Voice disorders in child communication



Voice disorders are the most fairly common communication disorder in children. Voice disorders can be developed throughout the lifespan of an individual. Currently around 7% to 9% of children develop a voice disorder. Voice disorders can be characterised by hoarseness, occasional loss of voice, vocal fatigue and unusually low or high pitch.

Voice disorders are generally classified as:

- Vocal abuse
- Neurogenic disorders
- Psychogenic disorders
- Alaryngeal communication

They are often associated with:

- Lots of screaming and yelling;
- Recurrent infections of the upper airway;
- Reflux

<u>Different subtypes:</u>

- Vocal Cord Paralysis
- Vocal Cord Nodules and Polyps
- Paradoxical Vocal Fold Movement
- Spasmodic Dysphonia

References:

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A Speech Pathologists role in working with a child who has a voice disorder is to treat them. Speech pathologists treat children with a voice disorder through common treatments such as vocal techniques, therapies, and work in conjunction with teachers and Ear, Nose and Throat doctors to help a child produce the best possible speech quality and normal vocal sound production.

Assessment of voice disorders:

- Voice quality can be screened, (evaluation of vocal characteristics)
- A comprehensive assessment is conducted for children suspected of having a voice disorder, using both standardized and nonstandardized measures.
- Disorders that relate to the structure and function are physical characteristics that must be diagnosed by a physician (ear nose and throat doctor specialist (ENT))

Reference:

- BuildnCare Therapy,. (2017). Retrieved fromhttp://buildncare.
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The International Classification of Functioning Disability and Health (ICF) is the best framework to use to understand and asses the impact that a voice disorder has on a child's quality of life. As it covers all aspects of an individuals life that a voice disorder may impact. By using an internationally recognised model that consists of;

i) ± Body Functions and Structures i) ± Activity and Participation i) ± Environmental Factors. i) ± Personal Factors

References:

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Rebecca is a 9 year old girl who has an outgoing, loud, bubbly personality. Rebecca loves to sing and act and is the lead in both her school choir and drama group. At a weekly rehearsal with her choir group Rebecca began to experience frequent coughing and clearing of her throat. Her choir teacher suggest that Rebecca should go visit the school speech pathologist. After her session with the school speech pathologist Rebecca was diagnosed with Vocal Cord Nodules which is benign growths on both her vocal cords. Rebecca is now receiving treatment to correct the behaviour that was causing the problem. As a result Rebecca can no longer for the time being be the lead in her school choir and drama club and as a result cannot perform in the yearly ' singing under the moonlight concert'. Rebecca now

also find it difficult to verbally communicate as she experiences discomfort which has lead to her spending no time with her friends who are all part of the drama or choir group. This has lead to Rebecca feeling lonely and left out as she is unable to effectively participate in her groups.

Body Functions and Structures • Diagnosed with vocal nodules due to vocal abuse • Rough vocal quality Activities and Participation • Unable to perform for longer than 2 minutes without vocal discomfort • Not able to fully participate in choir and drama club • Unable to perform lead role in concert • Reduced ability to talk due to discomfort Environmental and Personal Factors • Age: 9 • School girl singer and actor • Talkative and outgoing person

- References:
- Australian girls choir,. (2012). Retrieved from http://www. ausgirlschoir.
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