

Episode 43: Interview with a Vocologist or Why You Can't Just Hand a Straw to Everyone {SLP Spotlight}

Meet Dan Sherwood, a clinical vocologist at the John Hopkins Voice Center at GBMC. Dan spent thirteen years as an on-air radio personality before pursuing a career in voice therapy, a path he discovered after hurting his own voice during the course of his work. A lifelong learner, Dan went to great lengths to expand his knowledge of speech pathology and vocology, reading countless books and articles and even writing one of his own. He talks about how that approach has improved his effectiveness in therapy and even led to more networking opportunities.

Discussion & Reflection Questions

1. Tell us about who you are, your background, and why you decided to pursue the field of speech-language pathology, and more specifically, vocology.
2. For the speech pathologist who is just starting in the voice field, or in any niche he or she is interested in moving into, what advice or tips for networking do you have?
3. Can you give us an idea of what your average day at the John Hopkins Voice Center looks like? How many patients do you see? What do you do?
4. On your resume, there are several things you have after your name: Hanna Somatics, Associative Awareness Technique, Optimal Breathing Wholeness. Tell us about those things.
5. How has your documentation style changed over the years?
6. Are there any programs for a new student or a speech pathologist wanting to become more specialized in voice that she or he should add to their resume?
7. You wrote a book called "Voice Therapy 4-1-1." Can you talk a little about what that covers?

Quote Of The Conversation

"All the learning I've acquired, the books I've read, the training I've gone to, the amazing people I've learned from and listened to, both inside and especially outside the speech pathology world, it's really helped me become a better therapist. But ultimately, my patients teach me how to be a better therapist. Because we have to be on-the-spot, think-on-your-feet, go-off-the-reservation kinds of therapists to give people what they need."

-Dan Sherwood, MS/CCC-SLP, HSE

Dan Sherwood, MS/CCC-SLP, HSE

Clinical Vocologist, John Hopkins Voice Center at CBMC



Dan Sherwood, MS/CCC-SLP, HSE is a clinical vocologist at the Johns Hopkins Voice Center at GBMC. After nearly thirteen years as an on-air radio personality — and hurting his voice more than once — he opted for a helping profession, working with professional voice users.

He received his master's degree in speech pathology from Marquette University in 1999 and also studied voice at the

Wisconsin Conservatory of Music 2001-03. He earned his vocology certification from NCVS in Denver, CO in 2003, and trained with Arthur Lessac in 2004. He is a certified Hanna Somatics practitioner and incorporates this work, as well as his training in Associative Awareness Technique™ and Optimal Breathing® into a holistic approach to vocal therapy. He has presented at national and international conferences on incorporating mind-body practices into traditional vocal rehabilitation.

Keep the Conversation Going

Guest Speaker Information

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Mattie Murrey

Welcome to this episode of The Missing Link for SLPs. If ever there was a ladder to climb in vocology and voice work, my next guest has climbed it. This is Mr. Dan Sherwood. He is a clinical vocologist at the John Hopkins Voice Center at GBMC. He has spent nearly 13 years as an on-air radio personality, hurting his voice more than once, and that is part of his SLP story of origin. That is why he changed professions and became a voice specialist. He opted for a helping profession working with professional voice users. He received his Master's degree in speech pathology from Marquette University in 1999, and also studied voice at the Wisconsin Conservatory of Music [from] 2001 to 2003. And he earned his vocology certificate from NCVS in December, Colorado in 2003, and trained with Arthur Lessac in 2004. He is a certified Hanna Somatics practitioner and incorporates this work, as well as his training in associative awareness technique and optimal breathing, into a holistic approach to vocal therapy. He has presented at national and international conferences on incorporating mind-body practices into traditional vocal rehabilitation. So, one of 200 vocologists in the entire world. This is truly a voice interview to behold. So, welcome. Sit back and enjoy.

Mattie Murrey

Hello and welcome to The Missing Link for SLPs podcast. I'm glad you're here. Today's episode is part of the SLP Spotlight Series, where I talk with SLPs in a variety of SLP positions and settings, doing things that we knew SLPs did, but also working in areas that we've never thought or heard of SLPs working in. It is amazing the opportunities these SLPs have taken and where their careers have gone. This is storytelling time.

Mattie Murrey

Hello and welcome to this episode of the podcast, The Missing Link for SLPs. I am here with Dan Sherwood, who is one of those "I've arrived at the top of my career" vocologists. He works at John Hopkins Medical Center. Welcome, Dan, to the show.

Dan Sherwood

Hi. Thanks, Mattie. Thanks for having me. It's really great to be here. I'm glad that you do this podcast.

Mattie Murrey

I love doing this podcast. It is something I look forward to on the days I get to talk to guests, like you. You have a background, prior to speech pathology, of 13 years in the media field, correct?

Dan Sherwood

That is, well, fortunately or unfortunately, correct. Yes, I was in radio for almost 13 years on one of those, you know, Top 40, on the air six days a week, screaming team maniacs. I hurt my voice a couple of times, and kind of discovered my current profession, you know, by accident the hard way, as a patient originally in the early '90s.

Mattie Murrey



Oh no. So, that's how you were introduced to the field?

Dan Sherwood

In a way, yes. Yes. This was probably 1992, when, you know, I didn't know anything about the voice. I was just some guy just babbling away, playing New Kids on the Block when they were brand new.

Mattie Murrey

They were the new kids.

Dan Sherwood

Yeah. And, you know, so I was just on the air every day and just going for it. I didn't know what I was doing, but I was having a lot of fun. And, as a result over all these years, through the '80s and '90s, I've got just a little bit of scar tissue on my vocal cords just because of, you know, some chronic injuries. And again, I didn't know what I was doing. But I had a program director at one point in about 1993, and his fiance was a speech pathologist in the public schools at the time. And she loaned me her book — her one book from her one class in voice work from when she was in school — and it was a Boone and McFarlane, you know, voice and voice therapy. And I read that with such fascination. And I learned a few things from there and combined it with some of the stuff I remember from broadcasting school. And basically, I fixed myself, and I was able to continue my broadcasting career for about another four or five years as I ran away back to school at the age of 30 and worked my way up. And, you know, after all these years, I'm a speech pathologist specializing in voice.

Mattie Murrey

Wonderful. I went back myself at an older age, so good thing for those who come back for a second career. So, tell us where you are now, because your resume is very impressive, and the bio that's going to be in the show notes is very impressive.

Dan Sherwood

Yeah, sometimes I like to make a joke about it: If you take the DSM-5, open it to any random page, that's my resume. So yeah. Right now, I'm at the Johns Hopkins Voice Center, which is located at the Greater Baltimore Medical Center. You know, there are three different locations of the Johns Hopkins Voice Center. So, there's the main campus. And then there's the campus I work, which is basically the crown jewel. If you saw it, you'd know what I was talking about. And then there's another clinic in Bethesda, Maryland. So, there are three branches of it, but it's all under the same umbrella.

Mattie Murrey

So, can you tell us a little bit more about your story of origin as an SLP? Why did you want to become a speech pathologist?

Dan Sherwood



Basically, you know, it's funny. I started out thinking maybe I'd, you know, want to leave radio, because again, I was hurting my voice. And I helped myself, but I didn't know anything about speech pathology or voice work until I read the Boone [and] McFarlane book, and it was fascinating. So, as any good student, I looked through the bibliography and found all these other different kinds of sources and books to read, and articles, and it was just fascinating to me, about the human voice and how it works and what you can do with it — and, unfortunately, what can go wrong with it, but also things you can do to fix it. So, I kind of snuck in the back door, you know? I had gone to broadcasting school back in the '80s — back when my beard was all black. I don't know what happened. But yeah, [it was] just fascinating [to] me. But originally, I thought I wanted to be a chiropractor, because you know, working with the human body. But the more I read, the more I experienced, I realized voice is a product of the body, not a product of the throat. So, I went from there. I moved into speech pathology once I realized where voice work was really done therapeutically.

Mattie Murrey

Interesting. Very interesting approach. I've never thought of it that way, but that's very true. That's very true. So, you went back to graduate school. And did you know from the very beginning you wanted to be a vocologist?

Dan Sherwood

Well, I certainly didn't know what that term meant. And then I met these wonderful people back in the '90s, who basically started the vocology sort of profession: Linda Carroll, who is now in New York, is one of the big gurus. And Kittie Verdolini and Ingo Titze. These are all my mentors. They're my friends now. We've known each other for years and years. But just some of the amazing people who really generated this profession of speech pathology meets otolaryngology meets voice science. And it all just came together back in the early '90s, when the profession of vocalogy really got started. So yeah, I was very excited to just learn and learn and learn.

Mattie Murrey

So, you said something a minute ago that kind of piqued my interest. You said, "We're all friends now." For the speech pathologist who is just starting in the voice field, or in any niche she's interested or he's interested in moving into, what advice or tips for networking do you have?

Dan Sherwood

Well, first of all, do what I did: read. Read everything. You know, it was kind of weird. I was in Milwaukee, Wisconsin. And you know, [it was] one of those things where you, you know, you get divorced or you're suddenly single in a new town, and you don't know a soul. And you realize, well, what am I going to do with myself? And I decided I was going to read. You know how we all tend to collect our professional library over the years as we get started in our careers. And we buy a book here and a book there because there's something in it we want to read, so we read like a chapter, or a section here or a section there, and then we're like, "Okay." And we learn a



little bit, and then we just sort of put it on the shelf and it sits there. And I decided I had probably a dozen [to] 15 books related to speech pathology, voice work, swallow work, things like that. And I realized, okay, I need to do something with my time. And I realized, okay, you know what I'm going to do? I made a decision. This is kind of strange. I said to myself, "I'm going to read every single professional library book I have cover to cover. That's what I'm gonna do." That was my mission. So, all of a sudden, Starbucks became my library. And I would go there every day for two hours, and I would just read. I read all my books cover to cover. Right? Not just what I thought I bought them for, but just literally cover to cover. And I had friends who worked at hospitals around town. I borrowed journals from them — you know, Journal of Voice and Dysphagia Journal — and I just read and read and read. My learning just exploded. You know, I've often said — at least to myself — that our speech-pathology programs in school teach us the language of the profession. And then our experiences teach us how to actually become therapists and apply this language. But when I started reading, my clinical language really grew. And I was so happy to learn the things I learned from authors all over the world, and researchers, and professors, and therapists who are in the trenches and sharing their knowledge. And really, my learning exploded, and I was so happy. And that's really what steered me the rest of the way into voice work. Because the first few years of my career, you know, you take what you get when you get out of grad school. So, I was mostly a therapist focusing on swallowing, which I know a little bit about, but at the time, I needed to learn so much more. And I was so happy to get exposed to all this material and just read and read and read and apply. And I was so happy about that.

Mattie Murrey

So then, did you reach out to any of the authors and network that way?

Dan Sherwood

Yep. It was so funny. You know, a lot of authors who wrote textbooks about voice work, I went and studied with them. I sought them out, and I actually went and studied with them. And then, I ended up, in a lot of cases, I studied with the people they studied with. So, it was just... I mean, American Express probably has a hit man going after me because all the money I spent I did with education. Because, you know, I was in a place for a long time where your continuing education really wasn't funded very well. So, I had to just bite the bullet, and just every year, I would go and do something a week long, two weeks, three weeks — one time, nine weeks — or I would go in these residential continuing education programs. When I started with Arthur Lessec and his folks. When I went to the Vocology Institute to study with Ingo and his crowd. And I did my Estill Voice Training. I went to Italy for the summer of 2006 and sang my head off and drank great red wine, but we won't talk about that. Yeah, so I've had some amazing experiences — you know, mostly funded out of pocket, I will say that — but it's been invaluable. Plus, all the reading I've done, the access I've had to great literature, not just on voice from a speech-pathology perspective, but from a vocal pedagogy perspective, from the singing world, the acting voice world, and really the whole world outside of speech pathology — the world of



these alternative complementary body work disciplines. It's just fascinating what's out there and how it applies to voice work. I'll never stop learning. And I hope no one does.

Mattie Murrey

No, no, no. I agree. Lifelong learners. I am never bored. There's always something to learn, something to experience. Yes, I totally agree with you. What I understand you to be saying is you were very intentional with the reading, the expanding, the setting of the goals, the getting out there, the experiencing, and getting the knowledge that you needed to get to do what you do.

Dan Sherwood

True. True. Because I snuck into vocology sort of through the back door. I mean, most people who are voice therapists, especially professional voice specialists, have prior careers, you know, as professionally trained singers, opera singers, and musical theatre singers. Some of them are trained like actors, and they have degrees in theatre, or they have DMAs, all these music degrees. I didn't study music, you know? I was just this guy in radio who used his voice for a living but didn't know what he was doing. So, you know, I just gobbled up continuing education anywhere I could get it. And I was just fascinated by how the voice works and how we can make it work better, and how it really is a product of the human body, not just this thing that comes out of our throat. So, that's why I studied all these complementary alternative disciplines. I just read all this stuff outside the speech pathology, or the kind of stuff you don't get CEUs for but is just incredibly valuable for making you a better therapist.

Mattie Murrey

And a more comprehensive approach, pulling everything in. A more holistic approach.

Dan Sherwood

Exactly. Exactly. And, you know, years ago, I wrote some articles for the ADVANCE for Speech Pathologists and for the Somatics Journal. And I kind of outlined this about, you know, what does it really mean when you say "outside-the-box approaches," especially when it comes to voice work? And I said, "This is what it means." And I've got pages and pages and pages of explaining what that means.

Mattie Murrey

Nowadays, we call that thought leadership. It's pushing the envelope on thinking, on problem-solving, on finding resources that are applicable.

Dan Sherwood

Yeah, exactly. Exactly. In fact, it's funny. I often tell the story about how I'm surprised I ever got this job in the first place, where I am now, because I shot my mouth off in my interview so much. I'm like, "You guys want to be a better voice therapist? Stop studying speech pathology!" And I'm just like Rage Against the Machine. They hired me anyway.

Mattie Murrey



So, tell us about your job. Now, this is a podcast for new speech pathologists or students. You are what so many speech pathologists and voice specialists want to become, and that is a vocologist at John Hopkins Voice Center. Can you give us an idea of what your average day looks like? How many patients do you see? Etiologies? Procedures? What do you do?

Dan Sherwood

Sure. My day, and all of us on the voice team, our days are split in terms of the SLPs. In our clinic, it's a really nice setup. And I don't think there are very many clinics around the country that have a setup exactly like ours. There are several, but not really a whole bunch. So, my day is usually half and half, where I'll spend half a day in the clinic with the laryngologist. We have three fellowship-trained laryngologists that we work with. And so, my day is spent in the clinic with them, say in the morning, from eight to noon, where I'm, you know, taking a patient in. The medical assistants will room the patient and get all their vital signs and history and all these things. And then I go in there, or one of my colleagues goes in, and we do the initial patient interview, get the history: why are you here, what's going on your voice, how may we serve? All this kind of stuff. And I'll do the initial exam after they tell me what's going on. We get all the acoustic measures; sometimes, the aerodynamic measures. And then I'll do the exam. I'll say, "All right, we're going to take a picture of your vocal cords and we'll do either a rigid exam with the 70-degree scope or the nose hose with the flexible endoscopic scope through the nasal passage." We'll get good pictures of their vocal cords moving and vibrating. And then I'll go out and I'll brief the docs. I'll say, "Here, this patient is presenting with such and such. And here are their complaints. And here's, you know, what we saw." And so, I have the exam saved on the strobe tower. And the doc will come in. They'll review and discuss and come up with the diagnosis, and then either recommend, you know, therapy or surgery or medication or some combination of all that. And then the other half of my day, whether it's morning or afternoon, is spent strictly in voice therapy. You know, of course, lately, it's mostly about 90 percent Zoom, kind of online therapies. But I do see the patients occasionally in the clinic because they come in and we keep our distance and we wear our masks right now. But there are some folks even today who just don't do the internet or Zoom or things like that. They don't get it. So, we certainly will see patients as needed in-house right now, like we used to. But we've all coped with, you know, the new era we're in right now. Hopefully, that'll end soon. We also do a lot of in-office procedures. So I'll assist the docs with, you know, office-based injections for vocal cords, whether it's Restalyne or Prolaryn, to bulk up cords. We do Botox injections in the office, where I play the EMG tech there and hook them up and monitor that. We do in-office laser procedures, where I play laser tech, you know, for Laryngeal Papilloma or other little things that go wrong on the vocal cords that you can use a laser for. So, there's a lot of things. We do a lot of in-office procedures. Of course, we do FEES studies. We do biopsies. We do transnasal esophagoscopies in the office, which is pretty involved, but we do that. So, I'm like the tech there. A lot of stuff going on.

Mattie Murrey

Sounds like a dream job.



Dan Sherwood

Well, and then you have to do the paperwork and write the notes. So, let's not oversell. But there is a lot of work involved because you have to document very specifically and timely.

Mattie Murrey

Yes. Well, that's impressive. It's neat hearing from the expert on how a day would roll out and who you would see. So, you have on your resume...because you sent your resume before. And again, for the listeners, go look at Dan's show notes. It's all in there, how you can contact him and everything. But there are several things you have after your name, Hanna Somatics Associative Awareness Technique, Optimal Breathing Wholeness. Tell us about those things.

Dan Sherwood

Well, as I studied over the years, one of the books I came across one day was just a book called Somatics — you know, reawakening the body's ability to heal itself, basically. And it was a guy named Thomas Hanna that wrote this book, and it was in the late '80s, I think, that he authored this book. But Thomas Hanna was the guy who brought Moshé Feldenkrais to the U.S. in the early '70s and organized the first Feldenkrais training in America. So, the Feldenkrais method is pretty well known in the voice world, especially in college drama departments and things like that, you know, for voice work — just kind of similar to the Alexander Technique, you know. Moshé Feldenkrais and F.M. Alexander were contemporaries, by and large. But it's, you know, again, one of these, for lack of a better term, complementary alternative disciplines. So, Thomas Hanna was a Feldenkrais practitioner for a number of years, all through the '70s and into the '80s, but he was also, believe it or not, he was a philosophy professor. He was the chair of the philosophy department at University of Florida in Gainesville. And he ended up moving to Northern California, and through his Feldenkrais work over the years, he added a lot of his studies in kinesiology and neuroscience, and eventually sort of gradually diverged away from straight Feldenkrais work and developed this whole system, adding some things and basically what evolved into Hanna Somatics education. And so, I call it Feldenkrais on steroids, basically. So, probably about 10 years ago, I became, you know... I went through a big three-year training program to become a certified Hanna Somatics educator. Again, I presented at the Voice Foundation several years ago in Philly, about this and called it, you know, "Hanna Somatics and Voice." You know, free the body, free the breath, free the voice. And that's really how it works in terms of how voice is a product of the body. You get the brain and the muscles to start having a different conversation with each other when they become disconnected. And, you know, the body can heal itself, really. And then the voice and the breathing mechanism work a lot better. So, I incorporate Hanna Somatics into my voice work every day. In fact, it saves my butt countless times.

Mattie Murrey

Sounds like a very applicable approach. Very beneficial.

Dan Sherwood



Right. It is. It is. And then I've added all these other things I've learned over the years, with these other — again, for lack of a better term — alternative complimentary approaches: optimal breathing, about really how to get the flexibility of the rib cage and the chest cage, and really start moving some air to support voice and health. Because the way we breathe has a lot to do with how well we live and for how long. And then associative awareness technique. It's very... How can I say this? It's a little touchy-feely, but it's really cool in terms of what it can do to get the nervous system and the muscles to calm down in terms of the limbic system in the brain and how it influences the body's muscles, and ultimately, the breathing mechanism in the voice. And it really helps me, even if I don't use it specifically with a patient, I always use the principles. Because it's not about the stuff. It's about the principles. So, it's changed my therapeutic language quite a bit, the very least, and how I talk to patients, how I educate patients, my approach to things, and how I document. My documentation style has really changed over the years. And I really like to pass that along to my grad students.

Mattie Murrey

How has your documentation changed over the years?

Dan Sherwood

It's gotten so specific in terms of physiology, right? I have a colleague who likes to call it the "pay and die" style of documentation. You write your notes as if, if you died, another clinician could come in and take over pretty easily to do what you've been doing with the patient. And to get paid, you have to write so third-party payers understand what you did and why you did it and how you did it — so it makes sense to them.

Mattie Murrey

Right. I'm on board with you on that. With the grad students that I supervise, I'm very big into, if somebody were to pick up this chart or that report or that soap note, will that report stand alone on what you did, how the patient benefited and where you're gonna go?

Dan Sherwood

Yeah, and I teach that to my grad students. You know, when you write, don't write generically. "Therapeutic exercises to coordinate respiration and phonation." Well, what does that mean? So, I have my grad students who intern with me. What did you do? Explain it. Tell me exactly what you did. Tell the third-party pair exactly what you did, why you did it, and then later in the objective section report, we write what their response was. But I really want to write very physiologically, and I teach that to the students who work with me, the grad students I get. And they seem to catch on pretty well. They're really smart, the folks I get. And they get why I'm doing this, why I write the way I write, and why I want them to write the way they write. So, they don't get insurance denials for one thing.

Mattie Murrey

Right. My grad students are super smart, too. I'm impressed because I don't remember being quite that smart when I was in grad school.



Dan Sherwood

Right. Or as tech savvy. They really helped me to figure out all this technology.

Mattie Murrey

I know. I know. So, I'm definitely on board with you for that. Tell me, are there any of these programs for a new student or a speech pathologist wanting to become more specialized in voice that she or he should add to their resume?

Dan Sherwood

Well, I certainly recommend studying, you know, training in all the canned or branded therapy programs because they're so important. You know, the Lessac-Madsen Resonant Voice Therapy. Any kind of the Stemple-based Resonant Voice Therapy. Of course, LSVT. You know, that's really grown and expanded. So, all the basics. You really need those. You know, the vocal function exercises. You need to understand all the therapy programs because they're so based in science — in what works. And they're very well researched. There are a lot of good efficacy studies behind them and semi-occluded vocal tract techniques, stuff like that. We need to understand these so we can learn to use them and finesse them for any given patient, because the last thing we ever want to be is cookie-cutter therapists. That's a disaster. Right? And so, when we come to things like, you know, they use the term "thinking outside the box." Well, what does that mean? I was at a weekend workshop conference. Gosh, this was probably 13-14 years ago. And it was about Paradoxical Vocal Fold Motion, and a whole weekend devoted to that. And during the lunch break one day, they put everybody into different tables. They set up a bunch of different tables around the room. And it's kind of a working lunch, where everybody can go to different tables and discuss different aspects of Paradoxical Vocal Fold Motion — from a medical perspective, speech pathology, therapy, research, anything. There's a lot of different things, and there were several different tables. So, I sat at the therapy table and listened to other people talk about some of the therapeutic approaches they used to deal with this problem. And they kept using the term "outside the box this" and "outside the box that" and blah, blah, blah, blah, blah. And I just sat there, and finally I said, "If someone says the term outside the box one more time, I'm going to vomit. You have no idea what it means." So, I went on to this whole tangent: "Here's what outside the box means." And I went on and on about Breathing Retraining Therapy and all this other stuff that I had studied. And people were just sitting there with their mouths open. So, sometimes I don't make friends in the speech-pathology world...

Mattie Murrey

I was working with... I have a coaching thing that I do. And a speech pathologist came, and she said, "Well, you know, I'm working with a dysphagia client, and I don't want to tell them that they've got...that I'm not going to give him graham crackers. And he got really mad at me because I came three times, and each time he was asking me for graham crackers, and I just didn't have the heart to tell him." And I'm like, "Why? That's your job. You need to tell him how to be safe. How to manage safely what he needs to do." It's not our job to be friends with



people. It's our job to, you know, be kind and compassionate and effective, but we also need to make those connections for people and educate.

Dan Sherwood

Oh, exactly. Right. You know, sometimes, unfortunately, you have to tell people what they don't necessarily want to hear. But it's based on, you know, what you've experienced over the years and how you've seen people respond and what you really understand about their diagnosis and what their issue is. And yeah, it can be a challenge sometimes, but you have to be honest with people about what realistic goals might be given what their issue is.

Mattie Murrey

Well, you truly have exemplified thinking outside of the box with these additional ways of pulling in, with the training that you've done to provide truly comprehensive voice therapy and support for the patients that you work with. Can you tell us about your book?

Dan Sherwood

Well, yeah. This was something I did. I call it the 100 Mocha Challenge because I wrote almost all of it at Starbucks. I pretty much go there every Friday and Saturday night and just write and write and write, and I have a pile of books and papers and journal articles for references and things. But, you know, basically, it's because I usually take a grad student intern every spring semester. And I would just kind of teach them and mold them, and they wanted to be voice therapists. And then, I guess from that experience working with them, I decided, you know, I need to put something together for grad students who want to become voice therapists. So, I got this whole premise of when I was a brand new grad student and just freshly minted right out of grad school, I wanted to learn voice work, but I had limited training. I had a textbook, one voice class, I had an undergrad, one textbook I had as a grad student, and that was just, you know, getting very generic and talking about what the disorders are and all this stuff, and they barely really touched on any therapy. So, I thought to myself, well, what kind of book would I want as a new grad or just a speech pathologist who only sees voice patients a few times a year but needs to know what to do? So, what's the book I wish I had when I was a new grad student or a freshly minted SLP wanting to learn how to do voice work? So, that's the book I wrote. If you're brand new to voice work or don't get voice patients very often — even if you're not trained in the brand new therapy programs — you can still help them. And here's how to do it. So, I just kind of laid this out. This is the book I wish I had when I was a new grad wanting to learn how to do voice therapy, even though I hadn't really had exposure to the big official branded programs yet. So, I tried to write it in that vein, where it's very kind of blue-collar language, you know, where it's almost like I'm just having a conversation with one of my grad students. You know, here's what to do. Here's a problem. Here's what to do. Here are some ideas. Here's an approach to take. Yeah, that's how I wrote it, just very informal. You know, here's how to do it. Even if you're not a seasoned pro, you can help someone.

Mattie Murrey



So the name of your book is?

Dan Sherwood

It's Voice Therapy 4-1-1. It's on Amazon. I self-published it. You know, it was actually accepted by a publisher in the U.K. They accepted my book proposal, and they took my manuscript. And then, two years later, they had done nothing. So, I said, "I'm not going to wait." I just threw it on Amazon myself. So, it's out there because I think it could be helpful for a lot of folks.

Mattie Murrey

Voice therapy 4-1-1. Now, you and I were kind of laughing a little bit about 4-1-1. Tell us what 4-1-1 means.

Dan Sherwood

Yeah. Well, when I was growing up — I'm born and raised in Southern California — and when you picked up the telephone and wanted to get a phone number, you'd dial 4-1-1. That's information. So basically, Voice Therapy Information. Voice Therapy 4-1-1.

Mattie Murrey

Maybe a book that I'll put on my syllabus for my Advanced Voice Disorders class. It sounds like a good book. I'll go look it up.

Dan Sherwood

I think it could be helpful for a lot of people because I didn't try to get too crazy with it in terms of, you know, a lot of scientific jargon and all that. I just wrote it for clinicians, by clinicians. I don't talk about pathologies and disorders. I talk about, here's how to be a therapist. Here's how to do therapy. There isn't enough of that out there.

Mattie Murrey

I agree. And there was not a lot of that out there when I was in graduate school. We learned all about the disorders, but not what to do with the disorders. And so, I found when I was starting to do voice therapy myself, it was... I come from a heavy medical SLP background. And I got in a bad motorcycle accident, and with the broken bones I had, I couldn't keep up with the pace of the big medical centers I was at. So, I switched. And they said, "Well, do you do voice therapy?" And I'm like, "Yes, I do." And so, that's when I really began picking up the pieces of doing the voice therapy, but there wasn't a lot out there. So, being able to implement. And I'm a firm believer in education. And if you can understand and absorb, then you can educate the patients [about] why you're asking them to do what they're doing, and why it's going to make a difference with their voice and help them achieve their goals.

Dan Sherwood

Right. And when you think about it like that — when you really approach it like that —then it sort of reignites your passion for your profession, because you're never doing anything by rote. And it's funny, you know. All the learning I've acquired, the books I've read, the training I've gone to, the amazing people I've learned from and listened to, both inside and especially



outside the speech pathology world, it's really helped me become a better therapist. But ultimately, my patients teach me how to be a better therapist. Because we have to be on-the-spot, think-on-your-feet, go-off-the-reservation kinds of therapists to give people what they need. We cannot just say, "Okay, I'm going to give this canned therapy approach to this patient because they have diagnosis X or this canned therapy approach because they have diagnosis Y." We've really got to learn how to nuance and finesse and cherry-pick and develop things, and sometimes just make it up off the top of our heads. You'd be surprised how creative you can get in designing a customized therapy program for a given patient. As long as you understand the basics and the physiology and the pathophysiology and how you can work with it, there's amazing things you can do. And it's so much fun. And then when you pass it off to the next generation, it's even more fun.

Mattie Murrey

There's the title of the episode. You just gave it to me: "You Can't Just Hand a Straw to Everyone."

Dan Sherwood

Well, exactly. Because, well, how do they use it? What are they supposed to do? How do you know if they're doing it, you know, in the most beneficial way? I mean, it behooves us to know. It's funny. When I graduated from the Vocology Institute — this was back in 2003 — it's funny, the group of us that finished that year, we all went to that restaurant. I don't know if you're familiar with it. It's called Buca di Beppo?

Mattie Murrey

Yes!

Dan Sherwood

Yeah, that big Italian family-style restaurant. So, we're all sitting at this big, round table, and Ingo Titze got up there, and he was going to give his little graduation commencement address. And he stood there next to a big bust of the Pope. It was kind of funny. And he was talking about voice therapy. He told all of us, "Now you know the principles, not just the recipes." And I have taken that advice forever: that you've got to know the principles. The recipes will follow. You know? It's not just the stuff. It's not just the what. It's the how and also the why.

Mattie Murrey

Well, excellent. We are almost out of time. Would you have a story of a patient where you've been working with them and you're like, "This is why I do what I do"?

Dan Sherwood

Well, yeah. I probably can come up with something. In fact, just this past week, I had a woman who was probably early to mid-70s. I've been working with her. Her diagnosis is vocal cord atrophy. You know, in the years after retirement, when we're not using our voices as much as we used to. And you know, the vocal cords are like any other muscle in the body, right? Use it or



lose it. So, if we don't engage muscles in challenging and skilled activities, they have nothing to respond to. So, the vocal cords can thin out. And you don't get that complete closure. Your voice gets breathy and a little rough and a little effortful. So, my most basic approach was kind of based on, you know, a hybrid of the LSVT and the Forte Program to affect good forceful closure, good large amplitude vibrations. So, I'd have people really go for it, you know, turn up the gain in their voices — whole body, whole system effort. So, I worked with this woman a couple times. We had maybe two or three sessions, and I was basically taking her through that. Let's turn up the gain — the internal oomph, that neuromotor drive that gets your voice out, so you can get a clearer, stronger voice, with your whole body, not just engaging more muscles in the throat. And she would come back to me each session and say, "Well, my throat just feels raw and irritated." And we pressed on, but then I thought, wait a second. She keeps coming back to me with the same complaints. This isn't working for her. You know, we can't do this high-effort phonation. It's just not right for her. So, let's back up and try something else. So, I went back to my standard Resonant Voice Therapy kind of stuff, and we went to the chanting — you know, that "Good morning, how are you," that big kind of monk-at-the-monastery chant-like feel. And that kind of cranks up the internal neural motor drive right there. But it's also taking more advantage of the resonator to get a good ring in the face and the head and all those bones. So, that's the direction we went with. We got rid of the excess effort, and we went with a resonance. And it sort of naturally occurred, and she got a much better result in her voice. So that was just a nice moment of connection. She really responded to something. I thought that we should try one direction, and she taught me that we needed to try another direction. And she responded well, and it worked. And she was very happy. And I think we're going to have some good therapeutic success. And that happens a lot. You have to be willing to step back from the recipes, and once you understand the principles, you can apply them based on what the patient needs.

Mattie Murrey

I was just going to say that. Learn any of the principles and client-based, client-centered approach.

Dan Sherwood

Right. Right. And this whole idea of, you know, evidence-based practice, like we're only allowed to do what the high-brain-room ivory-tower people tell us to do. Not a chance. We take the principles they teach us and apply them in any number of ways based on what the patient needs and what their complaints are. And I teach my grad students that all the time. I say, "Treat the complaint."

Mattie Murrey

Mhm. And treat the patient.

Dan Sherwood

Yeah, not the diagnosis. Right.



Mattie Murrey

Right. Right. And then the homework, the outside-of-therapy activities — if you base them around things that they do in their life, the generalization is just tremendous.

Dan Sherwood

Exactly. I have a whole chapter on that in my book. Chapter five. It talks a lot about that. I call it tying your shoes in the dark.

Mattie Murrey

Well, I'm going to go get your book. I'm excited to go. I'm going to click off of here and I'm going to go get that.

Dan Sherwood

It's worth the price of admission. And, you know, I really, honestly, when you talk about clinical books and things like that for professionals, they're way overpriced. I made mine extremely affordable. I'm not looking to make money off this. Nobody gets rich off these things. I just want to make a contribution to the profession.

Mattie Murrey

And it comes through loud and clear in your voice and the passion that you have for speaking with what you do, for what you do, and for who you treat. So thank you so much for coming on today, Dan Sherwood. We appreciate your time and your passion and your talent.

Dan Sherwood

Thank you so much. I appreciate what you're doing to promote this and help speech pathologists become, you know, all the clinicians they are designed to be. We're about helping each other and being better human beings in the process.

Mattie Murrey

Right. Absolutely. That's why I created this. There was just this missing link between what students were learning in grad school and actually applying it in clinic. And there are so many people who are just wanting to make these connections, and to make our world and the speech-pathology world and our patients' world a better place. So, having that positive mindset, playing well in the sandbox with one another. It's just been an honor and a treat for me to do this podcast.

Dan Sherwood

And it's great. We're teaching people to show up for their patients, every day, 100 percent. Show up with the intention to heal and to help and to serve. And you will be happy when you go home at night, thinking, yeah, I made a contribution today. I made a difference.

Mattie Murrey

Absolutely. Thank you again for your time.

