International Perspectives on Voice Disorders

COMMUNICATION DISORDERS ACROSS LANGUAGES

Series Editors: Dr Nicole Müller and Dr Martin Ball, *University of Louisiana at Lafayette, USA*

While the majority of work in communication disorders has focused on English, there has been a growing trend in recent years for the publication of information on languages other than English. However, much of this is scattered through a large number of journals in the field of speech pathology/communication disorders, and therefore, not always readily available to the practitioner, researcher and student. It is the aim of this series to bring together into book form surveys of existing studies on specific languages, together with new materials for the language(s) in question. We also have launched a series of companion volumes dedicated to issues related to the cross-linguistic study of communication disorders. The series does not include English (as so much work is readily available), but covers a wide number of other languages (usually separately, though sometimes two or more similar languages may be grouped together where warranted by the amount of published work currently available). We have been able to publish volumes on Finnish, Spanish, Chinese and Turkish, and books on multilingual aspects of stuttering, aphasia, and speech disorders, with several others in preparation.

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Preface

Best clinical practice is informed by research, and research is dependent upon the availability of resources. Clinical practice and research in voice is no exception. Large amounts of resources have been invested into voice research so that the findings and outcome can be used to inform practitioners on clinical practice.

In general, clinical practice in voice can be divided into assessment and therapy. Clinical voice assessment procedures rely on medical (anatomical and physiological) examination of the phonatory system, and subjective (auditory-perceptual) and instrumental evaluation of voice production. These assessment procedures are based on extensive experience and research findings in the acoustic, aerodynamic and physiological domains. On the other hand, voice therapy is both an art and a science, in which the therapy giver, be it a surgeon or a behavioural voice therapist, has to develop good therapeutic skills based on their scientific knowledge.

Voice research has traditionally been undertaken by large research centres or clinical facilities that are well funded financially. They are mostly found in developed countries. Nevertheless, recent developments show that voice research has been undertaken by many independent research facilities around the world and, although their funding might not be as good as those at the leading institutes, the quality of their research work is equally first class and cutting edge. It is with these in mind that a book project was formulated with the inclusion of world experts in clinical voice practice and research to contribute to a series of discussions about the best clinical practice and research in different parts of the world.

Voice experts from almost every continent – Europe, Asia, Oceania, North and South America – have contributed to this book. Part 1 covers issues of clinical practice in various countries. Both similarities and differences in clinical practice can be noted in these reports. Part 2 describes current research in the very many different countries. A number of these reports highlight some areas not undertaken by the mainstream research centres, thus demonstrating how important it is to have a contemporary understanding of a variety of research from all over the world. I would like to thank all the contributors, firstly for agreeing to contribute to this book, and secondly for writing chapters with a unified format, despite such diverse backgrounds.

EY
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Part 1

Current Issues in Voice Assessment and Intervention: A World Perspective

1 Current Issues in Voice Assessment and Intervention in Australia

Jennifer Oates, Janet Baker and Anne Vertigan

Introduction

Voice assessment and intervention in Australia share many features with voice practice internationally. However, because of the specific educational, public policy and cultural environment of Australia, it is likely that Australian practice is characterised by several unique features. This chapter describes the context for voice practice in Australia and discusses current practice in relation to speech pathology education, continuing professional development, service delivery and cultural influences.

Because there are limited published data on contemporary voice practice in Australia, the authors developed and implemented three surveys to ensure that the content of this chapter is as current and reflective of actual practice as possible. All three surveys were administered electronically with the target groups all being academics responsible for voice education in Australian universities, convenors of special interest groups in voice, and managers of speech pathology departments in a range of health and community agencies. The survey of academics was followed up with phone calls to explore responses in further depth.

The context of voice practice in Australia

Australia has a population of 22.8 million people spread over 7.6 million square kilometres (just slightly smaller than the USA). Some parts of the country are very remote. Australia is a wealthy country with a GDP in 2011 of US$1.03 trillion (the 13th largest economy in the world), low unemployment (5.3%), and a 99% literacy rate (Australian Bureau of Statistics, 2012).

Mean household income is equivalent to US$61,650. Although school education is free, approximately one-third of children attend private schools. Seventy-five per cent of the population have completed 10 or more years of education and 42% of the population have completed 12 or more years. The majority of the population lives in urban areas. Health care in Australia is generally good, and life expectancy averages 81 years.

Australia has a long history of immigration with 24% of the current population having been born outside Australia. The majority of the population is monolingual and there are no recognised Australian dialects. Fifteen million Australians (68%) speak only English. Other common languages include Italian, Greek, Cantonese, Mandarin and Vietnamese. Recently, Australia has also had increased numbers of refugees from African countries, particularly Sudan. Only 2.5% of the population identify themselves as indigenous, that is Aboriginal or Torres Strait Islander. Unfortunately there is an inequitable health gap between indigenous and non-indigenous Australians and a generally low uptake of health and speech pathology services by both of these populations. Average life expectancy for indigenous Australians is approximately 70 years.

Epidemiological data on the prevalence of voice problems in Australia demonstrate that approximately 4% of the general adult population report that they experience voice problems in any one year (Russell *et al.*, 2005). The prevalence rate for occupational voice users is considerably higher than for the general population. The equivalent prevalence rate for Australian school teachers, for example, is 20% (Russell *et al.*, 1998). Few prevalence data are available for Australian children, but early parent-reported data from a large epidemiological study of 4-year-old children in Australia indicate a rate of 1.8% of 4-year-olds with a voice problem and 7% with hoarse voices (J. Skeat, personal communication, 3 August 2009).

Assessment and intervention services for people with voice problems in Australia are provided mainly by speech pathologists and otolaryngologists. Although many speech pathologists and otolaryngologists develop specialist skills in voice practice, it is rare for these health professionals to practice solely in the voice field. There are no phoniatricians in Australia and very few otolaryngologists title themselves as laryngologists. Otolaryngologists are responsible for making the medical diagnosis and for the implementation of medical and surgical intervention for people with voice disorders, but speech pathologists often assume the key coordinating role in the overall management of these clients. Speech pathologists and otolaryngologists often work closely together in client management as well as research and professional development. Other health professionals including neurologists, respiratory physicians and psychologists also contribute to the management of people with voice disorders, although not on a routine basis. In addition, singing and acting voice teachers, speaking voice coaches, physiotherapists, osteopaths and Alexander and Feldenkrais practitioners are sometimes involved in assessment and intervention.

Speech pathology in Australia is a relatively young profession, having been founded by a speech therapist from England in 1931. The first speech pathology training course commenced in 1939 as a hospital-based diploma. In 1967 the first university degree course in speech pathology commenced. As of 2010, there are 10 university degree courses that qualify graduates to practise. These qualifying or entry-level courses are offered as bachelors, bachelors/masters double degrees and graduate-entry masters degrees. It is not possible to specify the exact number of speech pathologists in Australia at the present time because speech pathology is not a nationally registered profession. However, the profession is strongly self-regulated through its professional association, Speech Pathology Australia (SPA), and eligibility for membership of SPA is normally required for employment. As of 2009, there were 4420 members. From the early days in the development of the profession in Australia, knowledge and skills in the management of people with voice disorders have been considered as key competencies for speech pathologists. SPA requires that all members are competent for voice practice and university programmes cannot be accredited by SPA unless they can demonstrate that their graduates have been assessed as being competent in voice (SPA, 2001).

Entry-Level Preparation of Speech Pathologists for Voice Practice

Competency-based occupational standards set by SPA (2001) specify that speech pathologists who are eligible for membership of SPA must be competent to work with both adults and children in each of the five key areas of voice, speech, language, fluency and swallowing. Entry-level clinicians are expected to be competent for voice practice across seven areas of professional activity: assessment; analysis and interpretation of assessment data; intervention planning; intervention; planning, maintaining and delivering speech pathology services; professional and community education; and continuing professional development. To be accredited by SPA, university programmes must demonstrate that all graduates meet these entry-level standards.

The findings from the authors' email and telephone survey presented below provide more detailed information and qualitative insights on the education of speech pathologists than can be provided by the competency requirements outlined above. This additional information further explains the context and underpinnings of clinical practice in Australia. The survey revealed the following features of entry-level speech pathology education in voice.

The proportion of each course devoted to voice theory

The proportion of each course devoted to voice theory ranges between 10% and 22%, with the mode being 10%. Although respondents were not