

# The Multidisciplinary Team for Vocal Health: what is the singing teacher's role?

What do we have currently?

What is considered 'Gold Standard'?

How can we improve on that?

Dr Jenevora Williams





# What is my current experience of rehabilitation?

## **Vocal Health Education – Director**

- Setting up training in Vocal Health; from basic first-aid level to Voice Rehabilitation Specialist

## **The Voice Care Centre – Singing Voice Rehabilitation**

- Working in an interdisciplinary team with SLT, ENT, Nutritionist, Exercise coach, Coaching Psychologist, RTT practitioner, Osteopath, Sports Therapist, Female hormone specialist
- The team have monthly meeting to discuss clients and individual supervision

## **BAPAM – Vocal Rehabilitation Coach**

- Working within a more traditional setting of referrals from an ENT





# What is my professional bias?

- I was a performer (practice-based)
- I research, write and teach (research-based)
- I have observed hundreds of hours of voice clinics with at least 5 different consultants, I have worked alongside many SLTs – but I have never been officially part of an NHS team
- I have no clinical training

# What is my personal bias?

I am an active social justice campaigner

Feminist warrior

Eco-activist

Actively supportive mum, friend, neighbour, sister, daughter, partner

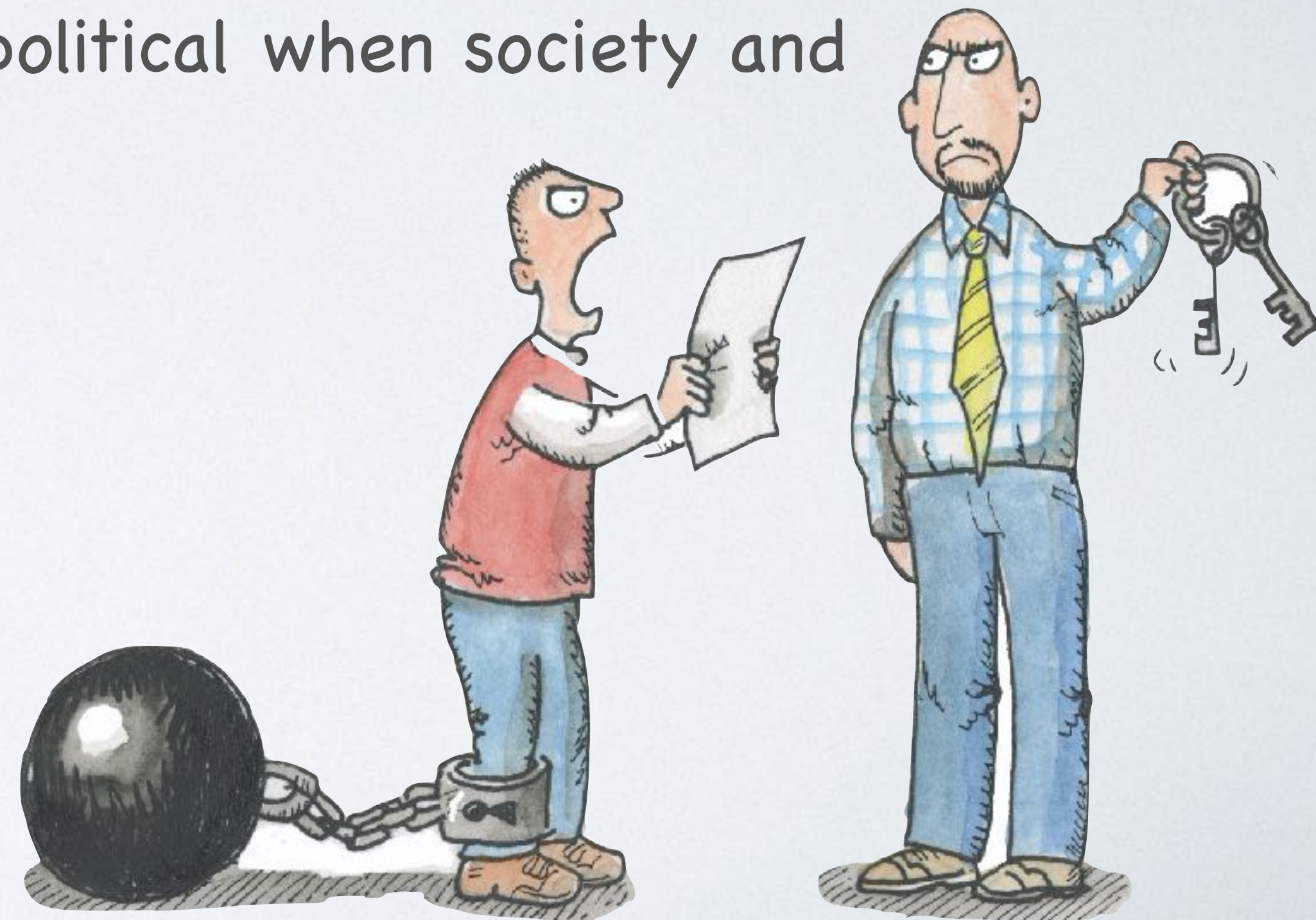




# What is my campaign?



- To question the established system built on the patriarchy 'I know best, you do as I say'
- To recognise all privilege and bias and hold it accountable
- Yes – this IS political. Personal IS political when society and culture limit our potential
- Are we talking about Healthcare or Sickness Management?





# What is multidisciplinary?

**Intradisciplinary: working within a single discipline.**

The singing teacher working in their studio, either at home or in an organisation

**Crossdisciplinary: viewing one discipline from the perspective of another.**

The singing teacher who has experienced another modality eg Alexander Technique

**Multidisciplinary: people from different disciplines working together, each drawing on their disciplinary knowledge.**

A team of expert practitioners



# The current Multidisciplinary Voice Clinic

The Doctor's secretary  
The Hospital infrastructure

The Doctor

The Speech  
Therapist

The Manual  
Therapist

The Singing  
Teacher

The  
Psychotherapist



# Sequential treatments or Pass-the-parcel

The initial consultation is Bio-Medical, they diagnose the illness/symptoms  
They are probably not assessing the person contextually  
(is this limited time or is it poor use of time?)

The process is unidirectional - I tell you what's wrong, because I know  
more than you do. I then tell you what to do

It's hierarchical, not a joint decision-making process with the patient



# Sequential treatments or Pass-the-parcel

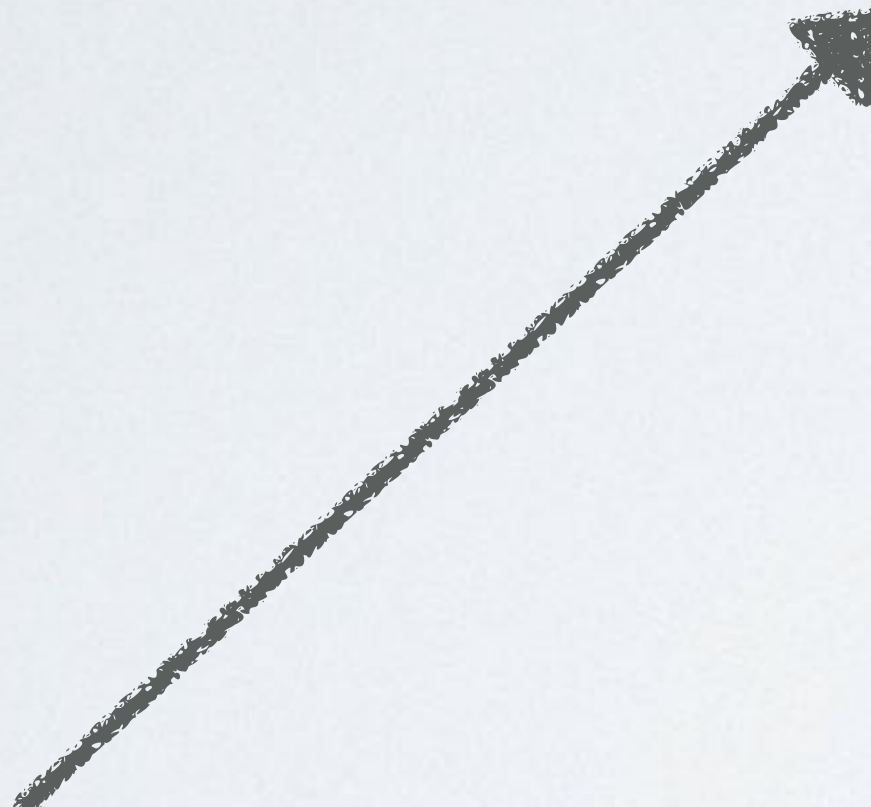
The initial consultation is Bio-Medical, they diagnose the illness/symptoms

They are probably not assessing the person contextually

(is this limited time or is it poor use of time?)

The process is unidirectional - I tell you what's wrong, because I know more than you do. I then tell you what to do

It's hierarchical, not a joint decision-making process with the patient



This probably works if your belief system is aligned with the patriarchal authority model



# The current Multidisciplinary Voice Clinic - hierarchical

**CAN THE SINGING TEACHER  
BE BIOPSYCHOSICIAL?**

The Singing  
Teacher

The Doctor

The Doctor's secretary  
The Hospital infrastructure

The Speech  
Therapist

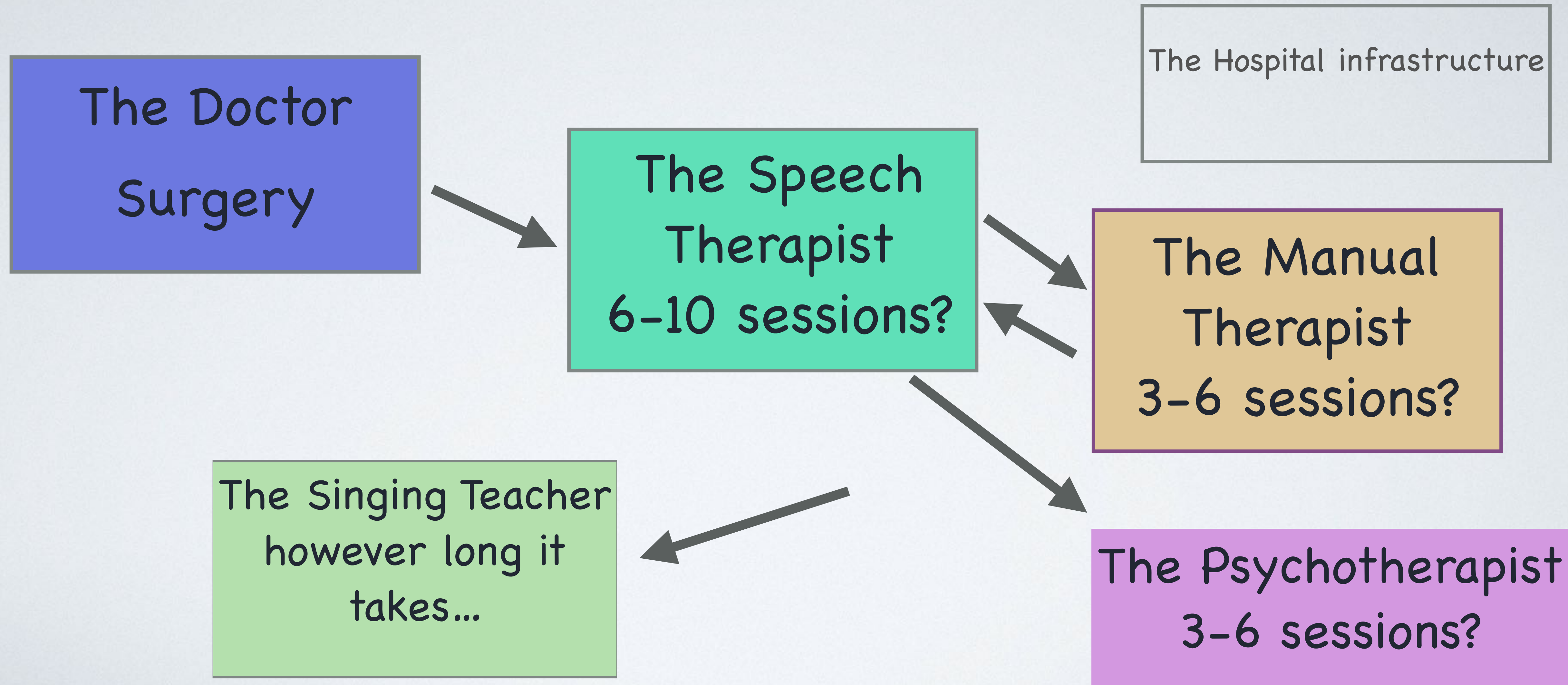
The Manual  
Therapist

The  
Psychotherapist



# Sequential treatments or Pass-the-parcel

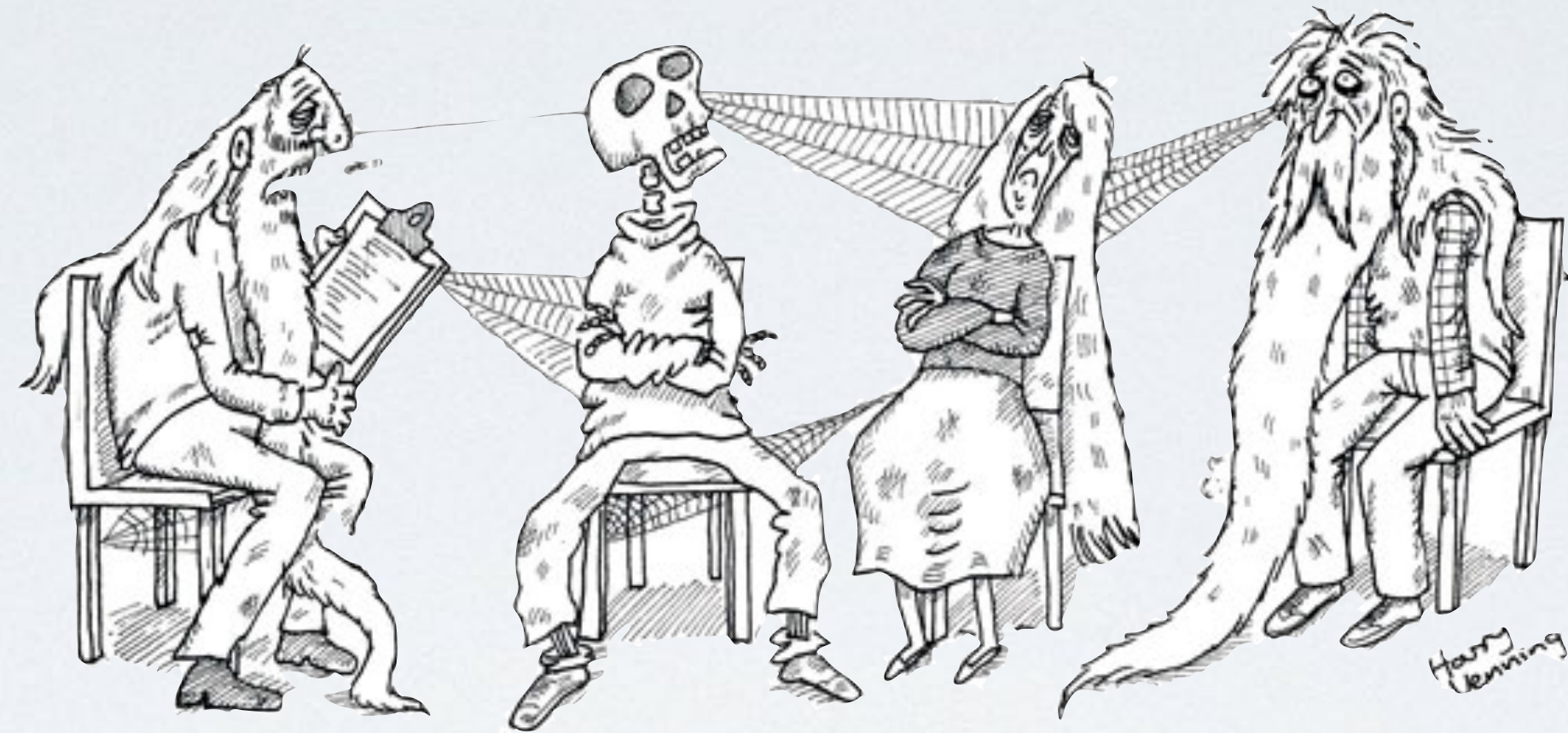
can take more than 6 months





# Sequential treatments or Pass-the-parcel

Treatment sequence can take 6 months to a year (sometimes longer)



“I'm a xx and for six months now have been having difficulties with my voice.

I have gone the medical route and seen three different people (an ENT, a speech therapist and a vocal physio) but it has lead to no improvement so far with the pain and tension in and around my vocal cords. Therefore, I'm looking to go another direction and was interested in your singing voice rehabilitation.”



# The current role of the singing teacher in the NHS Multidisciplinary Voice Clinic

An observer

Lucky to be allowed in

No clinical training therefore not allowed an opinion or responsibility for diagnosis

Given the patient AFTER everyone else has done their bit,  
at the end of the line





'You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete..'

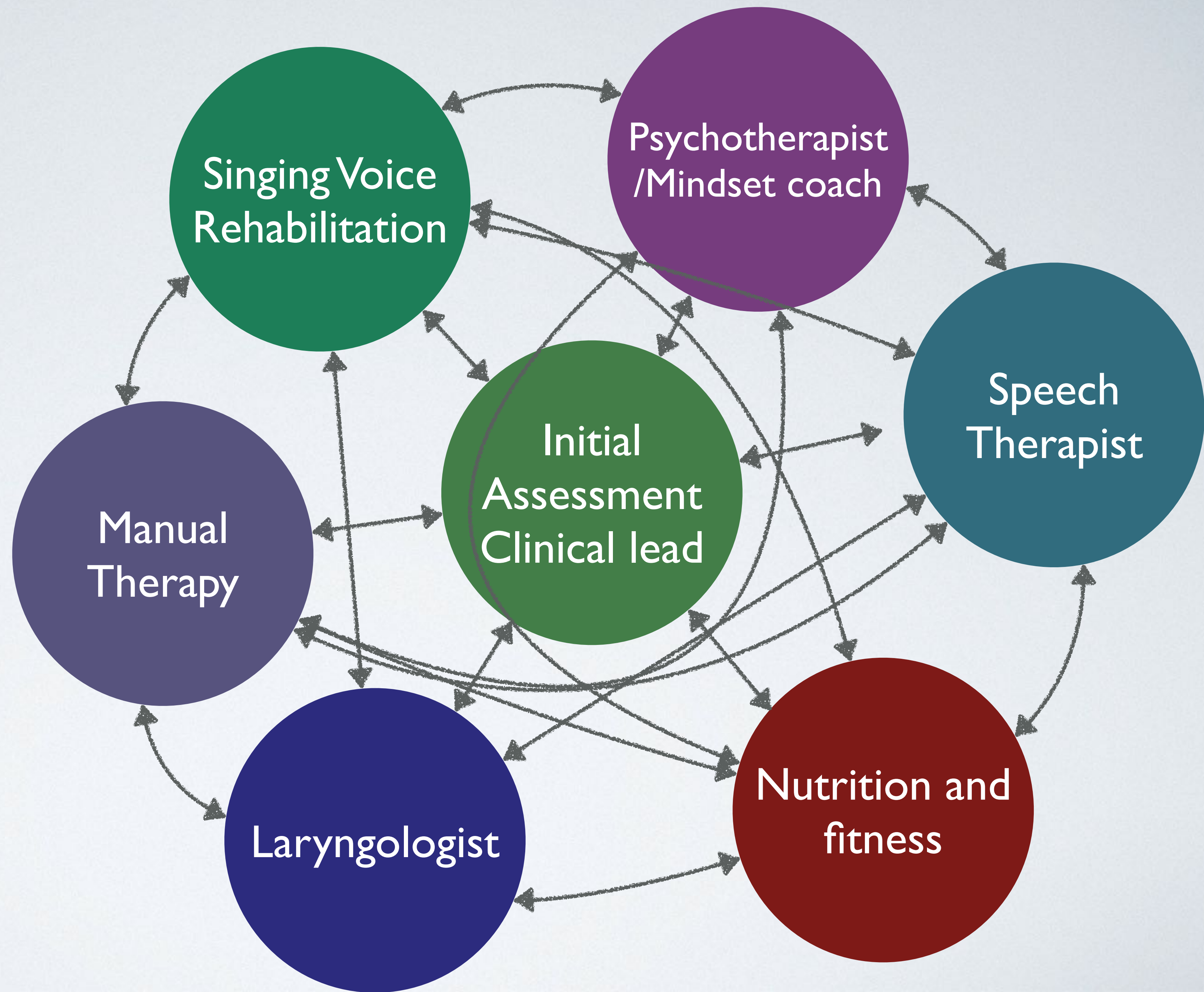
R. Buckminster Fuller



...let's think again...



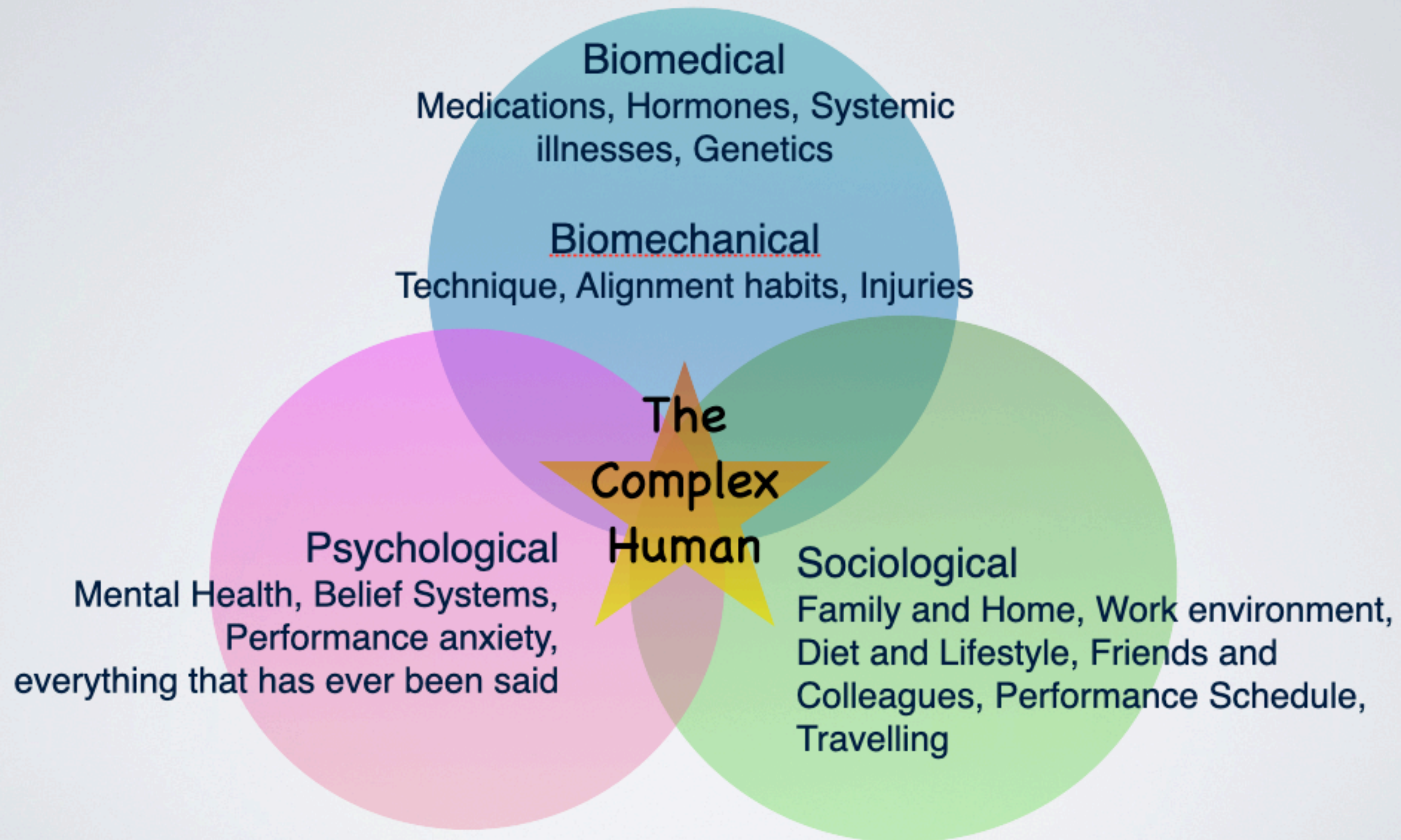
Can treatments  
be in parallel?  
cross-referenced,  
keeping open  
lines of  
communication



**VOICE  
CARE  
CENTRE**



# The Biopsychosocial model for understanding health and wellbeing



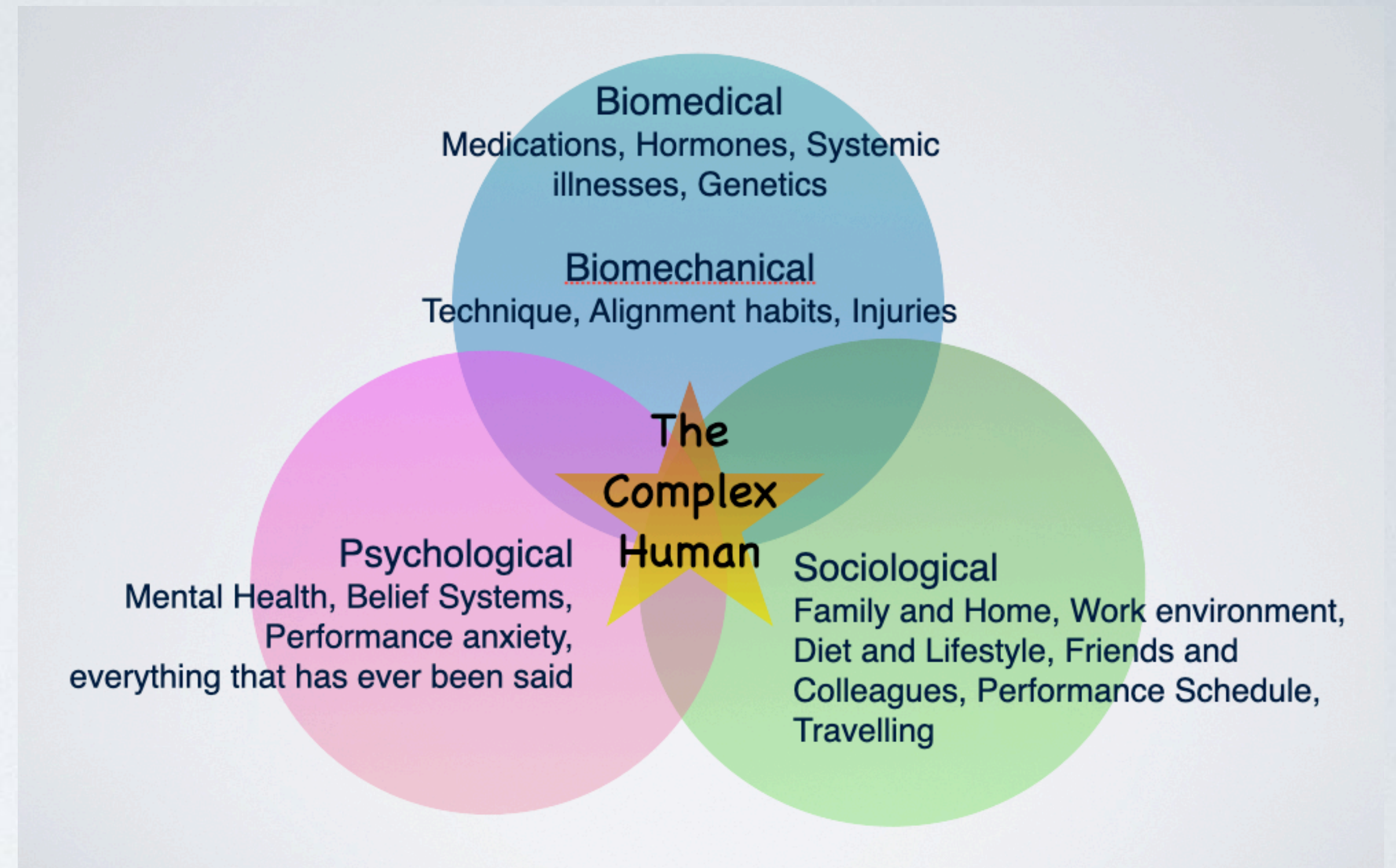


# The Biopsychosocial model for understanding health and wellbeing

**Everybody** thinks they are  
holistic, that they consider the  
whole person

“I consider the whole person – I look at their feet”

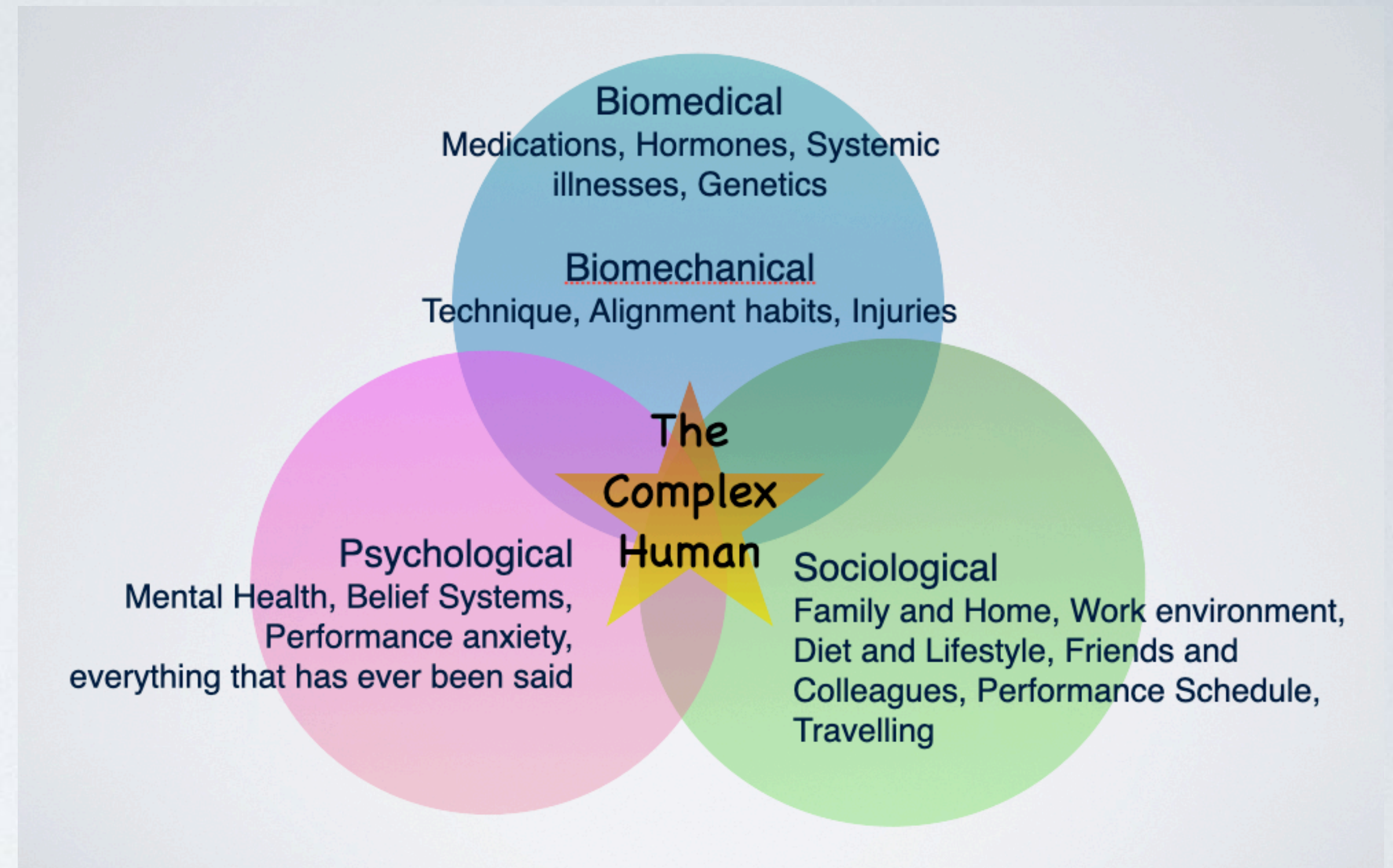
“We tell them that the stresses of life will affect their voice”





# The Biopsychosocial model for understanding health and wellbeing

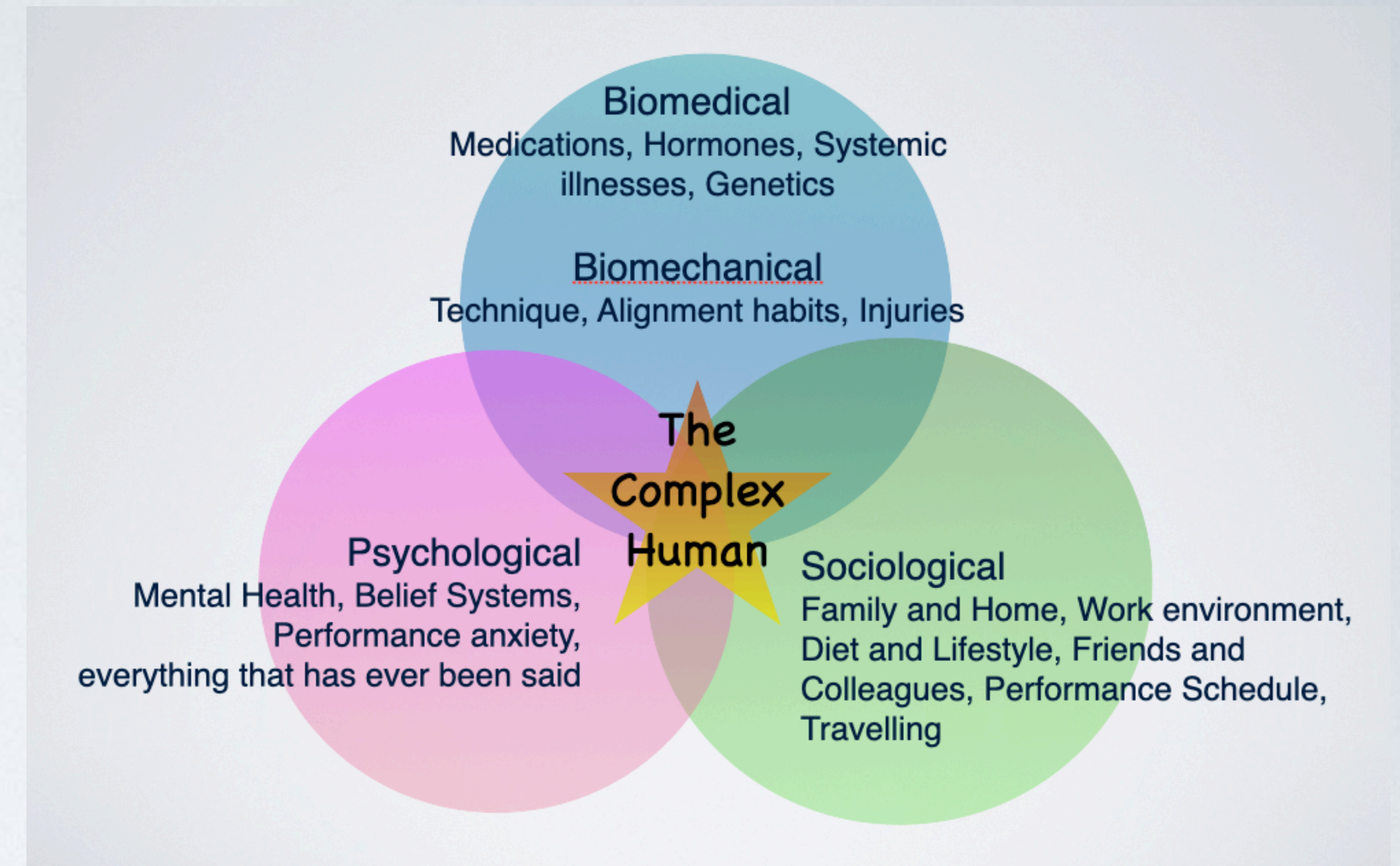
This model is not about  
asking the Bio question, the  
Social question and then the  
Psychological question





# The Biopsychosocial model for understanding health and wellbeing

This is not asking the Bio question, the Social question and then the Psychological question

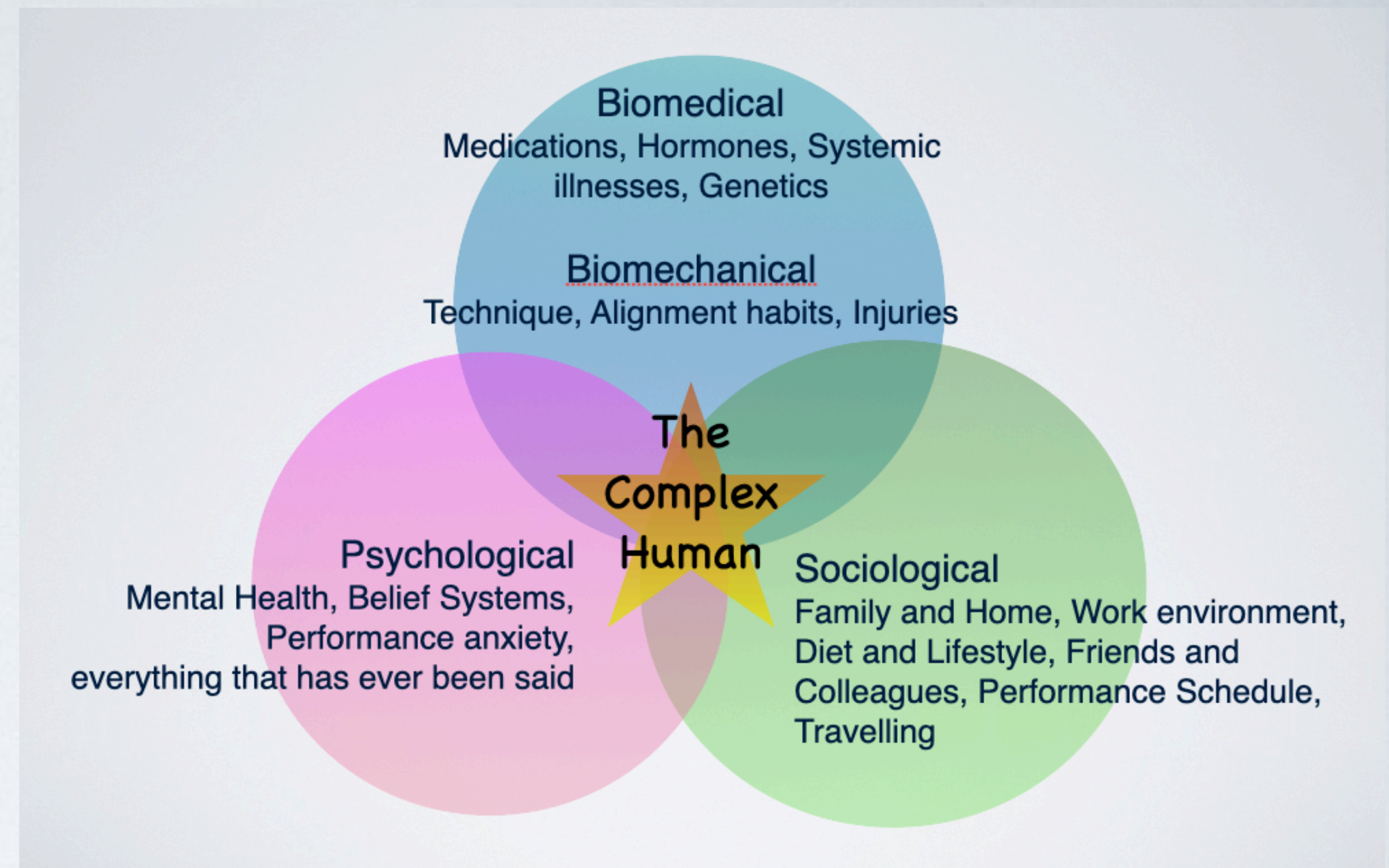


- It is understanding the relationships and interactions between all of these facets of the person, their lived experience
- It is fluid and constantly shifting, there are no certainties
- The client/patient/student is the only person who knows what it's like to be them  
They are the expert of their own experience



# The Biopsychosocial model for understanding health and wellbeing

**Everybody** thinks they are holistic,  
that they consider the whole person



In order to be able to do this, you need TRAINING

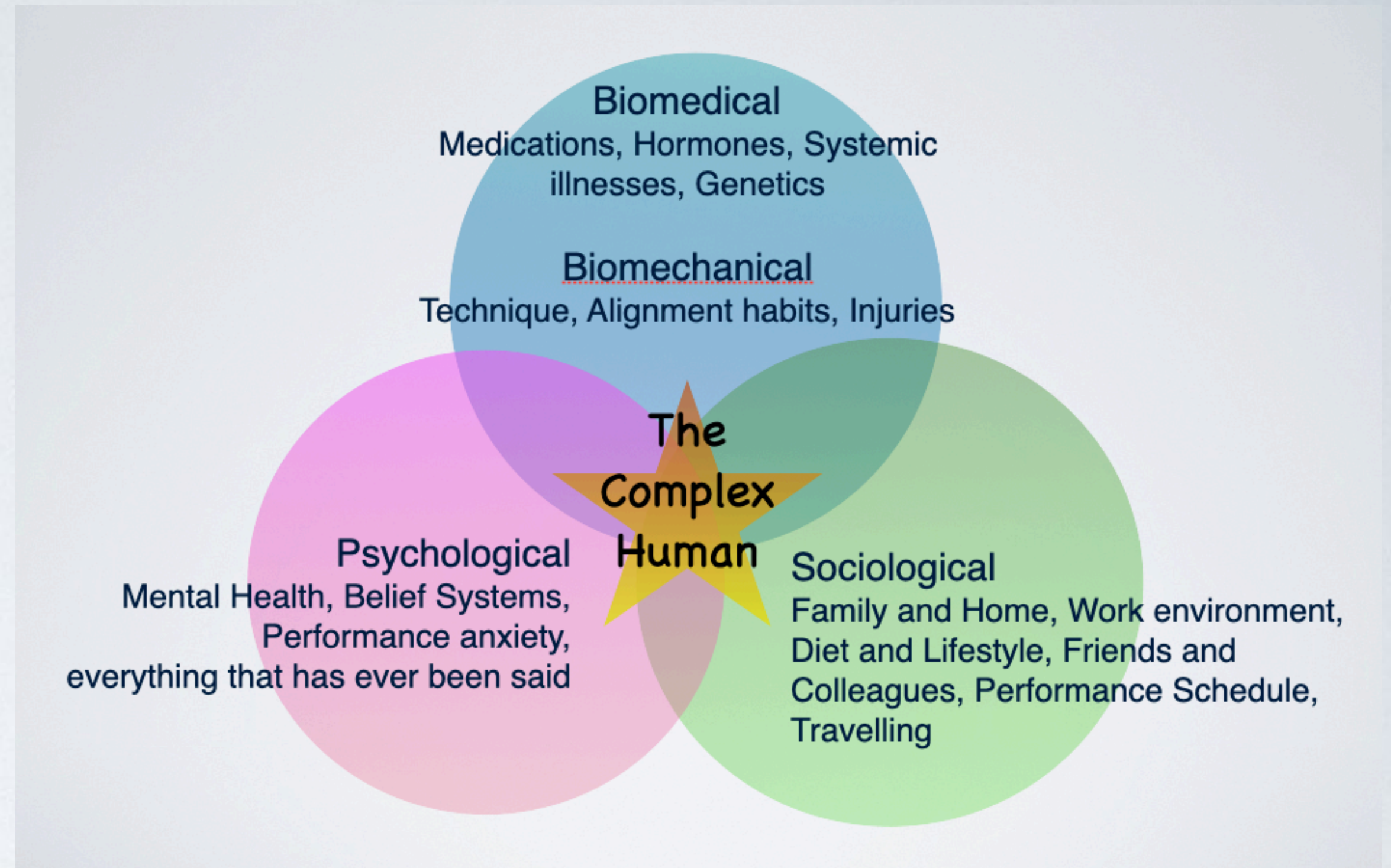
You need to understand the Bio, the Psycho and the Social IN DEPTH

You need to recognise your own bias, in order to know how to address it

You need to know how the B,P and S INTERACT – this is the PERSON



# The Biopsychosocial model for understanding health and wellbeing



“A good clinician always studies a patient’s personality as well as his/her disease”

Sir Hugh Cairns (neurosurgeon, 1896–1952)



Thanks to Felix De Jong, Phonitiatrician, Belgium (retired)



# The current recommendations for the Singing Voice Specialist in the US

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



# The current recommendations for the Singing Voice Specialist in the US

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

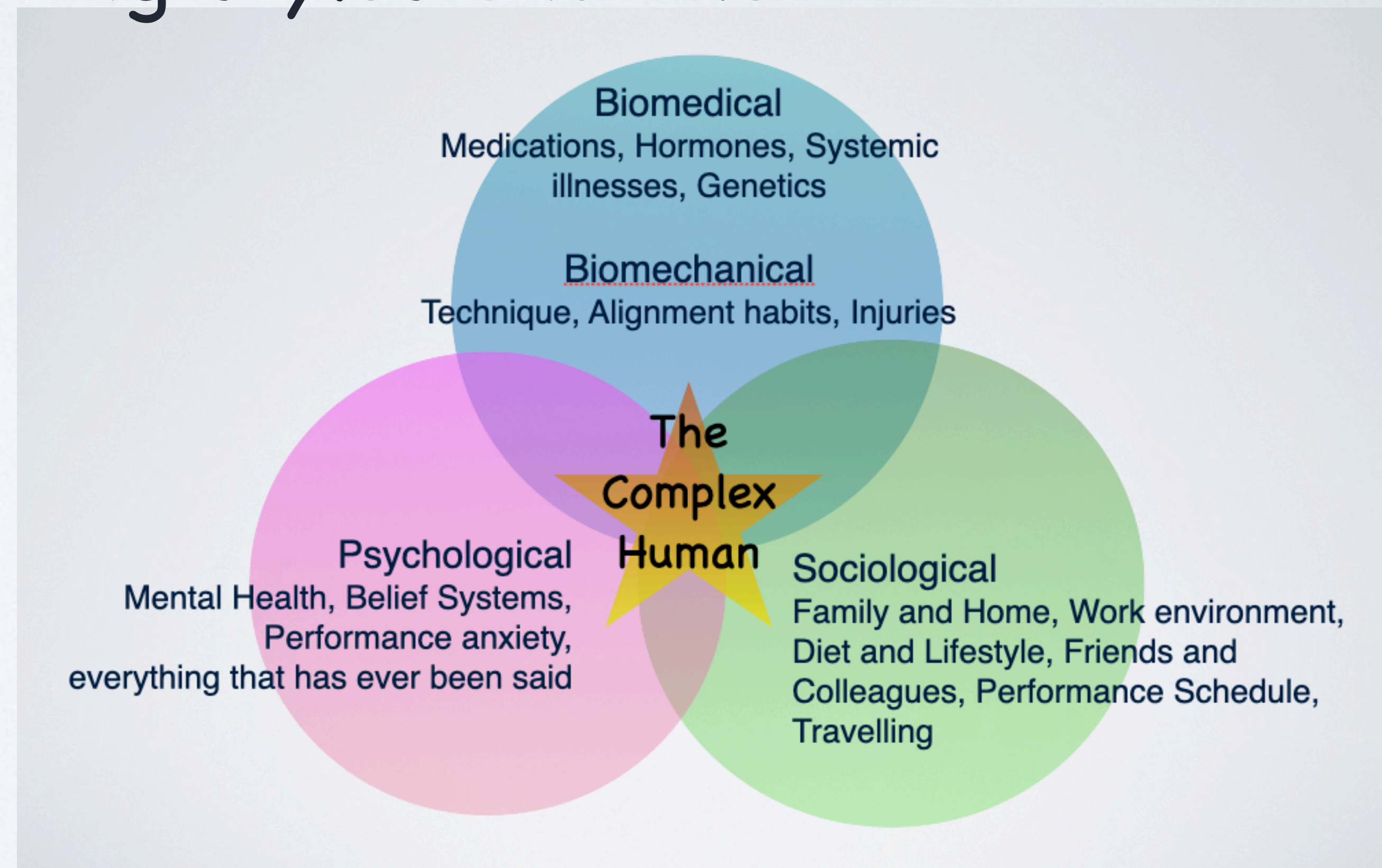
**THIS LOOKS LIKE AN SLT WITH EXTRA SINGING BITS  
- WHAT'S MISSING?**





# What about the Psychological and the Social?

- ★ Training in fitness and nutrition
- ★ Knowledge of other performing styles and the lifestyle aspects of these
- ★ Counselling skills
- ★ Manual therapy training
  - but first...
- ★ Critical thinking and bias







# The importance of Critical Thinking skills for the Rehabilitation Specialist

- ★ Understanding and analysing unconscious bias, establishing what guides our decision-making.
- ★ Examining the placebo/nocebo effect and contextual factors in rehabilitation.
- ★ Learning about evidence-based behaviour change strategies and their application for facilitating change in our clients.
- ★ Experience being in a group and seeing what arrives from the unconscious in terms of the work we do, the experience of what our voice means to us (and to our client), where it is felt and what might psychosocially suppress it.
- ★ The ability to hold yourself accountable through reflective practice



# The importance of counselling skills for the Rehabilitation Specialist - for the client



- ★ Understanding how to hear and listen to clients/students who may have significant challenges in their lives, and knowing at what point to refer them on for further help.
- ★ Recent years have seen a huge rise in mental health issues for students. Confidence in helping these students sing better.
- ★ Feeling more confident to allow space for clients/students to bring aspects of their lives that may well be significantly affecting their singing and performance without feeling fearful about hearing difficult things. Again, knowing when to refer.
- ★ Understanding more about trauma, and about other psychological difficulties students may be dealing with





# The importance of counselling skills for the Rehabilitation Specialist - for you

- ★ Learning how to listen skilfully and confidently
- ★ Knowing how to listen and reflect helpfully back to the client without necessarily trying to 'fix' issues, being comfortable with silence and the unknown
- ★ Understanding your own relationships with clients... why some may be less comfortable than others, and how to deal with this. There is no such thing as a difficult client
- ★ Inevitably, learning more about yourself, and becoming aware of how to effect change both in yourself as a teacher or student and in your students.
- ★ Many students and clients may be having counselling themselves, so understanding what this may entail is very useful



# Let's extend 'multidisciplinary'...

**Intradisciplinary:** working within a single discipline.

**Crossdisciplinary:** viewing one discipline from the perspective of another.

**Multidisciplinary:** people from different disciplines working together, each drawing on their disciplinary knowledge.

**Interdisciplinary:** integrating knowledge and methods from different disciplines, using a real synthesis of approaches.

**Transdisciplinary:** creating a unity of intellectual frameworks beyond the disciplinary perspectives.



# Transdisciplinary working

Intradisciplinary: working within a single discipline.

Crossdisciplinary: viewing one discipline from the perspective of another.

Multidisciplinary: people from different disciplines working together, each drawing on their disciplinary knowledge.

Interdisciplinary: integrating knowledge and methods from different disciplines, using a real synthesis of approaches.

**Transdisciplinary:** creating a unity of intellectual frameworks  
beyond the disciplinary perspectives.



Everybody has a practical working knowledge  
of everyone else's expertise



The team works together throughout the therapeutic journey



if everybody has a practical working knowledge of everyone else's expertise, and the team works together throughout the therapeutic journey...

How do we maintain boundaries?





# How do we maintain boundaries?

## CONTRACTING

It's all in the contract



- State at the outset what your skills are, what you are trained/qualified/insured to do and what the client can expect
- Say what you can't or won't do
- Agree how long it may take
- If anything changes, you need to renegotiate the contract



# How can we ensure that the transdisciplinary system is accountable and ethical?

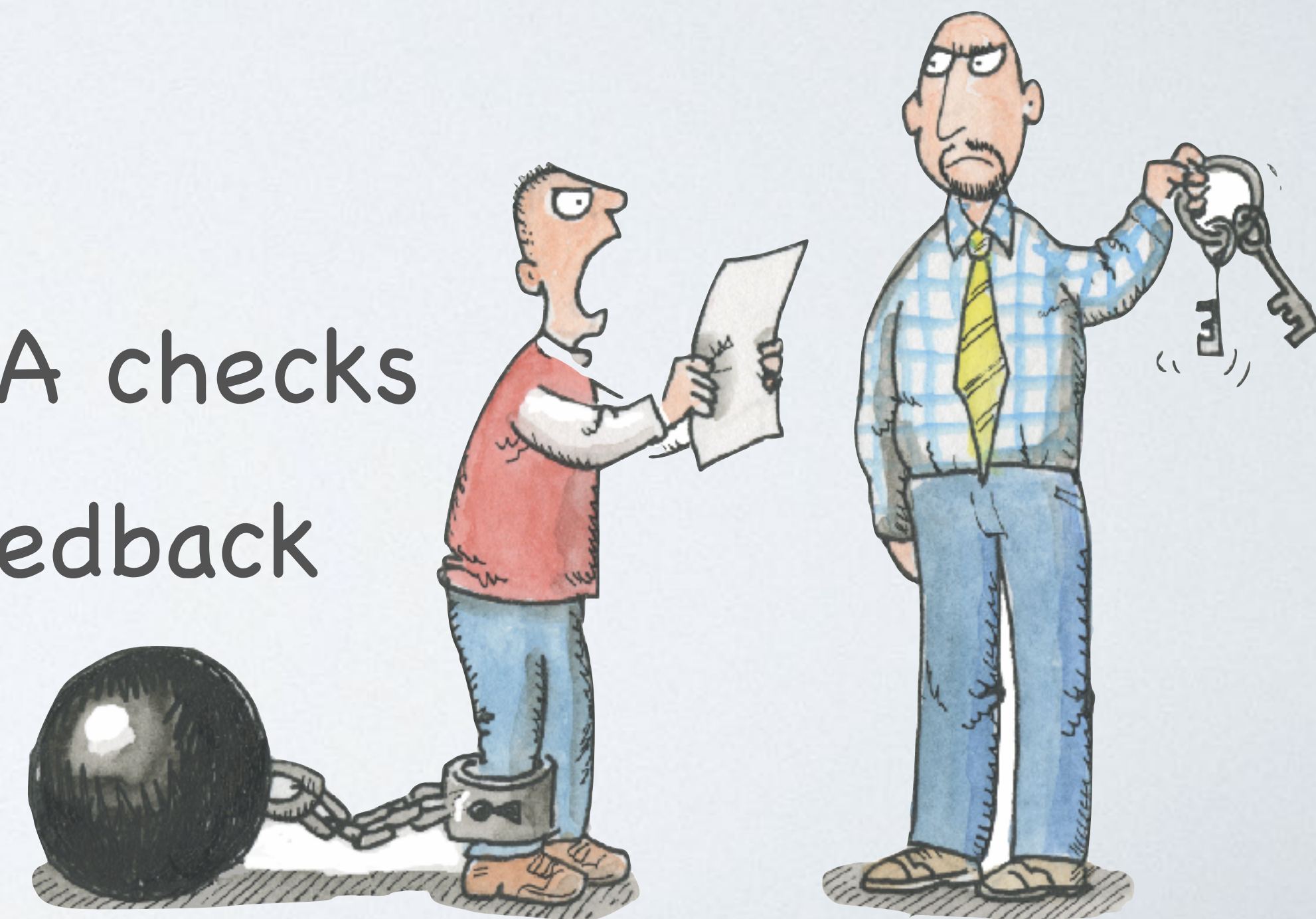
Contracting – at every stage and every level

Supervision

Insurance

Regular independent EQA checks

Patient satisfaction feedback





# What does this transdisciplinary interaction look like?

## Which specialist should be asking these questions?

- ★Tell me what has been happening? Why are you here?
- ★What would you like to be the outcome?
- ★Why now? What else is happening now? What does that feel like?
- ★How is the rest of your health? (sleep, exercise, diet, other conditions/medications, pain or discomfort anywhere else)
- ★What is your support/dependency network? (family, friends, colleagues)
- ★Has this ever happened before? What else was happening then?
- ★How did you feel at that time?
- ★Who else helps you? (talking therapy, manual therapy)



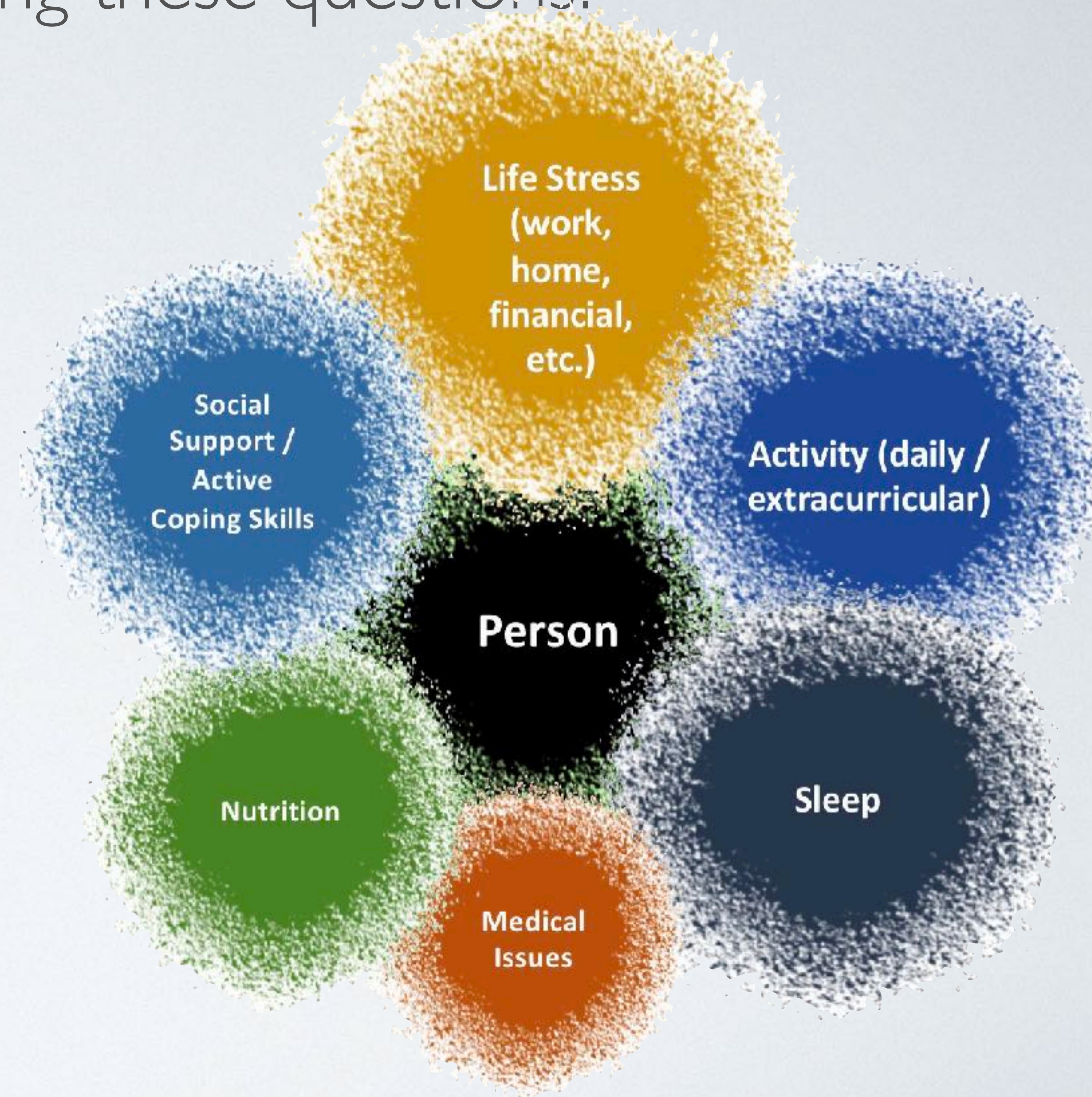




# What does this transdisciplinary interaction look like?

## Which specialist should be asking these questions?

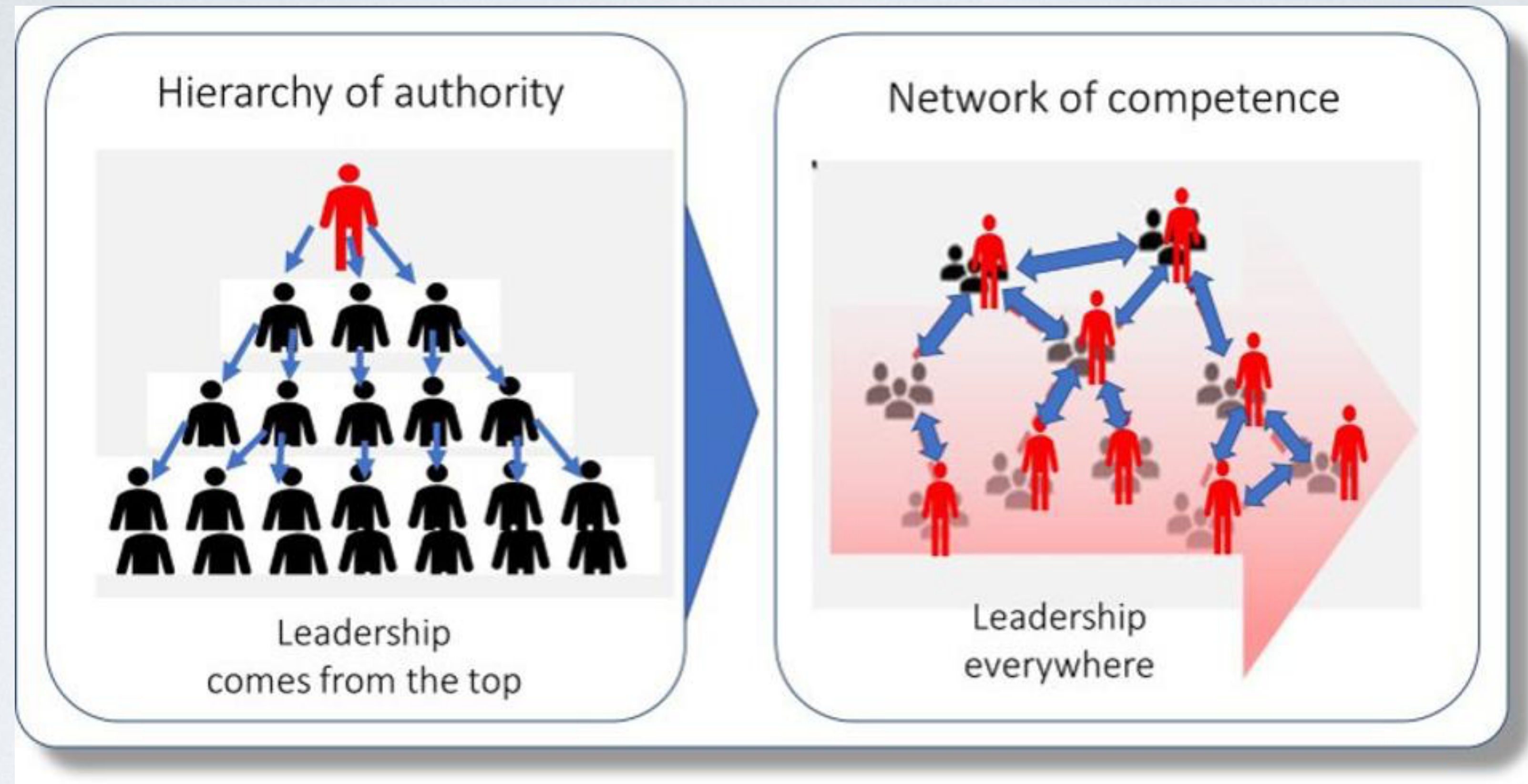
- ★Tell me what has been happening? Why are you here?
- ★What would you like to be the outcome?
- ★Why now? What else is happening now? What does that feel like?
- ★How is the rest of your health? (sleep, exercise, diet, other conditions/medications, pain or discomfort anywhere else)
- ★What is your support/dependency network? (family, friends, colleagues)
- ★Has this ever happened before? What else was happening then?
- ★How did you feel at that time?
- ★Who else helps you? (talking therapy, manual therapy)



- Do we need to know how to ask these questions?



# Who might have the skills to lead a transdisciplinary team?



## Who can assess the client and decide (with them) on an appropriate care pathway?



# Who might have the skills to lead a transdisciplinary team?



- ★ Knowledge of functional anatomy

- ★ Knowledge of Voice Pathology

- ★ Manual Therapy

- ★ Counselling Training

- ★ Insurance

And...

- ★ Someone who has first-hand experience of what it is to be a Professional Voice User.

- ★ A trained and experienced performer

- ★ Someone who KNOWS and UNDERSTANDS

\*



# Who might have the skills to lead a transdisciplinary team?



And...

- ★ Knowledge of functional anatomy
- ★ Knowledge of Voice Pathology
- ★ Manual Therapy
- ★ Counselling Training
- ★ Insurance

- ★ Someone who has first-hand experience of what it is to be a Professional Voice User.
- ★ A trained and experienced performer
- ★ Someone who KNOWS and UNDERSTANDS

## The Voice Rehabilitation Specialist

10 years of high-level experience plus 2 further years of specialist training





What are your thoughts?  
Should appropriately trained  
Singing Teachers be leading the  
process of voice rehabilitation?

‘Things move along so rapidly nowadays that people saying: “it can’t be done” are always being interrupted by somebody doing it’

Puck Magazine Dec 1902