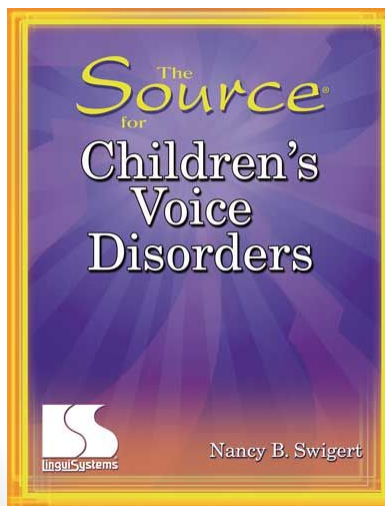


# Overview of Voice Therapy

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## Main Source for Webinar:



The Source for Children's Voice Disorders

By: Nancy B. Swigert

Published by: Linguisticsystems

<https://www.linguisticsystems.com/products/product/display?itemid=10357>

Has a bunch of worksheets and activities for use with kids, great resource!

## Causes of Voice Disorders in Children

- Misuse/Abuse
  - Shouting, screaming, talking too loudly, making loud or tense noises (e.g., car sounds), coughing, throat clearing, habitually speaking too high/low/breathy, not taking adequate breaths, hard glottal attack on phonation
  - Can cause: Swelling, thickening, vocal nodules/polyps, contact ulcers
- Medical Issues
  - Chronic respiratory illness, thickening of folds, contact ulcers, cysts, papilloma (warts), paralysis
- Congenital Medical Disorders
  - Cerebral Palsy, cleft palate, down syndrome, deafness (resonance disorders)

## What to Do When You Suspect a Voice Disorder:

- Refer to physician first
 

(Any child with a voice disorder should be seen by a physician, “preferably in a discipline appropriate to the presenting complaint” (ASHA Preferred Practice Patterns 2004))
- Once cleared, perform evaluation:
  - Case History (include history of voice problems and medical hx, extracurriculars/hobbies, diet, etc.)
  - Observations on respiration, phonation, resonance, pitch (range), and s/z ratio (should be equal)
  - Information on their ability to modify their voice behaviors (can they use a normal voice?)
  - Information on the impact on their life
- Attempt therapy for 6 weeks, if no progress, consider further medical testing

## Treatment: Step One

Goal: Help the child understand the problem

- Teach about how the respiratory system works in a way that they can understand
- Find a reason that the child would want to change the behavior (how is it preventing them from doing what they want to do)
  - If the child is too young to really find inner motivation for changing voice behaviors, external motivators like behavioral reinforcement systems can be used (sticker charts, earning rewards, praise from adults, etc.)
- Get other adults on board (parents, teachers, etc.)

## Treatment for Hyperfunctional Voice

- Definition: Too much tension when speaking
- How to Diagnose: May come up on endoscopy report, or...
  - Voice may sound tight or strained
  - You may see muscle tension in the neck
  - Voice may sound breathy or weak because the extra tension prevents the vocal folds from meeting
- Treatment plan:
  - Identify between tense and relaxed phonation from the SLP
  - Identify where the tension is
  - Use techniques to reduce muscle tension
  - Transfer new relaxed phonation to speech

## Techniques for Reducing Tension

- Yawn/Sign Technique: Have the child yawn several times. “Then ask the child to make a very quiet, unforced sound on the exhalation after the yawn...This sigh can later be shaped into words beginning with “h” or with a vowel sound.” (pg. 76)
- Inhalation Phonation: “Have the child inhale and make the high-pitched humming sound, and then continue the sound on the exhalation...Practice making the sound on inhalation and continuing the sound on exhalation until the quality sounds the same.” (pg. 76)
- Front Focus Sounds: Have the child say “hmm”, “ee”, or blow raspberries while focusing on the front of the face, creating “a humming, buzzing sound in the nose or on the lips.” Keep doing this until you have a relaxed, easy phonation. Then, start varying the pitch and sounds to maintain the same quality of relaxed phonation on different sounds. (pg. 77)

## Techniques for Reducing Tension, Continued

- Reducing muscle tension in the muscles of the face, mouth, neck, and shoulders:
  - Help the child identify where he is holding extra tension and present exercises to help him relax those areas
  - Have parents practice these exercises at home and also practice them at the beginning of each speech therapy session
  - Use gentle stretching and relaxation exercises
- Relaxing during respiration
  - Teach the child to use diaphragmatic breathing (belly breathing) instead of using the shoulders and chest

## Treatment for Vocal Abuse

- Teach the child what he is doing that is vocally abusive and why it's bad
- Increase child's awareness of his own vocal abuse (have him help collect data on when he does it)
- Teach the child alternatives to vocal abuse
- Reinforce use of alternatives, first in structured activities and then in daily activities
- Teach new vocal hygiene habits if necessary
  - Stay hydrated, get enough sleep, avoid beverages and food with caffeine, avoid exposure to smoke/chemicals, use an acceptable volume, speak to others from an appropriate distance

## Replacement Behaviors for Vocal Abuse

- Yelling/Screaming When Mad -> stomp feet, make a loud /s/ sound, talk it out
- Yelling to Get Attention -> get closer to the person, ring a bell, clap hands
- Coughing -> hard swallow, get a drink of water
- Talking loudly -> Using inside voice, going closer
- Talking in noisy environments -> turn down the noise, get somewhere quieter
- Making funny noises -> make funny faces instead

## Treatment for Abnormal Breathing Patterns

- Explain how respiration works
- Teach how to breathe from the belly, not letting shoulders raise
- Teach correct breathing for speech tasks
  - Take adequate breath before beginning (start with shorter speech tasks and work up to longer)
  - Pause to take a breath when running out of air

Use relaxation exercises and negative practice to help the child as needed

## Treatment for Phonation Problems

- Explain how phonation occurs
- Address specific problems that the child is having:
  - Loudness problems: teach them how to use quiet, loud, and normal loudness and practice with speech utterances of increasing length
  - Pitch problems: first identify correct and incorrect pitch in the therapist and then in recordings of own speech and live speech production
  - Voice onset: help the child identify between too breathy, hard glottal attack, and easy onset (yawn-sign can be used for this)