

Voice Disorder

What is a voice disorder?

A voice disorder occurs when a child has difficulty with the pitch, volume or quality of their voice which distracts a listener from what is being said. Their voice quality is noticeably different from those of their peers. A child with a voice disorder may have difficulties projecting their voice and may also experience pain or discomfort in the throat region. Voice disorders in children can be caused by the following:

- Talking or shouting loudly.
- Talking and shouting all of the time.
- Lack of water and hydration and talking all of the time.
- Common childhood infections.
- Emotional and psychological reasons (e.g. a very shy child may only talk in a whispered voice).
- There are some very rare medical conditions that may affect the quality of a child's voice. In these cases it is important to see a doctor if you are concerned.

What are the common features of a voice disorder?

- Harsh, hoarse, croaky, strained or rough voice quality.
- High or low pitch of voice.
- Loud or whispery voice.
- Hyper-nasal (i.e. too much air coming through the nose) or hypo-nasal voice quality (i.e. like they have a blocked nose).

- Loss of voice during the production of specific sounds.
- Periods of time when voice is lost completely.

Common difficulties often (but not always) experienced by the child with a voice disorder?

- Can range from mild to severe and may occur in isolation or alongside a speech and/or language delay or disorder. It may have a significant impact on the intelligibility of a child's speech.
- May have an effect on the child's confidence in speaking situations and affect their social skills and how they relate to others.
- May lead to adult voice difficulties, as most adult voice difficulties begin in childhood.

Management strategies that support the child with a voice disorder (at preschool, school and/or home):

- Referral to an Ear, Nose and Throat Specialist (ENT) to determine whether the vocal cords have any medical reason for the voice difficulties (e.g. nodules, polyps).
- Educate the family and people in the child's educational setting about the nature of the voice difficulty.
- Educate the family and child about how voice is produced and how damage can occur to the vocal cords.
- Practice specific exercises, techniques and strategies on how to use the voice effectively.
- Stay hydrated
- Reduce shouting and screaming.
- Hit a pillow when angry rather than screaming and shouting.
- Reduce loud shouting in play.

Speech Therapy approaches and activities that can support the child with a voice disorder and/or their carers include:

- Vocal hygiene: Providing information on vocal hygiene and hydration and

implementing that into the child's daily life.

- Breathing: Teaching and practicing breathing activities to aid breathing.
- Reduce tension: Activities which focus on reducing tension within the body and neck when talking and/or shouting.
- Resonance: Looking at resonance and practicing using the voice in the most effective and easy way.
- Anger management: Teaching other ways to express anger and frustration to avoid shouting and screaming (e.g. hitting a pillow).
- Awareness: Developing awareness in a child about poor voice use.
- Liaising with preschool and school staff to implement strategies and ideas into the educational setting.

Why should I seek therapy for my child with a voice disorder?

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

If left untreated, the child with voice disorder may have difficulties with:

- Learning to talk, speech intelligibility and clarity
- Voice Disorders which persist into adulthood.
- Self esteem and confidence when they realise their skills do not match their peers.
- Bullying when others become more aware of a child's difficulties.

- Anxiety and stress in a variety of situations leading to difficulty reaching their academic potential.

More specific implications of not seeking treatment will be influenced by the common difficulties that are most influencing your individual child.

For more information see the relevant fact sheets under areas of concern or refer to the other relevant resources section below.

What does the diagnosis of a voice disorder really mean for the child?

Diagnoses are used to label a specific set of symptoms that are being experienced by a child.

This label then helps to narrow down and specifically tailor:

- What other issues commonly occur simultaneously.
- What medication might be appropriate.
- What therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- What the course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- What can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

Contact us today to make an initial enquiry or book an assessment for your child
on 1800 KID SENSE (1800 543 736)

