www.sidmouthsciencefestival.org. This will give you a flavour of the programme and, as events are confirmed, more will appear there. DO SPREAD THE WORD – 5-13 October 2019. I'm looking forward to taking the 'voice for voice' forward this year and hope to report back on another successful event in due course.

Melanie Mehta is a specialist Speech and Language Therapist and Voice Coach (Speaking Voice)

RESEARCH OPPORTUNITY: EXTERNAL VIBRATION THERAPY

Would you like to participate in an exciting piece of primary research being carried out by BVA members Rehab Awad, Rebecca Moseley-Morgan and Sarah Wright-Owens? The team are investigating the comparative benefits of using handheld vibration devices, specific cool-down exercises and timed voice rest in restoring post-activity equilibrium to the voice. Part of the trial involves having a laryngeal examination with flexible nasoscope at Guys Hospital, as well as joining group-based vocal workshops.

Research is already underway but more subjects are needed. If you would be interested in participating, please contact one of the team for more information:

Rehab Awad: rehab.awad@ymail.com

Rebecca Moseley-Morgan: inspectorvoice@gmail.com

Sarah Wright-Owens: sarah.wright-owens@singertrain.com



BVA NEWS

Paul John McKenna joins the Association's Council

Paul John McKenna is a Specialist Speech and Language Therapist working in Clinical Voice Disorders and Singing Voice Rehabilitation at Wythenshawe Hospital (NHS) in South Manchester. Paul works alongside Sue M Jones in weekly professional voice users' clinics, where high-level voice users are assessed endoscopically and then rehabilitated via highly individualised voice therapy.

Alongside working primarily in the therapeutic rehabilitation of performers with complex voice impairments, Paul is a certified NLP practitioner and has a background in hypnotherapy, skills which have led to a significant interest in the psychological factors impacting on vocal performance. Paul aims to continue developing in these

fields over the coming years with the aim of providing insights that can further assist performers in the mastery of their voice use.

Prior to retraining as a Speech and Language therapist, Paul worked as a gigging musician for a number of years as both a singer and guitarist, experience that helps him to

acutely appreciate the demands vocally and psychologically that professional vocalists deal with in their careers. This musical background has been the catalyst for focusing his career towards assisting high-level performers in their vocal recovery. As well as being the secretary for the North West Voice CEN, which regularly provides specialist voice training to delegates in the UK, Paul also speaks publicly on vocal care and annually provides bespoke workshops for local music colleges such as the Royal Northern College of Music to educate students on vocal health.



PROFESSIONAL VOICE NETWORK (BVA)

Do any of these cases resonate with you? Maybe they remind you of a situation you've already encountered, or you could envisage doing so in the future?

- **CASE ONE:** "A first-year principal study singer has persistent hoarseness in her speaking voice. She was advised to consult her GP but was seen by the nurse and told to take paracetamol, drink warm liquids, and rest. How can I get this student scoped by an ENT surgeon and referred to an SLT?"
- **CASE TWO:** "I'm a speech therapist with a client who is a professional pop and soul singer. He's really keen to get back to work. But I would like to recommend that he take lessons with a singing teacher who can support what we've achieved so far in his therapy and to help him adopt a more healthy singing technique. Can the BVA help me to find such a person in my area?"
- **CASE THREE:** "I'm a singing teacher (also a registered nurse in the distant past) whose teenage students at a local school of the last 2-3 years have suffered severe vocal strain and in some cases recurring laryngitis leading up to and after their annual school musical. I'm concerned they are receiving unhelpful and potentially

damaging advice from the show's musical director (who is very enthusiastic but not a singer). I would like to speak with him about my concerns but would feel more confident armed with more knowledge and a possible referral."

- **CASE FOUR:** "My student singer took some time off study to undergo surgery to remove a cyst on the vocal folds, followed up with six months of speech therapy which comes to an end soon. Would it be possible to work with and learn from the/a SLT about how best to support this student as she returns to her singing studies?"

A group of BVA singing teachers (ST) working in Higher Education has identified the need to connect with speech language therapists (SLT) for advice and referral. Perhaps you're an SLT wanting to connect with a suitably informed ST? Or maybe you're undertaking voice research and would like to find a collaborator?

Launched at the Voice Clinics Forum earlier this year, the Professional Voice Network has been created to facilitate this type of collaboration and mutual professional support. If you want to be part of the Network, you'd like to connect, or you're willing to be connected to, please contact either:

Louise Gibbs

louise@jazzmine.co.uk

Sarah Wright-Owens

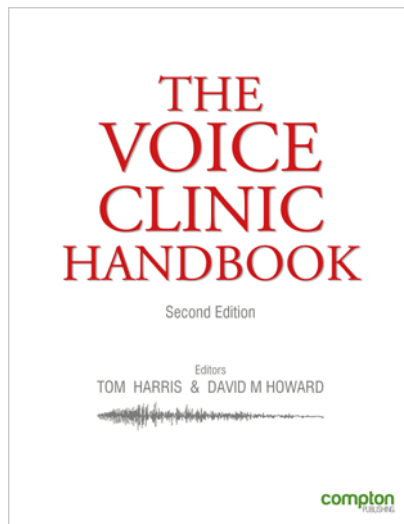
sarah.wright-owens@singertrain.com

The BVA has a new postal address. As of April 30th, all postal correspondence should be sent to: **British Voice Association, PO Box 10778, Nottingham NG5 0LB**

THE VOICE CLINIC HANDBOOK, SECOND EDITION

Tom Harris and David M Howard

Compton Publishing, 2018
384 pages ISBN 978-1-909082-21-2



Reviewed by Maher El Alami
FRCS (ORL-HNS)

This is the second edition of The Voice Clinic Handbook, one of the standard reference books for voice clinics. Again, Tom Harris and David M Howard have managed to include contributions from leading voice clinicians to cover basic science including physiology and detailed anatomy, as well as the principles of diagnostics and treatment. It has been a pleasure to read this work compiled by well-known colleagues, and their teachings over the years resonate in this book.

The authors manage to explain the often very complex issues including mechanisms and physiology that enable phonation in a very straightforward manner and in deceptively simple language. The issues described reflect

the considerable experience of the editors and their co-authors and are of value to the clinician at the beginning of a career in voice management, as well as to the experienced voice clinician looking at reviewing some of the basics in diagnosis and treatment.

The book is written in a tone designed to avoid complicating the matter, with clarity of thought and language, resisting the option of introducing often unnecessary jargon. Of course, there are gems like "life... is a collection of carefully positioned sphincters" by Tom Harris, which help to lighten the complex information. In addition, little caricatures and cartoons make reading a bit lighter. The book is not aimed at replacing more specialist literature on the different aspects of voice care. It is aimed at all clinicians as a handbook and fulfills this very well. It does however cover all the necessary areas to create a common ground, and to facilitate the interdisciplinary communication which is essential for an efficient Voice Clinic.

This is a book aimed to arm any voice clinic with a good guideline on voice care. The emphasis is therefore on clinical assessment and diagnosis, aiming and understanding the pathology by observation and diagnostic skills. Technology of course does help but the authors do not advocate very complex technology, which often adds little benefit but is often beyond the scope of an average voice clinic outside a research institution. This is a book that is aimed at *all* voice clinicians enabling us to understand the different angles on assessment and treatment. It is therefore easy to read and engaging.

The chapters on anatomy and its functional implications are well written and always worth a read. They include some of the results of recent research around complex anatomy. In particular, including a detailed description on respiration and its impact on voice helps to give better understanding of the implications of dysphonia in a wider context. The chapters on speech

therapy help to explain the principles of voice therapy, and to clarify and de-mystify this area with a comprehensive overview. The explanations are clear and wide-ranging and cover different schools of treatment. The techniques themselves are outlined and there is also a chapter on the singing voice. The inclusion of osteopathy and impacts of posture for voice rehabilitation is very valuable and can be highly recommended. Dealing with psychogenic factors – an area often not sufficiently explored in the clinical context – is described. The chapters on phonosurgery clearly illustrate the basic techniques and issues, and should help the non-surgical members of the team. Practical voice measurement and technological aspects are included in a detailed chapter successfully outlining the wide array of technical options and condensing this fairly complex area. Again, the book details the principles and options in voice assessment, imaging and measurement in a very practical way.

All in all, a very well written book by leaders in their field and well put together. Unlike some other publications, the book is easy to read but still includes a wealth of information. References for further reading are always included. The editors and publishers have managed to keep the cost reasonable, making this book much more accessible... however, probably as a result of the quality and colour of paper used, print has suffered slightly. This does however not take away from the overall quality of this book. I would think that a book on this topic would lend itself to including audio and video files either online or via DVD which may be an option for the future. This is a book well worth having as a true handbook for every Voice Clinic, and already a classic.

Maher El Alami FRCS (ORL-HNS), Consultant ENT/ Head and Neck Surgery, St. Mary's Hospital, Isle of Wight; Queen Alexandra Hospital, Honorary Consultant University Hospital Southampton.

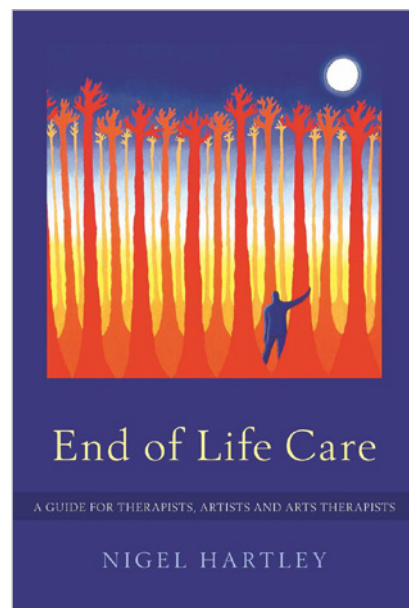
SAVE THE DATE!

A date for your **2020** diary.... The BVA is planning a major voice event for September 2020. **Details will be announced at this July's AGM** but if you're a forward planner and already scheduling next year, please save **Friday 4th, Saturday 5th and Sunday 6th September** inclusive.

END OF LIFE CARE: A Guide for Therapists, Artists and Arts Therapists

Nigel Hartley

Jessica Kingsley Publishers, London
and Philadelphia, 2013
272 pages ISBN: 978-1-84905-133-0



Reviewed by Dr Neil Weir
MD MA FRCS

Nigel Hartley, Director of Supportive Care at St Christopher's Hospice, London has wide experience in the field of end of life care as a music therapist, teacher, musician, counsellor and manager. In this book he cogently puts the case for the value of therapists, artists and arts therapists in the care of those persons "living with dying". Drawing on the thoughts and work of a group of these practitioners at St Christopher's, he gives a clear description of how they work and cope in a multidisciplinary team, in a large inpatient unit, in outpatient and community settings including care homes, and in the patient's own home. Hartley continues to examine how arts therapists start in this field, look after themselves, and evaluate their work. At the end of each chapter Hartley gives a succinct reflection. He writes fluently, practically and sympathetically, although perhaps occasionally, with a little too much of a manager's vocabulary.

Inspired by the pioneering work of Dame Cicely Saunders OM (1918-2005) and her statement, "...you matter because you are you and you matter to the last moment of your life... we will do all we can, not only to help you die peacefully, but to live until you die...", Hartley surprisingly does not make the link with her strong Christian faith which also inspired the early hospitaliers to assist the sick, the needy and refugees without distinction of religion, race, origin and old age.

He explores the place of art therapies in the current trends of health and social care and looks at their response to both the user and organisational requirements of the community served. He believes that art is the therapy and is unique as it brings to an organisation something fresh and new. It is not just about exhibitions or performances within a hospice setting, although that gives a sense of vitality, but about creation by the service users that can be arresting and lead to a sense of community, belonging and purpose.

As a new profession, art therapists have to find their place within the multidisciplinary team. New professional languages may have to be understood and therapists have to develop their own language to explain, sometimes to a doubting audience, the value of their work. The creative arts form their own language which, in the context of dying persons, can sometimes substitute the need for spoken communication and, through memory or association, unveil hidden experiences or thoughts. These revelations may be reasonably shared with others caring for the patient and with their families.

In the inpatient setting, the therapists experience a different environment, described by Hartley as "a place where the real work happens". Here, the patient is used to the doctor and the nurse but perhaps not a musician or an artist. They may wonder why they have been visited.

For the therapist, unless previously experienced by, for example, a student placement, this environment can also be upsetting. Once overcome though, the experience can be mutually rewarding.

Much of hospice care takes place in the patient's own home. Art therapists may thus find themselves one day working one-to-one and another day, working with a group in a care home or other community venue. This varied pattern needs careful planning and interaction with other care providers.

Working with patients nearing the end of their lives can lead therapists to question the meaning of life, to fear death, to mourn the loss of their patients and to heighten their own self-awareness. In most instances these feelings are manageable but occasions may arise where support is needed, either from close colleagues, or provided by their place of work.

Finally, Hartley stresses the importance of having some proof that arts therapy works and devotes a chapter to research and evaluation. This offers a valuable structure for evaluation of projects and gives as examples the methodology of two projects conducted at St Christopher's.

In this book Hartley recognises that the request for an arts therapist may be spread over a long period of dying or just for a few days before death. The therapists are there for the patient, their families and the institutions with whom they are associated. They provide new challenges for their patients; ones which they may never have previously experienced but find rewarding. Their work sometimes results in the formation of a legacy in the form of a painting or recorded voice. Therapists, whose position is both intimate and wide reaching, understand that they may not always be welcome, but their contribution to the care of those persons approaching the end of their lives is now well recognised.

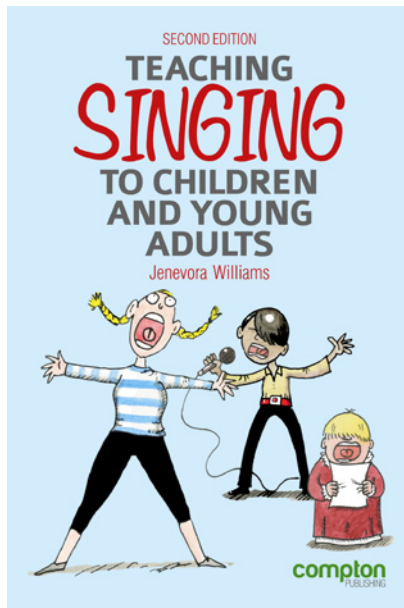
LEGACIES

The Council would like to extend grateful thanks for a very generous donation of nearly £400 in memory of a recently deceased family member. The person in question had been a keen singer who had faced vocal challenges, both singing and speaking, in her later years. The family wishes to recognise the work BVA does in supporting and promoting lifelong vocal activity and health among people from all walks of life. Gifts like this mean a great deal to the BVA and we are enormously thankful for all financial legacies or donations from individuals, families and organisations who value our work.

TEACHING SINGING TO CHILDREN AND YOUNG ADULTS: Second Edition

Jenevora Williams

Compton Publishing, 2018
276 pages ISBN 978-1-909082-59-5



Reviewed by Luise Horrocks

Jenevora Williams will be known to many as a highly experienced and inspiring pedagogue. She has not only taught singing to students of all ages and stages but has also undertaken extensive academic research both at doctoral and post-doctoral level, working with laryngologists, anatomists, speech therapists and educational theorists among others. She is now heavily involved with training fellow teachers of singing and the second edition of 'Teaching Singing to Children and Young Adults' is a book that is underpinned by both her practical and academic approach, distilling a huge amount of information and advice into a very welcome resource.

The layout of this book is both logical and effective. A 'Prelude' sets about "questioning the assumptions" and the first chapter: 'Why sing and why teach singing to children?' takes the form of an introduction to singing and music teaching, backed up by recent research. The next three chapters take as their topic the physical and musical development

of children though 'birth to 6 years', 'children aged 7 to 12 years' and finally 'adolescents'. The central chapter of the book delves into how the voice works and the final three deal with lesson planning, vocal health and how to teach children with specific individual needs.

Within this comprehensive framework there is further division, not only with excellent summaries at the close of each chapter which very effectively serve as a reminder of the main points covered, but also with a series of 'Interludes'. These are all on related but different topics and take the form of short articles on subjects that would interest any teacher of singing such as 'the child as professional singer' to 'child protection issues' and 'choral singing'.

The depth of knowledge on display is always offered with much practical backup and is extremely teacher-friendly. There are many vocal exercises interspersed throughout the book and each is clearly explained with desired outcomes succinctly outlined. Case studies also provide examples of how different approaches have worked with individual singers. There are technical diagrams that help the reader to 'see' the workings of the body in singing but there are also fun cartoons, which lighten the mood whilst still re-enforcing the message.

The most important aspect of this book is the message that it is vital to instil good singing habits right from the start of a child's vocal development, with 'teachers needing to take responsibility to make sure that the children in their care have the best possible input at an early stage'. Not all singing teachers will necessarily work with very young children, but Chapters 2 and 3, which cover the vocal structures of infants and young children and then the physical development of children in the upper years of primary education, are essential reading in providing background and context for how to approach the older student.

Within Chapter 4's focus on 'adolescents' there are numerous insightful points made about the different vocal development of boys and girls. The ongoing debate about how to handle a boy's changing voice is covered with much detail, marrying current thinking with a considered look at cultural and historical perspectives.

The core of the book is Chapter 5's 'How the Voice Works'. This is structured as a guided tour through the key workings of the voice and vocal anatomy, starting

with comprehensive information about posture and breathing. The importance of dealing with potentially harmful laryngeal constriction is explored as is working to release jaw and tongue root tension. The chapter closes with vowel and consonant exercises, the lips and facial expression and a very useful section on 'cross-training for the voice'. The underlying message is that technique needs to be fully in place to allow young singers the chance to explore and find their own way into the repertoire they love to sing.

This segues so well into the suggestions for structuring lessons and practice outlined in Chapter 6. Some very interesting parallels from sports science's research into training athletes are drawn and many of the areas covered in the previous chapter are integrated into 'theory' and 'practice', with numerous suggestions as to how to structure a lesson. The psychological aspects of learning are not ignored and there is a very useful section on group teaching, which is becoming increasingly common in many school situations.

The final chapters that deal with vocal health issues and the approaches required in teaching children with specific individual needs are also full of practical advice. Common causes of vocal difficulties are discussed with the very sensible advice that prevention is better than cure. The most commonly encountered forms of special educational needs are identified and explained, and many tips are given as to how teaching can ensure that each and every child is treated as an individual with personalised learning.

So, within this book a broad range of topics is covered. Nowhere is there any hint of superficiality but for those who may want to explore a particular issue in even greater depth, a splendid bibliography is offered, clearly showing where further information can be found. There is also an extensive list of references supporting the text throughout.

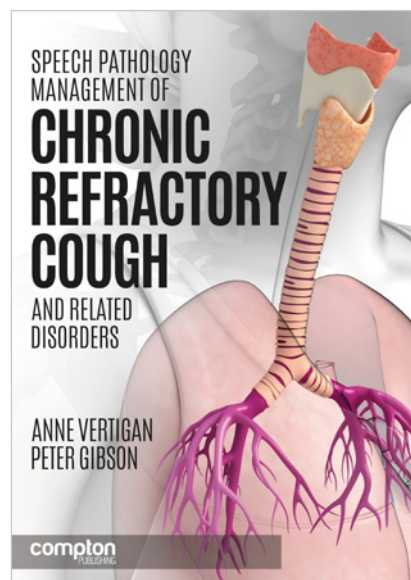
This book is a truly useful one, full of detailed information that is presented in an extremely clear and accessible way. It is very well written with a highly readable style and an essential resource for anyone working with young singers.

Luise Horrocks is a singing teacher, adjudicator, examiner and writer who also works as a freelance consultant for Trinity College, London, having special responsibility for voice.

CHRONIC REFRACTORY COUGH

Anne E. Vertigan, BAppSc (Sp Path),
MBA, PhD and Peter G. Gibson, MBBS
(Hons), FRACP

350 pages Compton Publishing, 2016
ISBN 978-1-909082-17-5



Reviewed by Jane Thompson

The book is a very welcome addition to speech therapy texts: information, evidence and what to do, all in one place.

The book starts with an overview of how cough has been treated: starting with the medical model of a cough being a response to environmental irritants, through to the idea in the 1990s that it was stimulation of the Vagus nerve, caused by asthma, GORD, rhinosinusitis, and therefore treated and fixed with PPI, corticosteroids and antihistamines. Since 2010 there is an

acknowledgement that there is a cough hypersensitivity syndrome where there is central reflex sensitization and laryngeal hypersensitivity. And this is where the SLT comes in.

Many techniques to deal with cough are borrowed from the world of hyperfunctional voice disorders. Who hasn't had to counsel patients about the need to reduce unnecessary throat clearing? Also included is management of related laryngeal conditions like paradoxical vocal cord movement and globus pharyngeus.

The stated aim of the authors is to equip SLTs to manage patients presenting with chronic cough – after, of course, patients have had appropriate medical investigations and treatment.

So does the book deliver?

It begins with a look at the physiology of a cough, clearly differentiating voluntary and reflexive cough. It also introduces the 'Urge to Cough Model' (and its useful sister, Scale).

We move on to medical conditions associated with chronic cough. Covering GORD, rhinosinusitis (post nasal drip), asthma, ACE inhibitors and why they make people cough, sleep apnoea, bronchitis, persistent cough after a virus, and psychological conditions. There is also a red flag section for serious medical conditions.

There is a jog through pulmonary function testing – which explained what all those diagrams and acronyms (FEV, FVC etc) mean – and why a quick spray of Lynx or a treadmill may be used in clinics diagnosing breathing/cough issues.

The chapter covering ENT management of chronic cough was honest and educational. ENT should rule out the obvious: cancer, aspiration, neurogenic

and systemic diseases, then look for obvious sources such as ACE inhibitors or smoking, and then consider objective testing eg 24 hr pH monitoring.

Hypersensitivity and its role in chronic cough are up next. It introduces the Laryngeal Hypersensitivity Questionnaire. Hypersensitivity includes cough, paradoxical vocal cord movement (PVC, now sometimes called Inducible Laryngeal Obstruction – ILO), and laryngeal or pharyngeal constriction as a habit or in response to something in the environment. Triggers are discussed at length, and the terms hypertussia and allotussia appear – which sounds like something from Gulliver's Travels – but is in fact a cough triggered by very low stimuli, and one caused by a non-tussive stimulus like talking, laughing or cold air. It discusses whether GORD and post nasal drip are triggers for cough, rather than the cause. And why does voice stimulate a cough in some patients? Patients with chronic cough, often also have PVC, globus and MTD. Is it possible that these conditions are part of a single underlying laryngeal sensory hyper-responsiveness syndrome?

The second half of the book contains practical resources including SLT assessment in great detail. It discusses diagnostic therapy and instrumental assessment. A 75 page treatment section follows. The appendices include practical handouts, exercises, symptom ratings and questionnaires.

If you are looking for a really practical text this book doesn't disappoint. It was worth the wait.

Jane Thompson, Senior Speech and Language Therapist, ENT Department, Manchester Head and Neck Centre, Manchester Royal Infirmary.

FORTHCOMING ASSOCIATION EVENTS

See www.britishvoiceassociation.org.uk for more details

or contact administrator@britishvoiceassociation.org.uk or +44 (0)300 123 2773

AGM and Study Day: 'Hormones and the Voice'

AGM 10:00 – 10:45am (for members only) / Study Day 11:00am – 4:15pm

Baden-Powell House Conference Centre, 65–67 Queen's Gate, South Kensington, London SW7 5JS

Study Day concludes with the presentation of the 2019 Gunnar Rugheimer Lecture by Jean Abitbol.

The Accent Method: a three day course

Tuesday 16th and Wednesday 17th July 2019 plus Monday 13th January 2020

Baden-Powell House Conference Centre, 65-67 Queen's Gate, South Kensington, London SW7 5JS