



VoicePRINT

Newsletter of the Australian Voice Association

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New Challenges....

It was with much trepidation that I accepted Jane Mott's kind invitation to become guest editor for this edition of VoicePrint. Soon after the invitation I left the country – twice. However the job didn't go away and once I got started I enjoyed myself immensely, particularly reading about the great work everyone is doing in the field of voice.

I remember attending my first AVA conference in 2000. I was in awe of all the presenters and impressed by the amount we could learn from our colleagues in other disciplines. Over the years it has been a privilege to work with professionals from diverse backgrounds who have an interest in voice. I have been very fortunate to learn from many experts in voice along my career.

VoicePrint is an important service to AVA members. It helps us maintain our multidisciplinary focus on voice and continue to learn not only from our own but from other professions. I never cease to be amazed at what I can learn from other professions and apply to my own clinical practice. I would like to thank Helen Sjardin and Sharon Moore for their amazing patience, support and inspiration as this version of voiceprint took shape. I am also very grateful to Dan Robinson (the previous editor of Voiceprint) for sharing his fantastic formatting being creatively challenged myself this was very much appreciated. **Dr. Anne Vertigan**

President's Message



The timing of this Voiceprint issue has allowed me to introduce myself as the 'new' President. My time on the AVA Board began in January 2013. When Jane Mott resigned after completing 3 1/2 years as President, I was appointed by the Board as President. This was endorsed at the 2013 AGM in July.

I have likened the experience to a television advertisement I recently saw for spectacles, where an elderly myopic couple toddle along to sit on what they believe to be a park bench and proceed to open and settle into their picnic lunch. As it turns out, the seat is in fact part of a roller-coaster and off they are swept for the ride of their lives!

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... and heaps, heaps more...



It's OUR Publication

VoicePrint (ISSN 1444-5891) is published by the Australian Voice Association. We welcome submissions on anything relating to voice. The views, opinions and advice published are the personal views, opinions and advice of contributors and in no way represent the official position of the Australian Voice Association or its office bearers. Material may be submitted by post, fax or email.

Copy deadline for Issue 46

Material for the **December** issue of Voiceprint should be sent to vp@australianvoiceassociation.com.au by 1st November 2013

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For the latest on what's happening, visit

www.australianvoiceassociation.com.au

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More from the President...

The President's report, presented at the AGM has been posted on the website. My intention is to make this VoicePrint message a little less formal and more reflective and focused on general membership... the most important people! The formal report acknowledges outgoing Board members and those involved in supporting roles, award winners and achievements through the portfolios, during the year.

In this message, I'd like to speak to all members—past, present and future.

As we go to press, the total membership is 98—a pleasing increment since the beginning of the year. Also gratifying to note is that many of our current members have careers that have a dual clinical and performance focus....for me this is the excitement of AVA! (Some of you may remember our yodeling ENT, Robert Bastian at a memorable Conference Dinner in Adelaide and Jan Baker singing Lieder).

At the last AGM in exploring our future directions, we asked the questions

Who are we?

What do you see as our key purpose?

What have you valued to date?

Where are we different?

What are the blockers?

What is missing?

What would make us better? ...and

What type of members would you like to see more of?

Whenever I look at organisational review, I think of Slim Dusty's song, "Looking forward, looking back". We are indeed a good way down the track and much has changed. We can learn from what we've done well in the past, take stock of our current situation and make positive, creative plans for the future, embracing new opportunities (such as those offered by technology). For this to occur successfully, there needs to be agreement and commitment with ALL MEMBERS contributing ideas.

If this is beginning to sound reminiscent of John F. Kennedy's famous Inaugural speech "Ask not what your country can do for you"---- that's the intention. Paraphrasing, if you see ways of how the AVA could serve its members better, ask what you can do for the organisation—begin by letting us know.

This can be done by comments on Facebook, contributions to website resources section, participation in surveys, articles in Voiceprint, suggestions to PD committee, inviting others to join, including suggesting a departmental membership if relevant, nominating members or students for awards, speaking to students to encourage membership, sharing information through special Interest Groups (VIG) and contributing to activities for World Voice Day. No matter what your focus is in working with voice, we all know the critical role of **FEEDBACK** and **PARTICIPATION** for the viability of the AVA.

To show that we value feedback, here is the outcome from our mini-workshop at the AGM outlined above. We welcome any further comments especially in relation to where you see the AVA being in 3-5 years—the period for which we are now setting up key result areas around which the Board will feed back to members.

In relation to **identity and distinctive features** the key ideas were an ‘Australian group of interdisciplinary professionals with a common interest in voice’.

The **key functions or purpose** identified were, with a focus on voice and vocal health:-

“collaboration, education/dissemination, (for other interested professionals and the public), networking, promoting research, lobbying—sharing perspectives of the art and science of the spoken and singing voice.”

Overwhelmingly, the aspect **most valued** to date was opportunities for PD (access to local and international speakers and from different professional backgrounds)—networking and interdisciplinary communication.

Interestingly **Professional Development** featured under ‘key purpose’, ‘what was missing’ (i.e. wanting more) and in ‘what would make us better’.

The main ‘**blockers**’ noted were reduced membership and reduced awareness of AVA - **COMMUNICATION, NUMBERS AND MONEY.**

When considering ‘**What is missing?**’, the above three were reiterated, along with more diversity / variety, (? of professionals involved) obvious value for money, and the perennial reintroduction of AVA Conferences (which again, of course, becomes numbers and money).

To the question of ‘**What would make us better?**’ **MORE MEMBERS** was mentioned again, along with the qualification of promoting to and engaging a wider range of professionals—more tagging with major conferences, further lobbying—more efficient communication systems/website/online forums.

The **types of members you would like to see more of** were identified as ‘performing arts, public speakers, ENTs with interest in voice, students, singing teachers, actors, academics and physiotherapists’.

It’s easy to see a vicious cycle here in that to have more activities, we need more certainty with finances and as all of our income is from membership fees----- (no surprise here!)

It also requires those who are committed to support activities, whether that be contribution to a working-party (such as PD or website resources or special events such as world Voice Day).

This latter was a grand success on 16th April, with National Radio interviews, a Flash Mob event at Latrobe University and an exemplary seminar at Macquarie University where AVA and ANATS members presented a program of education and entertainment, celebrating VOICE MATTERS. As part of this activity, posters were developed depicting the Top Ten Tips for a Healthy Voice. These were distributed to all States. Given more time to plan ahead, there’s a wonderful opportunity for this occasion to be a vehicle for addressing most of our objectives.

**WHAT WOULD YOU LIKE TO SEE HAPPEN AS WE LOOK FORWARD?
HOW WOULD YOU LIKE TO BE PART OF THAT? COME JOIN US!**

I look forward to an exciting ride (with not too many bumps or screams), with fun and entertainment as part of our learning together – *with, from and about* each other, as stated in one of the classic definitions of interprofessional education.

Helen Sjardin
President
Australian Voice Association

WEVOSYS LingWAVES Voice Protocol



L-R: Ingo Titze; Moira Lockhardt (Private Speech Pathologist Gold Coast and winner of the 2013 prize; Carol Bishop, Multimedia Speech Pathology

Melita Brown was the winner of the 2012 WEVOSYS prize at the AVA Satellite Conference in Melbourne. Here she shares her feedback after six months using the system.

“I am delighted with the WEVOSYS LingWAVES Voice Protocol which MULTIMEDIA SPEECH PATHOLOGY generously donated to last year’s Voice Symposium in Melbourne and which I was lucky enough to win.

LingWAVES is a very powerful and compact unit. The software is easy to install and the Sound Level Meter also functions as a microphone that can be attached to a tripod. Recording quality is excellent. LingWAVES provides a reliable standardized assessment of wide parameters of voice, which can then be saved to a Client Manager.

Keeping systematic, clear records has never been easier! It is an invaluable tool for assessment, treatment and research purposes. I particularly like the fact that patients are able to have immediate visual feedback through a series of coloured graphs. This makes explanations of imprecise terms such as hoarseness or creak, so much easier for the patient to understand. It also enables patients to see change over time, and provides a reliable clinical tool for objective measures of treatment goals. LingWAVES is becoming an indispensable part of our assessment protocol for voice patients.”

If anyone wants to see a video tutorial of the lingWAVES Voice Protocol (the easiest way to learn how to use it) it's on YouTube at http://www.youtube.com/watch?v=joq_HVK-sVU



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Chronic Cough: An Otorhinolaryngology Perspective

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Introduction

Cough is a physiological reflex that protects the airway from inhaled or aspirated material. Chronic cough can be defined as cough lasting for greater than 8 weeks. It can be frustrating for the patient and difficult for the ENT to treat. Importantly cough is an extremely common presenting symptom to GPs and ENT Specialists all over the world. In the UK its incidence is estimated at 12% of adults whilst worldwide it has been estimated variably between 9-33%. In the United States sales of over the counter cough medications account for spending of \$3.6 billion annually.

The aetiology of cough is complex with numerous neural pathways involved. It can be triggered anywhere along the course of the vagus nerve and due to this complexity, full assessment of the chronic cough patient requires input from otolaryngologists and speech pathologists as well as gastroenterologists and respiratory physicians often in a multidisciplinary approach.

This paper will focus on aetiology of chronic cough with reference to recent literature and then outline assessment and management of chronic cough from an ENT specialist's perspective.

Etiology

It is commonly taught that chronic cough in adults is due to post nasal drip (or more recently termed upper airway cough syndrome), cough variant asthma and gastroesophageal reflux disease (GERD) in up to 86% of cases. This increases to 99% if we exclude all those with abnormal chest xrays, immunocompromised, on ACE inhibitor medication or smokers. Additionally if allergy studies, CT sinuses and lung function testing are normal, the aetiology of chronic cough has been reported to be related to GERD 99% of the time. All three of the above conditions however, are very com-

mon in Western societies and so it is possible that there is an association with chronic cough, rather than a clear causal link.

The ENT Specialist is also mindful of a number of other uncommon disorders involving the larynx and lower respiratory tract, including airway stenosis, inflammatory/autoimmune disorders such as Wegners or polycondritis, obstructive sleep apnoea and of course the well documented overlap between chronic cough and paradoxical vocal fold movement.

Gastro Esophageal Reflux Disease (GERD)

Historically it has been reported that patients with chronic cough presenting to the ENT Specialist will have symptoms of GERD including globus, throat clearing, dysphagia and voice change. In our series this was only the case in 40%.

GERD is thought to contribute to chronic cough via three main mechanisms. These include direct micro/macroaspiration of refluxate into the larynx, an oesophagobronchial reflex arc, and GERD-mediated local inflammation resulting in vagal sensitization and modified sensory feedback.

Importantly several rigorous studies have now shown conclusively that the pH of the refluxate is not that important, with non-acid events just as likely to be related to cough as acid events. This remains controversial largely due to the lack of consensus on exactly what laryngeal reflux is and what levels of reflux in the larynx are considered within normal limits, however, most trials suggest some improvement in chronic cough symptoms with lifestyle change and medical antireflux treatment. There is a subgroup of at least 20% who do not respond to this approach.

Many patients with chronic cough do not present with typical GERD symptoms, so workup and assessment of these patients may require special investigations to determine if reflux is present. For diagnosing GERD there are clear criteria on 24 hour pH study. Unfortunately there is no consensus on criteria for LPR. Ideally the testing would involve pH metry, intraluminal impedance manometry as well as patient symptom association records.



A recent study has also shown that using an acoustic recording device during a pH study to objectively record cough revealed 6-18 times more coughs than reported by patients.

Post Nasal Discharge

Strong evidence for the role of post nasal drip (PND) causing chronic cough in adults is limited. A small minority of patients with chronic rhinosinusitis (CRS) present with cough and throat clearing. In this setting treatment of the sinus disease is efficacious in controlling the cough. Most patients with CRS and post nasal discharge, however, do not present with concerns regarding chronic cough. This is slightly different in the paediatric population where there is more structured level I evidence to support chronic cough as a symptom of CRS which responds to appropriate medical and surgical therapy. Overall there is limited evidence that treating CRS with post nasal drip will improve non-specific symptoms including cough, however, more work could be done in this area.

Laryngeal Sensory Neuropathy

As early as 1999, the concept of the irritable or hyper-sensitive larynx was introduced by Morrison and colleagues. Since then it has been termed Postviral Vagal Neuropathy, Laryngeal sensory neuropathy and Sensory Neuropathic Cough. It is thought that neural damage caused by a range of inflammatory, infective and allergic factors results in presentation of chronic cough as a neuropathic disorder with a lowering of the threshold for cough stimulation. Previously non-noxious stimuli may then provoke cough and perpetuate the cough cycle.

It may be possible to target a distinct aetiology, however, the initial insult may have resolved or may no longer be the sole cause. In these cases treatment approaches need to modulate the neural pathways and “reset” the threshold toward normal. Even mild but persistent irritants may affect cough thresholds and control of these triggers can be effective in treating and re-calibrating a normal cough.

Pharmacotherapy aimed at treating the underlying neuropathy includes neuromodulating agents such as

baclofen, amitriptyline, Gabapentin, and Pregabalin. Usefulness of these medications however, can be limited by their sedative side effects. Repeated intralaryngeal botox into the thyroarytenoid muscles has also been described for chronic cough, however, tends to be reserved for those with uncontrolled severe laryngospasm.

Gibson and Vertigan utilized a programme of speech therapy to reduce chronic cough. They propose that laryngeal dysfunction occurs similar to that seen in vocal fold dysfunction, and that therapy combined with education and behavioural strategies can reduce chronic cough. In a randomized trial of 87 subjects, those undergoing the Speech therapy programme showed significant symptomatic improvement as well as improved perceptual vocal ratings and increased maximum phonation times. Murry proposes that in patients with paradoxical vocal fold movement and chronic cough there is aberrant laryngeal sensation mainly caused by laryngopharyngeal reflux and this is amenable to a combination of antireflux measures as well as respiratory retraining.

ENT assessment

1. Thorough history
2. Examination
 - a. Endoscopy of the nasal cavities, pharynx and larynx. (i) Examine nose for signs of sinus disease, (ii) Examine laryngopharynx for abnormal pathology and signs of reflux (Belafsky finding core for reflux is useful).
 - b. Trans nasal oesophagoscopy (TNE) can be performed in the office without requiring sedation. This is well tolerated and often preferred by the patient when just examining the oesophagus and stomach. In our series, despite only 40% of patients having symptoms of GERD we found over 75% of patients had oesophageal pathology which was documented on a transnasal oesophagoscopy on their first visit, thus making the management more efficient. This enabled us to diagnose reflux if present on endoscopy and not subject the patient to unnecessary antireflux treatment if reflux was not present.
 - c. In office flexible bronchoscopy is also very well tolerated. It has previously been reported as not being that useful for diagnosis of chronic cough and in our series of over 40 patients, none of our patients had any abnormal tracheal or bronchial findings. It is pos-

sible that this reflects a referral bias with patients referred to ENT unlikely to exhibit lower respiratory findings compared to those referred to respiratory physicians.

3. Targeted Investigations (guided by history and examination)

- a. 24 hour pH/manometry study
- b. Video fluoroscopic swallow study (VFSS) +/- Functional Endoscopic Evaluation of Swallow (FEES)
- c. Allergy screen – if suspicious on history
- d. CT sinuses if history and exam reveal sinus disease
- e. Chest Xray/Referral to respiratory medicine if clinically indicated.

ENT Management

1. Treat any obvious underlying cause
2. Sinusitis – if patient has PND and signs of CRS or allergic rhinitis on nasendoscopy then first line treatment of saline irrigation, intranasal corticosteroids and trialing allergy avoidance is useful.
3. Reflux – lifestyle changes, proton pump inhibitor (surgery can be useful in selected cases)
4. Speech pathology referral for education, behavioural strategies, respiratory retraining
5. Trial of neural modulators such as amitriptyline, gabapentin or pregabalin.

Conclusion

Chronic cough is common, troublesome and remains incompletely understood. In an Otolaryngology setting most patients with persistent chronic cough have an underlying sensory neuropathy which is sensitive to and exacerbated by esophageal and laryngeal reflux. Post nasal discharge may play a role and if present can be simply treated with intranasal corticosteroid. The otolaryngologist is in a prime position to assess all anatomic areas of interest including the use of TNE to evaluate the esophagus in the office. Treatment is tailored to the underlying etiology and may require a combination of antireflux measures along with behavioral modification and voice therapy. Simple intervention of both behavioral and medical nature may lead to improvement in cough in the vast majority of these patients.

4th American Cough Conference New York June 7-8, 2013

Anne Vertigan



Earlier this year I had the privilege to attend and present at the 4th American Cough Conference. The American Cough Conference is a multidisciplinary educational meeting for health care professionals involved in improving the management of patients with cough. The conference chair was Dr Peter Dicpinigaitis, director of the Montefiore Cough Center in Bronx, New York. The program

provided an update on the evaluation and management of cough including diagnosis, treatment, epidemiology and ongoing clinical and basic research. <http://medisitu.com/event/american-cough-conference-2013-acc-2013/>

There was a vast range of papers presented ranging from medical management of cough, effect of taste on cough reflex sensitivity and altitude related cough.

The conference opened with two papers “A Year in Review of basic science” and “A Year in Review—Clinical”. These two papers provided concise summaries of the past twelve months of research in the field of cough.

Key points of interest:

1. **Attitudes of consumers towards health cough and colds.** 27% of people think antibiotics will help a cold. The first symptoms noticed were sore throat followed by scratchy throat followed by nasal congestion. Only 6% had cough as first symptom. The most bothersome symptoms were cough 73% and nasal congestion 69%.
2. **Chronic cough and obstructive sleep apnoea.** Given the high prevalence of obstructive sleep apnoea in patients with chronic cough should there be routine screening for obstructive sleep apnoea in this population.
3. **How do I do it? Multidisciplinary presentation of a case of refractory chronic cough.** A panel of leading experts (Peter Dicpinigaitis, respiratory medicine; Alan Goldsobel, immunology, Ken Altman, Ear Nose and Throat Surgery and Thomas Murry speech pathology outlined their approach to management of the patient.
4. **Pro-Con Debate: A causal relationship between GERD and cough has been established.** The timing of reflux events and cough is important—while reflux can precede cough, cough can also precede reflux in a number of cases. Vagal affronts from the oesophagus converge in brainstem nucleus tractus solitaries to trigger reflexes in the airways. Neuroplastic change is needed in the brainstem to change the response. There is a sensitisation process in brainstem and so patients have higher Cough Reflex Sensitivity. It was suggested that reflux is one stimuli that patients are hypersensitive to. Reflux may be best explained by central neuropathic change and a general hypersensitive state.

And to top it all off we were treated to a surprise performance from **The Opera Collective**.
www.operacollective.com

Update on the 10th Pan-European Voice Conference PEVOC, Prague, August 21-24, 2013:

**Conference Program in PDF is
available on:**

<http://www.pevoc.cz/files/2413/7563/5135/pevoc-program-2013-08-02.pdf>

We are proud to inform you that the program of the 10th Pan European Voice Conference PEVOC will occur in Prague, the Czech republic. For more information and registration please visit the conference website on: www.pevoc.cz

Conference Motto: Celebration of Interdisciplinary Collaboration

Main Themes: Voice Medicine, Voice Therapy, Vocal Pedagogy and Voice Science

Specific Topics of Interest: Clinical issues, Surgery, Examination techniques, Papillomatosis, Laryngopharyngeal reflux, Treatment methods, Voice therapy, Trans-sexuality, Psychology, Occupational voice, Child's voice, Singing voice, Acting voice, Voice rehabilitation, Acoustics, Psychoacoustics, Analysis of voice and speech, Measurement, Imaging, Modeling and simulation, Animal bioacoustics, and other topics.

The site of the conference will be at one of the most beautiful locations of historical Prague near the Vltava river providing the view of the Prague castle. The famous historical Jewish cemetery is around the corner and the famous Charles bridge is close by.

The PEVOC conference includes special symposia and sessions of the *International Association of Phonosurgeons* (IAP), *Collegium Medicorum Theatri* (CoMeT), *European Voice Teachers Association* (EVTA) and *Union of European Phoniaticians* (UEP).

We are excited that many world top voice specialists, clinicians, scientists, therapists and pedagogues will be presenting their work at the conference. All together, the conference promises to be an extraordinary experience.

Furthermore, please note that there is the possibility to attend two tutorial events on August 21, 2013 before the opening of the PEVOC conference, which require a separate registration:

1) The European Academy of Voice (EAV) will organize a one-day pre-conference training course during which some of the most talented teachers in the field will offer their knowledge across various topics of voice production. To see the program and to register go to <http://www.european-academy-of-voice.org/events.html>

2) European Voice Teachers Association (EVTA) will offer a tutorial devoted to the world and working mode of vocal pedagogy. To see the program and to register go to <http://www.pevoc.cz/en/program/satellite-events/evta/>

We wish you a beautiful summer and we are looking forward to meeting you in one of the most beautiful cities in the world and a historical jewel of Europe!

Jan G. Svec, PhD and Jitka Vydrova, MD
Conference Chairs



"I could have been a famous singer, if I had someone else's voice."

Conor Oberst

Healing the Voice: A Multidisciplinary Seminar

Helen Sjardin
AVA President

With six presenters covering different aspects of vocal pedagogy one might anticipate that there could be some conflicting ideas, but like an A Capella group coming together, each one complemented and harmonised with the other.

The focus on interconnectedness was evident within and between papers and there was a clear sense of the benefit of working in an interdisciplinary way to attain insight and methods for those seeking change to their speaking or singing voice.

The seminar began with **Annie Strauch**, an APA titled Musculoskeletal Physiotherapist and Sports Physiotherapist. Annie has been described as ‘the pioneer of vocal unloading; physiotherapy treatment of the professional voice and dysfunctional voice’.

Annie’s talk was about “Strain, Pain and Tone (i.e. muscle tone)—not just about the sound.” This was an evidence-based paper on how pain may inhibit muscle strength, motor learning and tissue quality. We heard of how we need to be aware of the impact of muscle control, activation and timing of onset on muscle recruitment especially with infrahyoid, accessory breathing and cervical spine musculature.

The key to this paper was captured in a diagram of the Maladaptive Voice Cycle involving head and neck posture, increased muscle tone, elevated larynx, compensatory breathing mechanics (overactive abdominal muscles), altered subglottic pressure and increased activity of infrahyoid and suprahyoid muscles, taking into account the extrinsic factors of environment, psychology, vocal load and vocal fold integrity.

A number of manual therapy techniques were outlined (including trigger point therapy to the tongue, which fascinated me!), how these had a

physiological effect leading to the neuromuscular cycle breaker—to improve neuromuscular recruitment and learning, leading to efficient voice production... and the most encouraging observation for me was that although “Maladaptive patterns may occur quickly” a systematic approach to breaking the cycle can also have a prompt effect. As I was listening I kept singing to myself that lovely old jingle “the knee bone’s connected to the thigh bone--” and so began that increased awareness of interconnectedness.

Our next speaker, **Ron Morris**, a Speech Therapist, Audiologist and Counter-Tenor. He holds a Performer’s Certificate from Trinity College and has completed his Master of Music Studies (Vocal Performance) at Griffith University’s conservatorium of Music. His recently awarded PhD was entitled *Evaluating the Accent Method of Breathing in young classical singers* and his presentation elaborated on this.

After giving a very colourful history of the origins of AMB, Ron demonstrated the technique in a way that was engaging and memorable—I recall “When you breathe in you get fat, when you breathe out, you get skinny”. He then went on to describe his study with 30 Guildhall School of Music and Drama first and second year singing students who were divided into control and experimental groups, balanced for year and gender with one group being taught ABM for 10 weeks. Both groups were recorded and independently assessed with results showing significant gains for those students taught the ABM. Comments were made from the audience, that along with LSVT, ABM is one of the few voice techniques which can boast of a strong evidence base.

Another well-known singer and Speech Pathologist, **Deb Phyland** and recent winner of the Green room Award for outstanding contribution to the Melbourne Stage is currently undertaking her doctoral studies, researching the impact of heavy vocal load on the vocal folds of performers.

Her presentation was indeed a “live performance” as she just managed to restrain from bursting into song from time to time, sharing

her experiences from current work with productions such as *King Kong* and *War Horse*.

Her observations were a witness to the value of working with performers 'in situ', taking into account the extra challenges of the restraints of costumes, props, and physical demands (as in Cats singing upside down from a tree). As part of the team that works with Annie Strauch we learnt how they work together in assessing biomechanical aspects of performance and the impact on voice.

In discussion on vocal load, Deb echoed and referred to many of the comments of Ingo Titze in relation to the perennial question "When does vocal load get too much?"

She reinforced his comments on the effects of muscular fatigue on the lamina propria, on what is now described as 'vibration over-dose', poor tissue environment (vocal abuse) and genetically weak tissue structure. Her advice in summary was 'anything sparingly'.

Deb discussed how in the work environment of Music Theatre, she found current scales such as the SVHI and the VHI limited as assessment tools, because of their emphasis on disorder. She has recently developed a new tool which profiles singing voices called *EASE*. This can be found in the latest Journal of Voice.

This led nicely to the keynote presentation of **Professor Ingo Titze**, entitled *The Voice of Vocology*, --Vocology,"the science and practice of vocal habilitation"-- being the title of his most recently published book, co-authored with Katherine Verdolini-Abbott. Once again, the audience was captivated by this distinguished Professor from the University of Iowa, Department of Communication Sciences and Disorders and the School of Music, bringing together his former qualifications in physics and engineering, and lifelong love of clinical voice and vocal music.

Some of us had been fortunate enough to hear his Richard Miller Memorial Lecture at the ICVT, the previous day, in which he drew parallels between animal (especially bird) and human singing and signalling through rhythm, melody and roughness (if appropriate).

It was easy to see him as the Julius Sumner Miller of Voice as he pondered on the wonder of the crucial thyroid gland sitting on top of our larynx, and the

pituitary gland being near the sphenoid cavity near the hypothalamus-the seat of emotion.

We were left with the question 'does the self-induced vibration in our body, promote healing and general health?'—and could this lead to linking changes in affect through singing... food for thought!

In this presentation Dr. Titze spoke of his recent focus on the vocal problems of school teachers (4% of the working population) and attempting to measure the vocal load---dosimetry—measuring the dose of vibration.

Interestingly he drew a parallel of how sun exposure is also a dose-related damage to the skin where there are clear parameters of excess but also individual levels of tolerance and pre-disposing genetic factors, with the 'bottom line' being that individuals need to establish their own safe thresholds and recognise their responsibility in prevention.

He identified the components of vibration, particularly affecting the lamina propria as

- Amplitude
- Frequency
- Duration

These could all be measured as doses of 'exposure'. He drew a dramatic comparison of typical exposure of teachers of 10,000 voice onsets, where 5 minutes of continuous hand-clapping would be just 600 onsets.

When discussing total voice rest after surgery, Dr. Titze advised that post haemorrhage would be the only condition for which he would recommend total rest. For all other conditions he commented that some movement is good for wound healing, but it must be light. It was no surprise when he drew from his pocket, two straws of different length and diameter to demonstrate the voicing stretch and glide—his favourite vocal warm-up, commenting that some men prefer the shorter one.

For those who are unfamiliar with Dr. Titze's engaging personality and famous vocal warm-up technique for 'stretching and unpressing the vocal folds' explore your browser with "vocal straw exercises" and watch this enter

taining YouTube—a great reference for clients.

Thought provoking closing comments were made about how vocal science tends to rate low on the political or health agenda. Prof. Titze emphasised that voice is not just about aesthetics but also a fundamental health issue. Relating back to his earlier comments about the link between singing and mood, he challenged the professionals present to come up with further evidence of the benefits of singing for mental health.

The penultimate speaker of the day was **Dr. Mathew Broadhurst**, an Otolaryngologist from Brisbane who studied for his Fellowship in Laryngeal surgery and Voice at Harvard Medical School. His claim to the ‘only full high-definition video stroboscopy in Queensland’ was appreciated in the excellent slides and videos shown to demonstrate management of ‘*Refractory Vocal Fold Pathology*’.

This was defined as “Vocal cord lesions persisting after adequate conservative management” (specific voice therapy or vocal hygiene) OR iatrogenic—a surgical complication. Stunningly clear examples were shown of nodules, cysts, polyps, sulcus and ectasis/varices. This reminded me of the early days of AVA Conferences when we were first introduced to the magic of videostroboscopy and amazing films of surgery and refined instrumentation with Dr. Mark Bouchayer et al.

Today’s progress in precision, recording and instrumentation had us sitting on the edge of our seats in wonder. Dr. Broadhurst described his process of diagnosis through history, examination and stroboscopy, where the client with refractory vocal fold pathology would have conservative options of modifying the vocal requirements or surgery. The former would mean prioritising vocal use, change occupation, change repertoire or retire. The two areas of focus for surgery would be restoration of pliability and/or glottal closure.

Current management is now so much more informed and refined than in the past, and these points of distinction were drawn very nicely by Dr. Broadhurst as he demonstrated the aims of preservation of the epithelium and SLP with restoration of pliability and glottal closure. Of interest to me was the clarification that laser removal of vocal cord lesions is not necessarily less damaging because of the levels of heat required.

The final speaker, **Dr. Jan Baker** has been reported separately in this Newsletter by Sharon Moore. Suffice it to say that, with her usual poise and wisdom, Jan’s interview by Jane Mott rounded up the day’s abundance of information bringing together the art and science of voice and the whole person.

This led nicely into a panel discussion with all of the presenters except Ron Morris, who had to leave for an opera rehearsal (how fitting!) His seat was willingly filled by Marina Gilman

“A Conversation with Dr Janet Baker”

Sharon Moore

Speech Pathologist, Voice Consultant, Orofacialmyologist



You could hear a pin drop. The audience waited with bated breath, soaking every nuance, every word uttered by Dr Janet Baker, as Jane Mott posed the sometimes very curly clinical questions, in “A Conversation with Dr Janet Baker”.

Jan answered questions about the when, where and why, should we and shouldn’t we, of managing the psychosocial aspects of voice clients and their disorders, complex cases, interfering professional parties, work-cover dilemmas and many more.

It was an action packed 40 minutes. Jan’s humility and grace was exemplary as always, and even as we bow to her experience she reminds us that we all still have something to learn, quoting Jan: “If there is something I don’t know and it will benefit my patient in the course of therapy, then I pay (real dollars) for supervision with the appropriate supervisor”. An audible gasp, even the great Janet Baker looks for supervision sometimes after

35+years of practice? Ponder this: the grace and responsibility of any true professional is knowing when to ask the questions of others whose knowledge or experience will lead to better outcomes for our patients.

We are reminded that it is in fact our ethical responsibility to manage the psychosocial aspects of our clients needs, whether that is using our own skills or by guiding our patients to the best 'other' sources and supporting them through that process.

Jan's statement about paying for supervision introduces an additional debate: when do we ask a quick question of a trusted colleague and when do we remunerate them for the generous lip service that leads us to a solution for our clients?

This debate also raises the value of 'goodwill'. If you are the person providing the information, at which point do you feel you have answered a "quick" question by a curious colleague or student, and when does it turn into a supervision session deserving of remuneration. How does that process work? When is it appropriate for those seeking answers, to honour the 10,000s of hours that our learned ones have spent in gaining the hallowed knowledge that we seek. It is a measure of professional respect to pay unless you have a formal mentoring relationship or 'sharing arrangement', a worthy debate for another time.

As the day came to a close, presenters and AVA Board members strolled to a nearby restaurant to share stories from the day and a quote which will be held dear forever is "I really love those Australian Speech Language Pathologists, they are so smart!" words uttered by Professor Ingo Titze himself. He was so captivated with Jan's concise and thoughtful answers to those sometimes very curly questions, that HE was impressed.

"A Conversation with Dr Janet Baker" was a brilliant event, one that may hopefully set the scene for more shared conversations with Jan and hopefully some of our other preeminent Australian Voice Specialists. Let's aim to spread the word via webinar, which can reach every corner of Australia, and if the time suits, anywhere in the World, expediting the cost of time and money for travel, that sometimes deters us from gathered events, but a wonderful way to benefit from the very wise council of Speech Pathologists like Dr Janet Baker.

Keep and eye out for Jan's book, a current work in progress **"Psychosocial perspectives on the management of voice disorders: Implications for clients, options and strategies for clinicians"**, Compton Publishing UK.

Healing the Voice Seminar: A student's perspective

Margaret Massey

Speech Pathology Student University of QLD

Opening the PDF document entitled "Healing the Voice" was one of the best decisions I have made this year. I knew this event was not an opportunity to be missed; and I benefited every bit as much as I anticipated, and more.

The day was as informative as it was entertaining, and I was even able to get a sneak-peek into research being currently undertaken by giants of the field. Each presenter unveiled a different aspect of voice. Annie Strauch presented her *biopsychosocial* perspective on voice use and injury, Dr. Ron Morris revealed the marvels and benefits of Accent Method Breathing, Deb Phyland (spoke about) speech pathology amid the world of show business, Professor Ingo Titze spoke of his research in vocology, Dr. Matthew Broadhurst gave us the latest on laryngeal surgery and voice restoration, and finally '*a conversation with Dr. Jan Baker*' was a fascinating insight into the psychosocial management of voice disorders... it was an enlightening day, to say the very least.

Lunchtime, however was the highlight. Not simply because of the food (though it *was* delicious and the catering staff were excellent); it was more for the fact that over lunch, I had the privilege of meeting Professor Ingo Titze.

My first encounter with Prof. Titze was about two years ago, when I was encouraged by Jane Mott to watch his 'straw technique' demonstration video on YouTube. I found it most helpful, and became an enormous fan of this soothing, 'voice-resetting' exercise. I carried a straw in every handbag. Needless to say, when I glanced over the line-up of guest speakers, I was delighted to see the familiar name of the American professor behind 'the straw technique'... Our second encounter was one that I will never forget.

He took my hand and shook it firmly, smiling with a genuine, warm expression in his eyes and invited me to "sit down for a minute". He was not in a hurry, and seemed more than willing to sit through my introductory rambling, until embarking on a rather lengthy discussion about all things voice. Everything I had heard about him prior to this moment was so true: an absolute gem of a man, with a wealth of knowledge and an eagerness to share it.

AVA Student Encouragement Awards

Sharon Moore

This year, academic staff from voice teaching institutions around Australia were offered the opportunity to nominate students, undergraduate or postgraduate, for an AVA Student Encouragement Award. Each year five worthy students around Australia, whose focus is a voice-related career, are selected as winners, following nomination. All nominees were of an exceptionally high standard this year but only 5 could be chosen. We hope that this Award encourages continued endeavour in the voice domain and future involvement in our Association by young professionals. The award prize comprises

- AVA membership for one year - 2013 – with the related benefits
- Complimentary registration to any AVA workshop and event either local or national during that year and
- A book prize, chosen by the student, from the leading academic, scientific and clinical publisher, Plural Publishing.

This year's AVA Student Encouragement Award winners, were selected by AVA Board members, based on the following selection criteria:

1. Exemplary attitude and commitment to their program of study
2. Sound academic achievement
3. A genuine interest in learning about voice
4. Leadership in some manner with reference to vocal issues
5. Research achievement in voice
6. Vocal performance worthy of support

We proudly announce the 2013 winners: **Ms Michaela Brown**, UQ, **Ms Clare Savina-Eastwood**, University Sydney, **Ms Eleanor Stanciewicz**, NIDA Sydney, **Ms Caitlin Cassidy**, WAAPA Perth, **Ms Grace Smibert**, WAAPA Perth.

“What Voice Means to Me”

Our Student Encouragement Award winners 2013 were asked to consider writing a short piece about themselves as a student, the teaching institution that they study at, and what 'Voice' means to them. They were encouraged to comment on teaching styles or pedagogy that have been meaningful to them in their studies and how that may have inspired them to continue study.

Caitlin Cassidy

West Australian Academy of Performing Arts

As one of the lucky recipients of the Australian Voice Association Student Encouragement Award for 2013, I am reminded that while I have been studying voice at a tertiary level for seven years now, have completed three degrees, have students of my own and have begun to sing opera with a professional company; **I will always be a student of voice.** I am constantly fascinated by the relationship between the vocal artist and their own physiology and the capabilities of vocal communication. The process of thoughts and emotions being relayed from the hearts and minds of the artist, over two tiny, 'mucousy' vocal folds and into the air is nothing short of miraculous and I imagine that it will continue to inspire me until I take my last breath.

The rigorous instruction that I have received at the West Australian Academy of Performing Arts (WAAPA) has illuminated me to the vast and multi-faceted skill set required to be an operatic performer. My singing teacher Patricia Price has imparted much of what I consider to be the foundations of my singing technique and her teaching style has most influenced my own. Her kinaesthetic methods of pedagogy that allow the student to embody resonant and economical vocalicity have been inspiring to say the least. Her ability to explain the complex processes that make up vocal technique allow the student to carry them out simply and effectively and must only come from the combination of a sizeable talent, intellect and years of experience.

The challenge I face now that I have completed my degrees and have begun my professional performing and teaching career, is that I not only continue to study but to begin to embody the knowledge that has been passed down to me. It is now my responsibility to keep working voraciously to emulate the excellent instruction I have received in both the singing studio and in performance, so that I can hear *bel canto* of the finest quality from generations to come.



*From Left: **Ros Barnes** AVA Board Member; **Grace Smibert**, SEA winner WAAPA; **Caitlin Cassidy** SEA winner WAAPA; **Julia Moody**, AVA Board member*

Michaela Brown

University of Queensland

My introduction in voice and music occurred later than most. A self-taught and relatively untrained singer at the time, I auditioned for a tertiary music program with nothing but a good ear and a little natural musicality. I was lucky enough to be accepted, and to work with a wonderful voice teacher who introduced me to the many different facets of voice, inspiring me to completely immerse myself in the world of music, voice and singing and pursue a career in this area; he still remains a mentor and friend today. Since then, I have completed degrees in music and secondary education and shifted to a more clinical focus on voice, and am due to complete in a Masters of Speech Pathology at The University of Queensland in late 2013.

Throughout my studies, I have worked as a private voice teacher with children and adults. I have been able to observe the diverse range of experiences that students have had with their own voices, and along with them have explored the many dimensions of this powerful yet enigmatic instrument that continues to fascinate me; an instrument that we seem to know so much about – its parts and how it works - but so little about the capacity to which it can be used not only physiologically, but expressively.

I feel that throughout my clinical experience as a student, I have been able to bring parts of my singing and teaching knowledge, as well as apply my clinical knowledge and understanding of voice in the studio. A simple yet effective philosophy that I aim to bring to my own teaching, learning, singing, and clinical work is to just listen. Whether demonstrating or analysing a technique, describing a sensation, explaining or understanding vocal function or expressing an idea or emotion, I feel that listening is central to all vocal pedagogy and learning in general, and is important for building trusting relationships with students and clients.

As a young person, the prospect of working in areas that are continually evolving motivates and inspires me as a professional and individual, to work alongside others and continue to develop and improve my knowledge and understanding of voice both clinically and creatively.



*From left: **Adele Nisbet** and **Michaela Brown** AVA SEA winner University of Queensland*

Clare Eastwood

Sydney University

My name is Clare, and in 2009, I enrolled at the University of Sydney for my undergraduate degree in Speech Pathology. Unbeknown to me at that time, the decision to study at Sydney University was by far the best I have ever made. **It led me towards a discovery that was exciting, thought-provoking and challenging. This discovery was 'voice'.**



An honours project in the area, as well as being fortunate to have been taught by passionate and intellectual minds, were all the prompts I needed to become interested in voice. Voice is so complex, personal and unique. Produced by small vibrating folds, it's fascinating how it has such a huge impact on our lives. Voice allows us to communicate, express our emotions and portray our personality. However, for those with a voice disorder, voice can have a debilitating effect on the way they are able to function and are perceived within society. My first real experience with a voice disorder occurred during my third year of study when I discovered that I had developed the early formation of vocal nodules. Prior to this, my voice had never affected me; however, with the approaching doom of a practical voice assessment task, I marched off to voice therapy. It was this experience that further fuelled my interest in voice.

While it's easy to sit in a lecture or a speech pathologist's therapy room and learn about the dos and don'ts of voice care and vocal exercise, having to actually do it is a different story. For me, learning to change behaviours that I had no conscious awareness of was, at the very least, frustrating. I can clearly remember walking into a therapy session one day feeling proud that I had stopped throat clearing, only to be told that within the first few minutes, I had exhibited the behaviour no less than 3 times. There was also the difficulty of sticking to the planned vocal exercise homework and I must admit 'squeezing in' missed

practice immediately prior to sessions. Furthermore, not only was learning how to produce the correct vocal technique difficult, having to adjust to a voice that sounded and felt different to that which I was used to, was as equally challenging.

Although I felt frustration during voice therapy, it was worth it - I passed the assessment plus finished with an overall 'healthier' voice. In fact, it was through this experience that I recognised the importance of vocal rehabilitation. I began to wonder about how I could contribute to the world of voice, and what better way to do this than through research. I am now currently undertaking a PhD and am truly excited by the prospect of continuing the quest to understand voice and hopefully make a contribution to improving its treatment.

Eleanor Stankiewicz

NIDA Acting Graduating Class of 2013



I have always had an interest in Voice, the power of voice and the individuality of Voice.

It took getting into NIDA and starting my Lessac Voice Training with Katerina Moraitis

to fully recognise this interest and to understand what it meant. My journey as a student has been exciting and confronting. I began not knowing anything about Voice other than what I had observed in every day life and my approach to vocal technique was to just do what I was told and hope that one day it would all make sense. As I found out near the end of my second year of training this was the best thing I could have done. Voice changed for me as simply a way of communicating ideas with people to a flexible means and mode of expression. Through Voice (both my own practice and mentoring other students at NIDA) I have found a sense of escape and freedom. Receiving the AVA Student Encouragement Award for 2013 has given me the confidence to pursue Voice as part of my acting training as well as the assurance in the value of voice in our world outside of performing.

Voice and the Alexander Technique

Michael Stenning

*Alexander Technique Teacher,
Canberra*

The connections and interdependence of parts related to the voice are complex and multi-layered. The larynx is suspended from the skull in a cat's cradle of muscle and ligament. Thus head balance may affect the larynx, while the skull finds a balance on top of the occipital condyles, potentially affected by a multiplicity of forces: The collar bones are attached to the back of the skull (via sternocleidomastoid) and also to the ribs which in turn can be pulled upon prodigiously from below, indirectly pulling on the skull and also influencing the action of the diaphragm via the ribs. This again implicates head balance and the relationship of head and trunk. The tongue, attached to the hyoid bone, is also influenced by this relationship, as is the jaw. Even the way the shoulders rest (or not) upon the ribs again influences the neck, and the balance of the skull, which directly affects the suspension of the larynx as well as the responsiveness of the ribs to the need for air. Any particular part

How to take care of this complexity? How to know where to start? From the outside it may all look like "posture". But posture also relates to balance and to muscular tension. Everyone has an idea of "good posture" but usually admit that they don't maintain it. Posture itself is judged from the inside, highly subjectively. We hold ourselves and move in ways that can be highly idiosyncratic, yet they feel completely "normal". "Normal" may include regular pain, accepted as "normal", breathing restrictions which go unnoticed because they are "normal", postural issues - "that's just the way I stand...", even hoarseness and loss of voice under certain circumstances. Again a question: how can I get perspective on my "normal"?

The Alexander Technique is often associated with posture, but it is often forgotten that it all started with F.M. Alexander's vocal difficulties. His teaching career began in the 1890's with actors who had seen and heard Alexander on stage, wanting to improve their vocal production and breathing. Then they began to notice other, unexpected benefits.

If we do not misuse what we have, it tends to work fine. Misuse (of ourselves) can make the difference between a performer with vocal limitations or even damage, and one without. What Alexander discovered was how to regain the simplicity and uncomplicatedness in "posture" that we had as infants. Posture is perhaps an inadequate term, since we are talking about attitude of our bodies and relationships between parts of bodies as we move through our day.

It can be useful to think about this in terms of how we support ourselves against gravity, as we move through all of our activities. We each develop a characteristic way of moving and supporting ourselves against gravity.

We tend to acquire layers of misuse over the years, unconsciously creating interference with what is easy and natural. It can be seen in our posture, how we move, how we breathe and even how we sound. It can levy a hidden strain on everything we do and create apparent limits to good technique in any activity.

It is recognised that "good posture" is a good idea and that posture affects breathing and sound. What is not so deeply understood is the relationship between postural support, breathing and movement.

The Alexander Technique of neuro-muscular re-education gives us a sophisticated means of unraveling and re-connecting these; gradually acquiring our maximum height with a minimum of effort (no effortful "standing up straight"), which allows us to move freely and allows our breathing to be entirely responsive to the demands placed on it (rather than being something separate or special that we *do*). Under these circumstances of easy length and space with the absence of unnecessary tension, freedom and support for the vocal apparatus is a natural and inevitable part of the package.

The Alexander Technique is taught in leading Performing Arts institutions around the world as a way of both cultivating vocal skills and of ongoing care of the professional voice. Singers and actors as diverse as Emma Kirkby, Sting, Paul McCartney, Hugh Jackman, Judi Dench and Mara have found that lessons in the Alexander Technique have helped them either to recover from vocal difficulties or else to maintain their performing edge.

The Alexander Technique provides a basis in good (body-) use, i.e. integrated whole-body coordination, to encourage a system that does not get in its own way, allowing the possibility to better acquire or use vocal skills. It is a proven basis for vocal health in everyday life and for care of the professional voice.

The Australian Society of Teachers of the Alexander Technique (AUSTAT) is the largest professional organization of teachers of the Alexander Technique in Australia. AUSTAT-certified teachers have completed a minimum three-year full-time training. Email: info@austat.org.au Phone: 1300 788 540

Enhancing Voice Production: The Feldenkrais Method® and Speech Pathology

Georgi Laney
Speech Pathologist
Newcastle

The Feldenkrais Method® is *not* a therapy. The Method is *not* looking to teach clients the ideal way to move, rather it offers options for moving that may serve better than clients' current movement habits and patterns. Feldenkrais is a method for *learning to move with greater ease, comfort and awareness* in any daily activity.

Dr Moshe Feldenkrais (1904-1984) was an Israeli physicist, engineer, and judo master whose studies in movement, human development and learning led to the development of the Feldenkrais Method®. As such it incorporates aspects of all of these disciplines within the Method, together with principles of motor development and neuroplasticity.

The Feldenkrais Method® is useful for anyone of any age, from those who perform to those with disabilities (including chronic pain) and those who are interested in learning about moving more easily in life, thereby enhancing their overall health and wellbeing.

There are two approaches to facilitate learning through this method. In either *Awareness Through Movement® (ATM)* classes or individual hands-on sessions, (*Functional Integration or FI lessons*) clients become aware of movement habits that may restrict functioning in daily activities. Detailed exploration of each movement pattern in these approaches can leave clients with a heightened sense of awareness, a release of muscular tension, an experience of effortless movement, improved posture, freer breathing and a sense of emotional calm. By improving body and movement awareness, clients invite more options for HOW to move in everyday activities, in turn enhancing their health and wellbeing.

I am a certified practicing Speech Pathologist, specialising in rehabilitation for 20+ years, working with adults who have communication and swallowing difficulties as a result of acquired neurological damage. I am an authorised Awareness Through Movement® (ATM) teacher, soon to be a Certified Practicing Feldenkrais Practitioner. I have also nurtured a long interest in voice and have a passion for singing as a member of a community choir.

I was drawn to studying the Feldenkrais Method® for several key reasons. Professionally I wanted to facilitate greater self-empowerment of clients during their rehabilitation journey of recovery and adjustment to living with acquired disability. I also wanted to create an opportunity to follow a vision of combining my Speech Pathology skills in voice management with my personal interest in voice production in an innovative way.

Personally, I was looking for a vehicle to facilitate greater self-awareness and hence self-growth. I wanted to better understand *how and why* I kept injuring myself and experiencing discomfort and/or pain. I also wanted to take more responsibility and self-directed action for recovery and injury prevention, rather than always deferring to health professionals to 'fix' the problems, as is more the case working within the medical model. Feldenkrais offered me these possibilities, and so many more.

Studying the Feldenkrais Method® has taught me to understand more about HOW I learn and move. I am constantly learning more about how I can move with greater ease, comfort, awareness and confidence. Developing my self-awareness is a life-long study. The Method has facilitated my self-awareness of the following, just to name a few:

- My habits of holding/body tension especially in my head/neck/jaw/shoulder/torso areas
- My habits of posture in sitting, standing and moving
- My breathing which often feels restricted
- Strategies to effortlessly facilitate reduction in excess muscular tension
- Strategies to move with greater ease and efficiency in daily activities

Some of the benefits I am personally sensing with my singing from developing my self-awareness and learning through the Feldenkrais Method® include:

- ⇒ I feel greater comfort in sitting and standing while rehearsing/performing
- ⇒ I feel less neck and shoulder tension while holding my music
- ⇒ I feel freer, more adaptable breathing, which has enhanced my phrase length
- ⇒ My pitch range has effortlessly increased
- ⇒ My vocal resonance has bloomed

It is interesting that some Conservatoires have included Feldenkrais as a part of the curriculum for trainee singers, such as the former Victorian College of the Arts in Melbourne and the Dublin Conservatory of Music, appreciating the Method's positive effects.

The Method has not only directly influenced my approach to voice therapy, but more widely to my approach to the provision of Speech Pathology intervention. I approach interventions more holistically than previously. Some examples of how include, empowering clients to actively develop their own sensory self –awareness via collaboratively sensing, noticing and learning as equal partners in the therapeutic relationship, thus providing less direct feedback as to ‘right/wrong’ use of techniques; I encourage mindful attention to potentially limiting tension and movement habits without self -judgement; I think of moving as a whole organism rather than in segmental isolated units within the whole.

I believe that the Feldenkrais Method® and Speech Pathology blend well and can complement each other, especially in the area of working with voice, speaking or singing, profes-

For further information on the Feldenkrais Method®, classes, workshops and training programs, references visit:

- www.feldenkraishuntervalley.com.au
- Australian Feldenkrais Guild (AFG) website: www.feldenkrais.org.au
- www.feldworks.com for info on professional training programs running/planned in Australia.
- *Singing with Your Whole Self. The Feldenkrais Method and*



Georgi Laney
Speech Pathologist
Newcastle

Need a cheap humidifier?????

“A normal plastic kitchen funnel (\$2) placed upside down over a mug of hot water = steam inhaler!”

This suggestion was posted on the SID3Voice listserv from ASHA:



“A choir is made up of many voices, including yours and mine. If one by one all go silent then all that will be left are the soloists.”

[Vera Nazarian, The Perpetual Calendar of Inspiration](#)



Workshop: Optimise Your Body, Breath & Voice

Join us for an exciting **2-day workshop in Newcastle**, for those interested in voice use (singing/ speaking, professional/amateur). This workshop will incorporate principles and practices from both the **Feldenkrais Method & Accent Method Based Breathing**, to explore with voice use.

Feldenkrais Method: An educational system that uses movement to teach self-awareness & improve functioning in everyday activities. It is useful for anyone of any age. Learn to move with greater ease, comfort, efficiency & awareness.

Accent Method Based Breathing: A clinically proven therapy to repair vocal damage & develop optimum use of the voice in concert with the muscles of expiration, for vocal health & stamina.

Workshop Facilitators:

Georgi Laney: Feldenkrais teacher & Speech Pathologist, with an interest in voice use, especially singing.

Miriam Allan: International performer, singer and voice teacher, trained in Accent Method Based Breathing.

Dr Chris Allan: Head of Voice studies at University of Newcastle, singer & educator.

Course Elements:

Experience new easy, efficient posture & movement.
Experience freedom/adaptability & power of the breath & its connection with voice.
Support your voice with confidence for singing & other voice activities.
Learn strategies to reduce stress & body related tension.
Sit & stand with awareness, comfort & lack of effort.
Experiencing practical use of these strategies in voice use.

Requisites to attend:

Must attend both days
Must be able to get on/off the floor independently

Dates & Times: Saturday 26th October 2013, 11am-5pm &
Sunday 27th October 2013, 10am-5pm

Venue: Adamstown Memorial Hall, Adamstown Uniting Centre,
228 Brunker Road, Adamstown, Newcastle, NSW 2289

Cost, incl catering: \$350 Paid in full by October 18th (\$300 Early bird rate- Paid in full by September 30th)

Payment Options: Funds transfer/Pay pal/Cheque

Numbers are limited, so please book early to ensure your place.

Go to www.feldenkraishuntervalley.com.au for registration form, further details & enquiries or contact Georgi Laney on ph: 0402 835 289.

Mirror Neurons in Vocal Pedagogy



Elizabeth Savina
Speech Pathologist, Qld Health
Voice Coach & Choir Leader



Background

Working with adults who have spent most of their lives convinced they can't sing, I am passionate about providing a positive singing experience in the fastest way possible. Likewise, with patients experiencing strain, tension and exhaustion, I want to unlock their larynxes as quickly as I can. I've often found imitation can be the fastest way to get a desired vocal quality, however have also noted its limitations. Learning about mirror neurons has

Mirror Neurons are nerve cells within the brain that are active during both the **performance of an action** and the **perception** (via sound, sight, or through spoken/written language) **of the same action**.

There is a flow on effect down to the level of the muscles involved in that action. This flow on effect may be responsible for the sensations we feel in our own body when we listen to other singers who sing in a vocal tone similar to own.

Case Study One

65 y.o. female 10 years of dysphonia.

Primary Complaint: strain and increased effort

Perceptual Assessment: mild strain and roughness

- ♦ **Was immediately able to imitate a forward resonance "oo" with nil roughness/strain**
- ♦ Able to also copy other vowels and siren across different pitches
- ♦ Reported with astonishment that she felt so much looser and freer after just 2-3 mins of semi-occluded vocal tract vocalisations
- ♦ Husband reminded us both she had been a professional singer in her younger years.
- ♦ Worked to ensure patient could reproduce voluntarily without speech pathology model

Case Study Two

35 y.o. recently graduated policeman, very reserved.

Primary complaint: frequent voice loss, excessive strain and effort

Perceptual Assessment: mild – moderate breathiness, mild strain and roughness, little forward resonance

- ♦ **Unable to gain any forward resonance through imitation alone despite multiple different semi-occluded vocal tract CV combinations used**
- ♦ Improved resonance was only gained through going back to basic vegetative vocalisations and the patient slowly manipulating his jaw and tongue (sensory-motor exploration).



Research into infants' neuronal responses to observing movements that are within & beyond their repertoire has helped us start to understand mirror neurons.

Current theories of mirror neurons and imitation	Implications for teaching vocal skills
<ul style="list-style-type: none"> • Will only be activated if the person can do the precise action already. Otherwise the recognised components of the action that exist within the person's repertoire will be activated • Whether we have an existing motor plan for an action influences the perception of that action 	<ul style="list-style-type: none"> • People can only accurately imitate what they have already done in the past, otherwise they will do the closest they can • Perhaps explains the high success of using basic emotional/vegetative vocalisations as stepping stones to more complex tasks. • Helpful for teachers to be able to produce common, if not all, "errors" so that they can more quickly identify what is happening differently and provide a bridge to the goal
<ul style="list-style-type: none"> • Activation is beyond conscious control – automatic priming 	<ul style="list-style-type: none"> • The teacher must be sure all aspects of the model they demonstrate are what they want imitated, as students may unconsciously imitate aspects the teacher didn't intend • Need to work towards the student gaining voluntary control if they require it.
<ul style="list-style-type: none"> • Circuitry developed through motor exploration with attention to the sensory results 	<ul style="list-style-type: none"> • Supports ensuring students pay attention to the sound and kinaesthetic sensations of their singing
<ul style="list-style-type: none"> • These neurons can be activated by verbal labels 	<ul style="list-style-type: none"> • Supports the use of labelling particular behaviours (e.g. "vibrato") to enable voluntary retrieval and reproduction later

Some Areas for Future Research

1. Mechanisms of interference verses enhancement of mirror neuron activation and vocal imitation?
2. Nervousness versus a feeling of safety in the lesson/therapy session.
3. When is it more useful to have a patient name or describe a modelled vocal quality in their own words rather than the teacher giving it a specific label?
4. How is visual and auditory information integrated in the activation of mirror neurons controlling the vocal tract?

AVA Member Profile: Jane Dynamo Mott



Sharon Moore
Former Vice President AVA

Jane Dixon Mott, renamed for this article, Jane Dynamo Mott, works faster than the speed of sound with unwavering focus on 'voice'. Her tireless toiling as President of the AVA 10/2009 – 3/2013 has been exemplary. Jane's focus and passion for voice led her into a Speech Pathology career commencing her studies (called Speech Therapy at that time) at University Queensland in 1974. Jane was interested in the "therapeutic and aesthetic" quality of voices and the way that people could be influenced by voice quality. Jane says, "My passion for voice is still with me as strongly today as it was 30 years ago. In many respects it just seems like yesterday. I've been involved with the AVA for over 20 years, after attending the first Jo Estill 6-day workshop in Adelaide back in the 80's, an event from which the AVA was conceived."

Currently, apart from being wife of Ray, busy mother of three grown up kids and grandmother of first grandson Heath, she also has a new puppy Tilley, runs a Private Practice called: Speech Pathology Services: Speak Out Speak Easy, and lives between two properties, city and country.

Are you exhausted hearing all this, or inspired to live your life to its fullest? Jane has been nothing short of inspirational to AVA Board members over the past 3 ½ years, and there is no doubt that she is inspirational to all those around

her, in both professional and personal domains. Jane has the rare qualities of: charisma, strength, subtlety, sensitivity, extraordinary powers of persuasion and a gift for incisive decision-making. Apart from the AVA, what else has she been up to professionally?

Jane is a Certified Practising Speech Pathologist, Voice and Communication Consultant working with professional voice users, actively involved in the prevention and treatment of voice disorders, for over 30 years. She has been a research assistant, worked in the hospital system for 9 years and has been in much demand for teaching at: University of Queensland Department of Speech and Hearing, Queensland University Drama Department and Queensland Conservatorium of Music. She has a swarthy list of teaching achievements to Journalism, Music Theatre, Human Movement, Drama and Diploma of Education students. She has run numerous workshops for Speech Pathologists, Librarians, Actors, Singers, and Music Teachers and has collaborated extensively with voice-interested professionals and academics including Ear Nose and Throat Specialists, Singing Teachers and Singers, Speech Pathologists, Actors and Lecturers, all of this with a firm eye on 'voice'. Jane instigated and has been involved in numerous voice related professional development events including: *a Voice Odyssey* in 2000 (ANATS/AVA) the 2011 PD activity *Ventilating Voice* in Brisbane and the *Healing the Voice* AVA day on July 13th this year. She maintains membership and has had association with multiple professional and voice related associations, and has served on Board positions several times (See Addendum).

While President of the AVA Jane modeled an exemplary leadership style, exemplary in countless ways: professional knowledge and expertise, acumen for legal constitution relating to Board matters, unwavering commitment to the core goals and values of the AVA, amelioration of services to our members, nurturing mentoring guiding steering and supporting Board members, and the list goes on. The AVA grew from strength to strength with development of portfolio positions, running of multiple Professional Development

events, relentless networking, and countless hours behind the scenes with a constant eye on the target and finger on the pulse. Jane's energy passion and commitment to the field of voice infects everyone around her. If it all sounds too good to be true, please read on: some of the Board members who have worked under Jane's leadership gave freely and warmly, their experience of working with Jane's team:

Adele Nisbet (Lecturer in Voice and Vocal Pedagogy (singing), Queensland Conservatorium, Griffith University): "I have known Jane for a long time. We co-convened the ANATS/AVA *a Voice Odyssey* Conference in Brisbane in 2000, which was a huge success. I guess I could sum up by saying that Jane is a strong personality, passionate, organised, and a generous person who leads by example. Her goal was to rejuvenate the Australian Voice Association and this happened under her leadership."

Johanna Flavell (Speech Pathologist, Voice Specialist: Private Practice, QEH Adelaide): "The leonine Ms Mott has been an energetic, powerful and proactive leader of the AVA during times of lean membership and support. She has creatively steered the Board towards a renovated framework of maximal efficiency and productivity whilst maintaining flexibility and respect for the busy professionals volunteering their valuable time to the Board. Her outstanding ability to communicate widely, create and secure professional networks and inspire confidence have been at the forefront of a renewed and robust AVA."

Julia Moody (Senior Lecturer: Voice WAAPA): "Jane has been an inspirational leader for the following reasons: She ran a cracking meeting, clearly followed the protocol, kept us organized, was always encouraging of new ideas, gave great advice to me on a career matter that made absolute sense, has a ready sense of humour, and is passionate about her voice work"

Sheryl Mailing (Speech Pathologist Voice Specialist: Private Practice, RVEEH Melbourne): "Jane is astute, diligent, hard working, conscientious, outgoing friendly and warm, patient and persevering, not inclined to impulsive decision-making. She has excellent interpersonal skills, a unique and individual style

and generates cohesion in a group, has accurate knowledge of AVA history, people, constitution, articles, many and varied contacts in the voice world across disciplines and is well respected by many. She ran Board meetings skillfully, kept to a reasonable time yet got through agenda, made a point of thanking and acknowledging people regularly for their contributions and made people feel valued, was able to keep across a huge range of issues and current activities of the AVA i.e. kept her finger on the pulse, kept on top of emails, replied promptly (no mean feat and very helpful to others that she did this). Looking at the times of her emails she was constantly and always thinking of AVA business, even VERY early in the morning. Her great ideas, competent and sound leadership without it being "in your face" were such a pleasure to be a part of. On top of all that she managed to run a very busy family and work life and do all extremely well. Other aspects of her life (i.e. family, farm, work) added great depth and dimension to her AVA work.

Even after her resignation as President of the AVA in March this year Jane has worked selflessly into the wee hours, putting together the current PD event *Healing the Voice Seminar* successfully lining up an impressive list of national and internationally known speakers for the planned 2013 AVA day: Ingo Titze, Matt Broadhurst, Jan Baker, Debbie Phyland, Ron Morris, and Annie Strauch (all in two days I believe). Is she 'unstoppable'? Perhaps yes.

This new style of AVA event, collaborating with like minded organizations and running AVA events in conjunction with other conference events is Jane's brainchild, with the aim of providing more frequent PD events, expediting costs and providing opportunity to rub shoulders with other like minded professionals. Webinars were also initiated by the AVA with this in mind, 2 successful webinars being run during 2012 and more to come.

Since its inception the AVA has been blessed with a leadership cast of exceptionally well credentialed worthy leaders: Alison Russell, Malcolm Baxter, Jan Baker (twice), Adele Nisbet, Jonathon Livesy, Jean Callaghan, and Alison Winkworth. Now Jane Dynamo Mott has now made her mark. The AVA has grown in innumerable ways as a result of Jane's unique and well-loved leadership style.

She has been awarded an **Honorarium of Lifetime Membership of the AVA** to acknowledge her deep contribution to the core goals of the AVA. As with all volunteer positions, the time does come to say goodbye. Jane maintains her membership and commitment to the AVA even off the Board and perhaps her statement **“Still loving the voice ride!!”** says it all.

Addendum:

Jane Mott: Professional Associations include: Current Member, Speech Pathology Australia, Current Member & Immediate Past President, Australian Voice Association, Member, Australian Society for Performing Arts Healthcare - Australian Voice Association (ASPAH – AVA) Conference 2011 Committee, Past Member, Speech Pathology Australia Standards and Ethics Board, Past Vice President Council, Speech Pathology Australia, Past Member, Speech Pathology Australia Queensland Professional Development Committee, Past Vice President, Queensland Performing Arts Medicine Society, Past President and founder, Queensland Private Speech Pathologists Association, Past Associate Member, Australian National Association of Teachers of Singing, Member Queensland Multi Disciplinary Voice Interest group (now AVA)

RECOGNITION AWARD TO PAST VICE PRESIDENT

Helen Sjardin
AVA President

It was fitting at the 2013 AVA AGM that as part of recognition of service to the Association, Jane Mott's Honorarium was followed by presentation of a certificate to Sharon Moore for ***Outstanding performance and contribution to the AVA and to Voice***. This entitles Sharon to free membership for 2014.

Sharon, in her submission, described, Jane as a 'dynamo'. Together, over the four years on the Board, they were indeed a dynamic duo.

The following excerpts from proposals from Sheryl Mailing, submitted in 2012 and Dr. Janet Baker in 2013 bear witness to a valuable, energetic and generous contribution to the AVA.

“Sharon has served the voice community through her tireless work on the AVA Board over the last 4 years, instigating new and innovative events for the AVA and developing a strategic plan for our group to consider.

The Verdolini-Abbott Webinar was the first of these special events, and for those of us familiar with, but not so brilliant at technology, this was a very real achievement for the association. It was widely supported, and the members were most appreciative of all that Sharon did in ensuring the success of this educational event. There is no doubt that other events of this nature will now follow, and Sharon is to be congratulated in helping the AVA to mount this activity.

From the moment Sharon joined the Board, it was her sense, that in order to ensure the ongoing viability and success of the AVA, a more structured and formalised plan would be necessary to assist the leadership team and the general membership. She has shown sensitivity to the enormous efforts made by others in the past, and an appreciation of how much more will be required in the future if our group is to continue to flourish further. In seeking to realise our vision for the continuation of the AVA, Sharon has given most generously of her time and intellectual efforts to the development of ideas for a strategic plan for the AVA----She is to be commended for her wonderful efforts in this regard.

Sharon always has been and continues to be an inspiring speech pathologist-totally dedicated to ensuring that she is up to date, obtaining the latest evidence-based training, and most generous too, in sharing ideas and resources with others. She epitomises the very best qualities of the total professional, and her contribution to the board of the AVA and to the field of voice is substantial.”

Dr. Jan Baker

The initial nomination from Sheryl Mailing in 2012 stated—

“I have had the pleasure of working with Sharon Moore on the board of the AVA for the past 2 years. In this time she has held the positions of Treasurer, Vice President and also been a member of the Professional Development sub committee. This impresses as quite a lot of titles for one person to occupy in a voluntary capacity in the context of successfully running a busy private practice and an even busier and successful family unit.

Sharon is loved by all who have the pleasure of working with her, as she brings a high level of emotional intelligence and wisdom to all she undertakes and she has the rare gift of making her peers feel enriched by the experience of working with her.

She has helped facilitate a cohesive, effective and efficient AVA Board with her endeavour and skill and has provided strong support to our AVA President, Jane Mott, using every opportunity to likewise gain from Jane's expertise and wisdom. Sharon does not say "No, that can't be done"; she says, "How will we do it?" She is consistent in her commitment. The AVA benefits from and is blessed to have Sharon Moore on "board". I salute you Sharon. *Sheryl Mailing.*

Addendum: This current edition of VoicePRINT is further evidence of Sharon's thoroughness in following things through. Her indelible fingerprint is on the highly successful Student Encouragement Award, the Honorarium nomination for Jane Mott, the support for Anne Vertigan as an initiate to the role of guest Editor and pursuit of other articles, and the meticulous process of proof-reading. Thank you Sharon.

MEET THE BOARD

Helen Sjardin (TAS)

AVA President

Speech Pathologist, Voice Consultant

LACST, CPSP, FSPA

helen@communicatingfreely.com.au

As a young Tasmanian, Helen went to Melbourne to study Speech Pathology and graduated from the Australian School of Speech and Hearing (Victoria) in 1965. Since then she has worked in education and health and rehabilitation settings including private practice which is her current focus. Working with voice has always been a passion.

In her 15 years as Chief Speech Pathologist at Royal Perth Hospital, she introduced, with Neurologist, Dr. John Dunne, the use of Botulinum Toxin for people with Spasmodic Dysphonia (inspired by a paper presented at the AVA conference that year).

As part of her work with voice, she has presented guest lectures to students at Curtin University and Edith Cowan University (Joondalup) and through Speech Pathology Australia, workshops and conference presentations in Darwin and Melbourne. She has also presented workshops to Theatre companies (Tas.), Music Teachers (WA), Aquarobics Instructors (WA) as well as individual work with a wide range of professionals for whom voice is their key tool of work.

Helen was National President of Speech Pathology Australia for three years and awarded a Fellowship by SPA in 1996. In that same year she received a Churchill Fellowship and included in that travel, visits to voice clinicians/researchers in Vancouver, Canada and Bethesda, NIH in the US.

After 25 years in Perth, Western Australia, Helen has returned to Hobart, Tasmania where she is working in her private practice, Communicating Freely.

Judy Rough (NSW)

AVA Vice President

B SpThy, LMus.A (singing performance),

Grad Dip Counselling and Communication (NSW)

judyrough@yahoo.com.au



Judy has many years of experience as a Speech Pathologist, with a particular interest and expertise in the area of the voice and its disorders. She has pursued this interest in both the public and private sectors during her career, most recently as Senior Speech Pathologist (voice) at St Vincent's Hospital where she runs a diagnostic voice clinic with an ENT and works with patients with a variety of voice disorders.

Judy also works at Macquarie University Speech Clinic as a clinical specialist in the area of voice disorders and as a casual lecturer.

During her career, Judy has lectured to singers and teachers on how to care for the voice, as well as providing assessment and treatment for a wide variety of complex voice disorders in both adults and children.

She has training in acting from the Ensemble Acting School, training and experience as a freelance classical singer, and continues to perform in Oratorio and recital.

Recognising the close connection between the voice and the emotions, and the need to take a holistic approach to therapy, Judy has completed a Graduate Diploma in Counselling and Communication.

She is very happy to join the board of the AVA and looks forward to working with other board members to further the aims of the association.

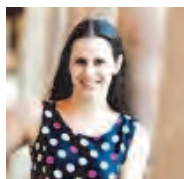
Dr. Anna Rumbach (QLD)

AVA Secretary

Speech Pathologist / Singer

BSc, MSpPathSt, GCHED, PhD

a.rumbach@uq.edu.au



Anna is a lecturer and researcher in Speech Pathology at The University of Queensland. She has a particular interest and expertise in the area of the voice and its disorders; a passion she shares with students

in her work as a lecturer and clinician. Anna works alongside her fellow AVA Board Member, Laura Moroney, to run the Royal Brisbane and Women's Hospital's student voice clinic.

Anna's research interests lie in the areas of swallowing and voice. Her PhD research had a trauma and critical care focus; an area in which she continues her research pursuits to date. She has expanded her research to include work on professional voice users, with a particular interest in the fitness industry and the effect of exercise on the voice.

Prior to becoming a speech pathologist, Anna trained in classical voice and worked as a singer in a semi-professional capacity. She still enjoys singing for pleasure and performing for audiences when able.

Dr. Anne Vertigan (NSW)

AVA Treasurer

Speech Pathologist

B.App.Sc. (SpPath); MBA; PhD

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Anne studied speech pathology at Latrobe University in Melbourne and has worked as a speech pathologist in Newcastle since 1991. She has a special interest in voice and dysphagia. She currently works as the

Director of Speech Pathology at John Hunter Hospital and Newcastle Acute Hospitals and is the District Profession Director for Speech Pathology for Hunter New England Health.

Despite the demanding administrative work in these positions she maintains a clinical caseload and continues to love working with patients. Since graduation she has completed a Master of Business Administration at the University of Newcastle and her PhD in voice at the University of Queensland. She continues to pursue research in the areas of speech pathology management of chronic refractory cough and associated voice disorders

Anne is also a conjoint lecturer at the University of Newcastle and lectures in voice and dysphagia.

Dr. Daniel Novakovic (NSW)

AVA Board Member: Website Portfolio

Laryngologist, ENT, Head & Neck surgeon

FRACS, MBBS, MPH, BSc

dnovakov@gmail.com



Daniel is an Australian trained ENT surgeon with a primary focus on the multidisciplinary care of voice, airway and swallowing disorders. Daniel completed 2.5 years of postgraduate specialty fellowship training at the University of Toronto Canada (Head and Neck Oncology) and the New York Centre for Voice and Swallowing Disorders working with experts in the field of Laryngology and Neurolaryngology including Andrew Blitzer, Marshall Strome and Lucian Sulica.

Although he himself is vocally challenged, Daniel enjoys all aspects of Vocal Performing Arts and takes great pleasure in helping vocalists achieve the best with their instrument.

Daniel serves as clinical senior lecturer for the University of Sydney and instructor for the College of Surgeons. His research interests are in Respiratory papillomatosis, neurological disorders of the larynx and wound healing.

He is excited to join the board of the AVA for the goal of promoting the field of voice in Australia.

Laura Moroney (QLD)

AVA Board Member: Professional Development Portfolio

Speech Pathologist

walletk@hotmail.com



Laura is a University of Queensland graduate where she was awarded a rural scholarship. Upon graduating she worked in country Queensland, enjoying a wide range of clinical experiences.

Since returning to the city Laura has joined the Royal Brisbane & Women's Hospital (RBWH). Here, she has developed a special interest in voice, and the area of head and neck cancer. She has been running the RBWH Voice botox clinic since 2009, working closely with ENT surgeons and Neurologists to diagnose and treat a variety of voice disorders.

Laura is a steering committee member of the QLD Health Voice Special Interest Group. She enjoys the opportunity to promote the field of voice through this role and with the AVA board.

Margaret Schindler (QLD)

AVA Board Member: Membership Portfolio
Voice Teacher / Lecturer

B Music, Grad Dip Music, Grad Cert Higher Education

m.schindler@griffith.edu.au



Margaret Schindler studied at the Queensland Conservatorium before travelling to Belgium, the UK and the USA, where she studied with renowned voice teacher Marlena Malas.

She has appeared as soloist with many major orchestras and performing organisations throughout Australia, New Zealand and Germany in opera, concert, song recital and oratorio.

Margaret is an outstanding interpreter of new music and has premiered and recorded numerous Australian works. She is a member of acclaimed chamber ensemble and QPAC artists-in-residence, Southern Cross Soloists, and tours nationally and internationally. Margaret enjoys the creative nexus of teaching and performing and is currently completing a Doctor of Musical Arts.

Ros Barnes (WA)

AVA Board Member: Marketing/Public Relations Portfolio

Speech Pathologist/Voice Consultant

rosbarnes@iinet.net.au



Trained at Curtin University in WA, Ros began her speech pathology career in 1980. She was raised in a theatrical family, with both parents being involved in different areas in the arts. Her mother was also a

speech and drama teacher who later went on to specialise in working with deaf children. These influences have been central in informing Ros' interest in communication, especially the voice. She has always been a singer, having performed semi-professionally for over 30 years, and produced 3 CD recordings.

Ros' initial speech pathology practice was at Princess Margaret Hospital for Children where she also became the Deputy Chief of the Speech Pathology Department and senior speech pathologist in the cleft palate and craniofacial team. Ros established a private practice in 1986, from which she now works exclusively. Ros is also a sessional lecturer in the Voice Department at the WA Academy of Performing Arts. Her clinical practice still includes paediatric and adult cleft palate and craniofacial cases as well as those with voice disorders and voice development needs.

The University of Newcastle Voice Clinic: Partnership with local health services and an enhanced clinical education experience

Jocelyn Gilbert & Sophie Egan
Clinical Educators
Joanne Walters
Clinical Education Coordinator

Introduction to the clinic

The University of Newcastle Voice Clinic provides all fourth year Speech Pathology students with a clinical education placement and experience in the area of voice. Staffing allocation was increased in 2013 allowing for the clinic and student placements to be reviewed and modified. The clinical educator position for the clinic is job shared by two clinicians- Jocelyn Gilbert who works with adults, and Sophie Egan who works with children.

To expand the clinic, the first task was to develop and implement standard clinic processes including establishing a computerised client database, formal booking system, clinical note filing system, and to document the clinic's processes and procedures. To determine the clinic's service priorities we worked in partnership with the local health services, for both adults and children, to identify local service gaps. This was achieved by consulting with the District Profession Director Anne Vertigan and local speech pathologists working with a voice caseload. As a result, the clinic's service priorities were established as:

Children with voice disorders

Adults with a focus on the following areas:

1. Professional voice users including education for prevention of voice disorders, screening for potential voice disorders and therapy to improve the use and projection of voice.
2. Lee Silverman Voice Treatment (LSVT) for clients with Parkinson's Disease.
3. Transgender clients.
4. Clients with a diagnosed voice disorder who do not reside within the referral area for the local public health voice clinic and are willing to travel to the clinic.

From these discussions a referral pathway for adults and children in the Newcastle area who require speech pathology assessment and/or management of their voice was developed.

In an attempt to benchmark student clinical experiences, clinical educators from other student voice clinics in Australia were consulted via email and phone. In preparation for taking students outlines for the placement, an orientation document and required learning resources were developed. A questionnaire for students to complete before and after their placement was developed to be used as an outcome measure of their learning.

Resources

The clinic is currently operating with basic resources, including some sourced from speech pathology colleagues and the university library. Funds were made available to purchase new resources and a resource list based on previous clinical experience, discussion with speech pathology colleagues working in voice and review of current available products, was developed.

One effective resource is the use of iPad/iPhone to show students voice related "apps" and to use them with clients as appropriate. Commonly used apps include *s/z ratio*, *virtuoso* and *Jumbo stop watch*.

The student experience

The aim of the placement is to review students' academic learning and to facilitate the application of this knowledge to a clinical setting. Students participate in a combination of role-play and client based learning. The workshop based tasks are completed in a group setting or in student pairs and includes activities such as therapy planning for a case study or real client. Role-play activities include practicing taking a voice case history, and completing perceptual and acoustic assessments. Students are able to see clients via observation of the clinical educator or have some "hands on" clinical experience under the supervision of the clinical educator.

In semester one 2013 students attended for two days, encompassing, one day adult and one day paediatrics, in a group of four students. In semester two 2013, placement length will increase from two days to three days and feedback gathered from semester one students will assist to modify

and hopefully enhance the learning experience for the students. In addition students in semester two will have the opportunity be involved in preparing and delivering education sessions to school teachers about vocal use and voice care.

Due to the length of the placement students are not assessed with COMPASS (Competency Assessment in Speech Pathology) however the development of a statement of student capabilities, to summarise their experience and provide feedback to the student on their progress, is being considered.

How the placement fits with the students' academic voice course

Students complete their academic voice course in the third year of their speech pathology degree. In order to ensure the students' voice placement complements their academic course work, it was important to meet with the voice lecturer to discuss the structure and content of coursework and the needs of the placement. An example outcome of this is that the same goal setting structure is used in the clinic as the students are taught in coursework.

Students are encouraged to bring their academic course notes and textbook to the placement to use as resources. By doing this, students have been able to clearly see how what they learnt in lectures is used and applied in a clinical setting.

What we have learnt

1. You can provide a quality service and achieve positive outcomes with basic resources.
2. To recognise student diversity with learning: Some students reported feeling overwhelmed by the volume of academic theory in the voice subject. Students appreciated that the placement involved workshops and role-plays and clinical hands-on experience, allowing them to review and consolidate their learning.
3. The value of outcome measures: To gather feedback about the placement students were asked to complete a questionnaire at the commencement and at the conclusion of their placement. The questionnaire focused on the student's confidence in completing six core skills including (i) taking a voice related case history, (ii) completing a perceptual assessment, (iii) completing an acoustic assessment,



*Sophie Egan (left) and Jocelyn Gilbert (right)
Clinical Educators University of Newcastle*

(iv) their familiarity with voice therapy techniques, (v) teaching voice therapy techniques and giving feedback about productions, and (vi) explaining vocal hygiene recommendations and encouraging a client to take them on board. Each item was rated on a five point scale ranging from not at all confident to extremely confident. Results from these questionnaires show improvement of confidence over all clinical areas. This data supports the importance as well as the need for students to attend a specific clinical placement focused on voice.

Looking towards 2014

As part of collecting feedback, students were asked to provide comments and suggestions for improvement of the placement. Their responses were generally positive, and some suggestions for improvement were made. These suggestions will be considered when planning for 2013 semester two placements and for the year ahead. Next year, in 2014 the voice clinic placement will continue to be an integral part of the fourth year student placements and the current plans are for the placement to increase in length to six days over 2 weeks. This will increase the amount of hands on clinical time the students get in their placement. During semester two the clinic will trial a shared model of service delivery, offering LSVT in conjunction with the local health services. It is anticipated that an LSVT clinic will be commence in semester one 2014.

Book Review

Robert T. Sataloff, MD, & Brenda Smith, DMA. *Choral Pedagogy* (3rd ed.). San Diego, CA: Plural Publishing Inc, 2013.

ISBN: 978-1-59756-535-6

RRP: \$59.95

Reviewed by Michaela Brown

“Robert Sataloff MD, DMA, FACS, is a professor and Chairman, Department of Otolaryngology-Head and Neck Surgery and Senior Dean for Clinical Academic Specialties, Drexel University College of Medicine. He is also Adjunct Professor in the departments of Otolaryngology – Head and Neck Surgery at Thomas Jefferson University, the University of Pennsylvania and Temple University, and on the faculty of the Academy of Vocal Arts”

“Dr Brenda Smith teaches studio voice, diction and vocal pedagogy at the University of Florida in Gainesville. She has been widely recognized for her contributions to the concept of lifelong singing through proper voice care. Dr. Smith is a lyric soprano with special interests in the recital and concert repertoire. In addition, Dr. Smith was translator, collaborator, and assistant to Dr. Wilhelm Ehmann and Dr. Frauke Haasemann, the pedagogues whose work in Germany and the United States developed the concept known as “voice building for choirs. Dr. Smith works regularly as consultant, clinician, and conductor with amateur and professional choirs. She has been associated with the choirs of St. Ignatius Loyola, the Central City Chorus, and the Dessoff Choirs in New York City, the Mendelssohn Club of Philadelphia, the Cathedral Choral Society of the National Cathedral in Washington, D.C., as well as the choirs of the Epiphany Cathedral in Venice, Florida. As an active member of the National Association of Teachers of Singing and the American Choral Directors Association, Dr. Smith speaks as a resource for solo singers, voice teachers, and choral conductors” (Plural Publishing, 2013)

Smith and Sataloff’s third edition of *Choral Pedagogy* offers a comprehensive resource for choral conductors, voice teachers and the amateur or more experienced singer. The authors adopt a holistic approach to the voice and singing through integrating historical, scientific, philosophical and pedagogical perspectives from a range of voice experts. As mentioned in the foreword, the authors seek to ‘bridge the gap between choral conducting and choral singing’, offering the book as a guide for a range of voice professionals to promote healthy choral singing. Topics include relaxation, posture and seating, breathing and resonance, rehearsal practices, as well as voice care, to ensure safe vocal practice and life-long singing. It is important to note here that knowledge of conducting technique and basic music theory is assumed of the reader (p. vii).

The book is organised into three sections:

- 1. Introduction**
- 2. Vocal Health and Pedagogy**
- 3. The Vocal Approach to Choral Music**

These sections are roughly divided into two parts: one that outlines the history of choral music and the principles of vocal pedagogy and voice science, while the second section integrates earlier information, focusing on practical application of theory within a choral setting. These sections will be reviewed in succession.

Introduction

As the title suggests, this section gives an overview of amateur and professional choral singers and the rehearsal process for choral music, describing the roles and responsibilities of the conductor and members of the choir, and how they work in unison. The authors outline the development of choral tradition and also address the psychosocial aspects of choral singing and different motivations and values of singers— an important consideration in one’s approach as a teacher and mentor.

Chapter 3 and 4 provide a comprehensive explanation of vocal anatomy and physiology, as well as common voice problems that occur in singers and ways to reduce risks of developing such problems through adequate vocal hygiene and voice care. Understanding of new or more complex concepts is supported by clear, labeled diagrams and simple analogies that help to explain more complex scientific concepts. The inclusion of study questions (seen in each chapter) is also useful to highlight key information for students. The significant detail dedicated to these topics emphasises the importance for teachers and singers alike to understand the function of the vocal mechanism; further, it highlights the professional responsibility of voice professionals to attain knowledge of voice science, to reinforce and model healthy vocal behaviour and identify potential risks to ensure the vocal health and safety of singers under their instruction.

Chapter 5 and 6 address considerations when working with older singers and singers with hearing impairment. These chapters provide information about the characteristics of these populations as well as advice for voice development and maintenance, however, readers may benefit from the inclusion of specific strategies for working with these groups (namely those with hearing impairment) in the practical application portion of the book. ‘Performing Arts Medicine’, discussed in Chapter 7, identifies the gap in tertiary training for ‘arts medicine’ – similar Ingo Titze’s study of vocology – and discusses the need for multiple qualifications or communication and collaboration amongst voice professionals in order to understand their role in the specialised care of the singer and conductor. A simple but valid discussion of seating and postural problems for choristers is included in Chapter 8.

A ‘Historical Overview of Vocal Pedagogy’ (Chapter 9) by the infamous Richard Miller may have better served as an preliminary chapter to introduce pivotal vocal pedagogues and to discuss the cultural originals and development of the choral singing voice and group vocal music in order to provide adequate perspective on how history informs choral music and vocal pedagogy today.

Chapter 10 and 11 address a range of issues impacting on choral singers and music educators and encourage further consideration of vocal health issues and identification of specific factors that may place these groups at a higher risk of vocal injury. The authors describe the dynamic of the choral ensemble, address logistical and technical issues and identify trends typically seen in rehearsal and performance. Singers and teachers are encouraged to reflect upon their singing experiences and to assess their own and others’ strengths and difficulties in practice and performance. Evaluation and reflection on such experiences serve as effective learning tools for all readers to effectively develop individual and unique pedagogical approaches to the voice and singing.

The inclusion of ‘Singing in the 21st Century’ (Chapter 12) proved to be a valuable addition to the book. Smith discusses the influence of cultural change, the increasing vocal/choral demands of modern repertoire and the subsequent shift in priorities, values and goals for both voice students and educators. The author highlights an important point - to recognise differences between choral and solo singing and a need for conductors and voice teachers to build working relationships in order to foster the development of singers in different contexts.

The Vocal Approach to Choral Music

The second part of the book largely consolidates theory introduced in part one, including strategies and exercises to apply in practice. Although sections did become somewhat repetitive, reiteration of some ideas and terminology may serve to reinforce understanding for readers without pre-existing knowledge in the area. Throughout, the authors acknowledge the large number of amateur singers in choirs without extensive vocal training.

‘Choral Singing and Children’ and ‘the Young Singer’ (Chapter 13 and 14) offers advice for working with younger as well as adolescent singers, and how to develop effective, safe and age-appropriate vocal habits early and progress steadily into the high-school years. These topics are particularly pertinent as this age group make up a large proportion of choirs in and outside of schools, of which many are amateur singers. The authors troubleshoot typical vocal habits seen in school-age singers and emphasise building young singers’ awareness of their own voice

through analogy, imagery and kinesthetic awareness. In Chapter 14, Vincent Oakes addresses working with ‘developing’ voices and the specific difficulties that these singers may encounter as their instrument grows and changes. In addition to understanding the development of the voice, the authors prompt readers to consider the whole child; to build ‘specific vocal technique alongside overall music growth and interests’, and to consider the importance of engaging, motivating and inspiring young singers to foster learning and life-long singing. These are key aspects of voice and choral pedagogy for all teachers to consider yet are not often enough discussed in voice texts, and give the book another dimension to consider within the context of voice education.

Chapter 15 defines and describes the role of the choral instructor as a ‘voice builder’ – a less familiar term that describes a method incorporating vocal tools and rehearsal techniques based on vocal experiences in daily life, making healthy singing concepts more natural and accessible to amateur singers. As this concept is less established in Australia, it may warrant more attention from vocal pedagogues and tertiary institutions teaching pedagogy programs.

Chapter 16, 17 and 18 provide advice and a variety of exercises for developing fundamental choral techniques, breathing, choral tone and diction. Each of these areas is broken down and discussed in relation to technical and creative aspects, including how different vocal techniques may lend to musical interpretation and performance. The authors’ emphasis on including international music in choral repertoire and teaching music in foreign languages in order to support ‘diverse cultural experience’ is an important consideration for conductors, particularly within a multicultural Australian society.

‘Rehearsal techniques’ (Chapter 19) provides a range of straightforward, practical suggestions in regards to rehearsal structure, pacing, tackling repertoire, developing and reinforcing musicianship skills and managing different singing voices. ‘The value of singing’ (Chapter 20) brings together issues and ideas discussed throughout to emphasise the importance of maintaining vocal health and fitness in order to preserve the singing voice long-term. Although the addition to this chapter doesn’t appear to present any new or profound ideas, it carries an important message and does evoke

thought and reflection upon current practice and future directions for conductors, teachers and singers.

The inclusion of a bibliography, glossary and index further demonstrates the practicality of this resource, making navigating the book easy and the language and terminology accessible to all readers.

Overall, there is little to critique about this book as it is clear that Smith and Sataloff have made a conscious effort to broaden the scope of ‘choral pedagogy’. By compiling insightful, user-friendly and practical information that considers both the singer and conductor within the context of the chorale, the authors’ intent to provide ‘an outline for practical vocal education for a range of voice professionals’ is demonstrated clearly throughout. Unlike similar publications which tend to prescribe specific teaching methods or techniques, contributions from a range of experts in the field instead provide readers with a range of information and ideas to supplement foundation knowledge and assist them in forming their own pedagogical approach. The book addresses many realities for singers and choral conductors from common vocal problems seen in singers through to vocal exercises and rehearsal techniques, often centering around the amateur singer. Content may also provide a well-rounded overview for burgeoning conductors who may have a limited vocal training or background in singing. *Choral Pedagogy – Third Edition* would be a valuable addition to reading lists for tertiary music and vocal pedagogy programs as well as a useful resource for choral conductors, classroom teachers, private voice teachers and singers of all levels.

**Use
your
voice
WELL**

*Drink
plenty of
WATER*

**Warm
your
voice
up!**

WATCH OUT!
FOR
BACKGROUND NOISE



& AVOID SMOKY AREAS

AVOID CONSTANTLY
COUGHING
AND
CLEARING
THE
THROAT

CONSIDER AN

AMPLIFIER

**T O P
10
T I P S
FOR A HEALTHY
VOICE**



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WORLD VOICE DAY

APRIL 16th

TAKE EXTRA
CARE IF YOU
HAVE A COLD

AVOID
MEDICATIONS
THAT **DRY** YOUR
THROAT

**DON'T
SCREAM
OR
SHOUT**

Useful Contacts

▲ **ANATS:** Australian National Association of Teachers of Singing. ANATS newsletter is *The Voice of ANATS*, published in March, July and November.

✉ anats@apcaust.com.au, 🌐 www.anats.org.au

▲ **Australian Voice** is a refereed journal published annually by ANATS. The good news is that if you are a full member of the AVA, you already receive *Australian Voice*. Use the ANATS contact details if you would like more information about *Australian Voice*, or see the publications section at
🌐 www.australianacademicpress.com.au

▲ **British Voice Association:** Highly recommended for book reviews and much more. Contact them at The Royal College of Surgeons, 35/43 Lincoln's Inn Fields, London WC2A3PN. Tel/fax UK 44 (0) 20 7831 1060.
🌐 www.british-voice-association.com

▲ **International Centre for Voice** (London). Central School of Speech and Drama, hosting email discussion list about voice, jiscmail. Free subscription,
🌐 www.cssd.ac.uk/icv/index. Current discussions between speech-language therapists on voice and other issues can be viewed at www.slt-list-uk@jiscmail.ac.uk

▲ The **Journal of Voice** is the official journal of **The Voice Foundation** (www.voicefoundation.org) and the International Association of Phonosurgeons. Published quarterly, see 🌐 www.jvoice.org.

▲ **SID3voice** (USA)—special interest division of ASHA (American Speech-Language Hearing Association). SID3voice is also the name of its lively and active free email discussion list. To subscribe to SID3voice, send an e m a i l t o
✉ VOICESERVE@listserve.healthcare.uiowa.edu

▲ **SID3voice** now changed to **VOICESERVE**
If you would like to join this group the address is
✉ Voiceserve@list.healthcare.uiowa.edu
If unsuccessful, contact
Michael Karnell on
✉ michael-karnell@uiowa.edu
Membership is free.

▲ **VASTA** (Voice and Speech Trainers Association)

Voice and speech trainers in professional theatre, radio, TV, business and academia, as well as singing teachers, speech pathologists, acting/directing teachers, otolaryngologists and dialecticians. They have an email discussion group called vastavox.
🌐 www.vasta.org

▲ **National Center for Voice and Speech**

Research, clinical and teaching centre dedicated to the enhancement of human voice and speech.
🌐 www.ncvs.org

▲ **University of California (Santa Barbara Library)**, providing a fantastic list of websites for all things musical.
🌐 www.library.ucsb.edu/subj/music

▲ **Gastric Reflux Tips**

🌐 www.cantbreathe suspect vcd.com/page10

▲ **University of Pittsburgh Voice Centre**

Excellent site with plenty of voice information (articles, images, including downloadable Voice Handicap Index with scoring instructions). 🌐 www.upmc.edu

▲ **Australian Website for Estill Voice Training**

🌐 voicewell.com.au

Information about Estill courses and workshops including a list of Certified Estill Instructors.



Member promotions

VOICEPRINT offers AVA members 6 lines FREE promotion of their services, facilities or products through 2013. Please submit your promotion to the Issue Editor (see page 3). Format: Full column width, Times New Roman font, 10 point. For editorial purposes, the layout may be changed. This is a free promotional service for current AVA members. The promotion of services, facilities or products in no way implies endorsement by the Australian Voice Association. Non-members who seek to advertise in **VOICEPRINT** are asked to contact the Issue Editor.

LATROBE COMMUNICATION CLINIC

Melbourne: Ph. (03) 9479 1921

Management of voice disorders, and voice therapy services. La Trobe University School of Human Communication Sciences Voice Clinic (operating Wednesdays), and at the Royal Victorian Eye and Ear Hospital (operating Thursdays). Adult and paediatric clients. Weekly clinics.

MELBOURNE VOICE ANALYSIS CENTRE

Melbourne: Ph. (03) 9416 0633,

Clinicians Debbie Phyland and Jenni Oates (speech pathologists), Malcolm Baxter and Neil Vallance (otolaryngologists). Specialising in videostroboscopic and perceptual evaluation of voice with particular focus on professional voice users. ✉ mvac@unite.com.au

CASTLE HILL VOICE CLINIC

Sydney: Ph. (02) 8850 6455

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Dr John Curotta (ENT) and Cate Madill (Sp Path) consulting. Specialising in assessment and treatment of professional voice users.

COUNSELLING FOR VOICE THERAPY

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Jan Cullis—counsellor specialising in identifying and resolving the emotional component of voice disorders. Special interest in singers. Jan works with an ENT surgeon and speech pathologist to provide comprehensive analysis and treatment, and will travel interstate for clients. 🌐 www.voiceconnection.com.au

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✉ hbrake@stvincents.com.au

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After 10 years as a full-time academic (associate professor in singing at UWS), Dr Jean Callaghan is now in private practice in Sydney as singing teacher, voice consultant, lecturer and researcher. ✉ jean.callaghan@bigpond.com

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Brisbane: Ph. (07) 3398 6758

Dr Daniel K. Robinson (🌐 www.djarts.com.au) specialises in the instruction of Contemporary vocals; with a particular focus on Contemporary Worship Singers and remedial voice care.

✉ daniel@djarts.com.au

VOICE CONNECTION

Sydney: Ph. (02) 9438 1360. St Leonards.

Voice connection—multidisciplinary team, comprehensive diagnosis and holistic care of voice disorders. Team of voice specialists includes Jonathan Livesey, ENT; Karin Isman, Speech Pathologist; and Jan Cullis, Counsellor. 🌐 www.voiceconnection.com.au

VOICE/MOVEMENT SPECIALIST, RESEARCHER

New York, NY: Ph. (1) 917-991-5199 **Dr. Joan Melton** is Program Director of One Voice Centre for Integrative Studies, heads a Certificate Course for actors, singers and dancers, teaches privately and runs ONE VOICE workshops in the US, UK, Australia and NZ. . www.joanmelton.com/one-voice-integrating-singing-and-theatre-voice-techniques. ✉ joan.melton@joanmelton.com.

SYDNEY VOICE AND SWALLOWING CLINIC

Sydney: Ph 1300 286 423 **Dr Daniel Novakovic** offers specialised assessment and management of laryngeal disorders in a multidisciplinary setting. Speech pathologists and singing teachers are welcome to attend consultations for joint assessment and biofeedback purposes. High quality videostroboscopic examinations provided. ✉ info@svas.com.au

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Canberra: and surrounding NSW Mob 0466 501 248
wellspoken@bigpond.com.au

Sharon Moore: Speech Pathologist, Voice Specialist,
Orofacialmyologist—providing assessment and therapy services, all
ages

✉ Wellspoken@bigpond.com

CHRONIC COUGH RESEARCH

The respiratory medicine and speech pathology departments at John Hunter Hospital are looking for participants for a randomised controlled trial of combined speech pathology and pregabalin to treat chronic refractory cough. For further information or to refer a patient for screening contact Anne Vertigan Newcastle Ph: 02 49213700

✉ anne.vertigan@hnehealth.nsw.gov.au

VOICE TEACHER (SPEAKING)

Perth: Ph. (08) 9379 9106

Julia Moody, sessions for individuals, groups, or companies mainly in Western Australia; other states by arrangement. Accent and dialect training is also available.

VOICE CARE WA

Perth: Ph (08) 9383 1119 Mob 0413 048118

Thea Peterson, Speech Pathologist, provides voice therapy for adults with voice problems especially professional voice users. More than 20 years voice therapy experience. Videostroboscopy can be arranged. ✉ theap@iinet.net.au www.voicecarewa.com

COMMUNICATING FREELY, HOBART

Helen Sjardin, Speech Pathologist and Voice Consultant conducts Voice Care Workshops for teachers and other professionals. Individual and Skype sessions as appropriate. Special interest in complex cases for second opinion. www.communicatingfreely.com.au

✉ helen@communicatingfreely.com.au



THE AUSTRALIAN VOICE ASSOCIATION MEMBERSHIP 2013

AUSTRALIAN VOICE ASSOCIATION

Inaugurated in 1991

GENERAL SECRETARIAT

2nd Floor, 11 – 19 Bank Place, Melbourne VIC 3000 Phone: 03 9642 4899 Fax: 03 9642 4922

The objectives of the AVA are to promote the field of voice in Australia; to encourage links between artistic, clinical and scientific disciplines related to voice; to promote education and training in the clinical care of voice, as well as vocal performance and voice science; to promote research into voice. Membership is open to individuals with an artistic, clinical or scientific interest in voice. Membership entitles you to copies of the regular newsletter Voiceprint, the opportunity to access the refereed journal Australian Voice via the AVA Website as well as concessional attendance at all events.

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- ☐ **Full Membership** for 2013 **\$120.00**
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Australian Voice Association

The Australian Voice Association is Australia's leading multidisciplinary association for all things "voice". It is a unique alliance of fellow professionals dedicated to the science and art of the human voice.



Membership is open to all those involved in the care of the human voice including:

- **Speech pathologists**
- **Singing teachers**
- **Voice teachers**
- **ENT surgeons**
- **Voice scientists**
- **Other voice professionals**

Through meetings, professional development events, publications, lobbying and representation, the AVA provides services to its members by:

Membership advantages :

- **Discounted event fees**
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- Promoting the field of voice in Australia
- Acting as a central focus point for the many disciplines involved in voice
- Encouraging links between artistic, clinical and scientific disciplines related to voice
- Promoting education and training in the clinical care of voice, vocal performance and voice science
- Promoting research into voice

To Join:

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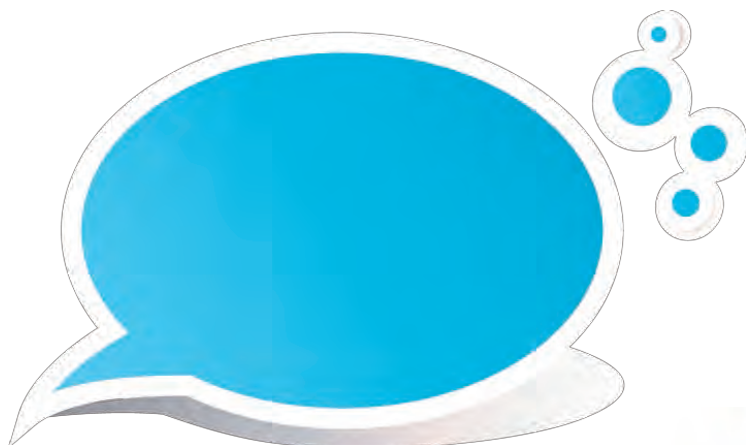
Conferences

If you would like your voice-related conference advertised in Voiceprint 46 or if you know of any conferences we have missed, please send the details to: ✉ vp@australianvoiceassociation.com.au

29th World Congress of the International Association of Logopedics and Phoniatrics - Where Practice Meets Science
August 25—28, 2013 Turino, Italy
www.ialp.info/29th-World-Congress-2013-pg16436.html

WORKSHOP: OPTIMISE YOUR BODY, BREATH AND VOICE

Newcastle 26th and 27th October 2013, This workshop will incorporate principles and practices from both the **Feldenkrais Method & Accent Method Based Breathing**, to explore with voice use. www.feldenkraishuntervalley.com.au or ph: 0402 835 289.



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