



The Voice & Vocal Abuse



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The spring is a time for outdoor sports and allergies. Springtime activities can be facilitators for voice problems. The first step in helping a child with a voice problem is knowing how to identify it.

The purpose of this newsletter is to identify the key factors in recognizing voice disorders in school age-children.

▶ **Voice Problems: The Causes**

There are many reasons why children and adults have voice disorders. One of the most common cause of vocal problems is called “vocal abuse.” Five percent of school age children are considered to have voice problems caused by misuse of the voice. Children often scream and yell during recess, sporting events, and playtime. Prolonged vocal abuse can result in “vocal nodules” which is a growths on the vocal cords.

Some children have allergies, sinus, and adenoid problems which affect their vocal quality. The spring is a very common time for these problems to surface, resulting in children who sound denasal or “stuffed up.” Decongestants and antihistamines can dry out the vocal chords. This can also cause voice problems in children.

▶ **Vocal Quality: A child with a voice problem can have many different vocal characteristics. Here are some common factors:**

- hoarseness
- harshness/low in pitch and very strained
- breathiness/whisper-like noise
- pitch breaks/pitch goes up and down
- low volume
- denasal/ “stuffed up”
- dry cough
- persistent throat clearing
- a voice problem which persists for 2-3 weeks

▶ **Classroom Intervention: If a child in your classroom demonstrates one or more of the characteristics listed above, here’s what you can do:**

1. Refer the student to the speech pathologist.
2. Monitor the child’s voice for 3 weeks. Make notes like: “raspy voice today” or “very low volume.”
3. Discourage the child from straining his/her voice (i.e., screaming) during activities such as recess.

4. Notify the parents that you have noticed some problems with the voice. Find out if there are allergies or medications.
5. Let the child keep water or iced herbal tea on his/her desk, and encourage the child to drink before speaking.
6. Allow the child to use throat drops in class. "Halls®" and "Fisherman's Friend®" are good products to try.
7. If the problem persists for 14-21 days (2-3 school weeks), the speech-language pathologist may recommend that the child be seen by an ENT (Ear-Nose-Throat) doctor.



➤ **Voice Therapy:**

Disorders of the voice are treated by a speech-language pathologist with a prescription from an ENT doctor. The ENT will examine the child to rule out any growths on the vocal cords. In some cases, the child may have surgery. In other cases, the ENT may recommend 6-12 weeks of speech therapy, in order to determine if the growth will shrink with a reduction in vocal abuse.

Voice therapy programs usually last about 8-12 weeks. The child may be asked to have periods of vocal rest 3-5 times a day. The child will most likely have to give up some activities (e.g., cheering, recess, sports, or chorus) that cause vocal abuse until the vocal cords can heal. The child resumes activities when new strategies to reduce vocal abuse are learned, and a better vocal quality develops. The teacher, student, parents, speech pathologist, nurse, and physician/ENT are all members of the voice therapy program. A "Voice Contract" can be created to provide the child with goals.

➤ **Conclusion:**

Voice disorders in children can be reduced when we all work together. The first important step is recognizing when a child may have a voice disorder. The proper steps to eliminate the problem may then be taken.

We can all be a team to reduce vocal abuse and identify children with voice disorders.