



Advice for Parents: Children with Vocal Abuse

Shouting is one of the primary ways in which children abuse their voices. Typically, children yell from room to room in the house and scream to each other on the playground. At times, they make funny noises or imitations of character voices. Children who are excessive talkers may experience inadequate breath supply and support, causing them to push down harder on the vocal folds to complete lengthy utterances. All of these behaviors – shouting, screaming, yelling, excessive talking – are used by children to get the attention of playmates, siblings, parents and teachers. However, these behaviors can result in serious vocal abuse problems.

Vocal abuse usually results in pathologic laryngeal conditions including inflammation of the vocal folds, chronic laryngitis, vocal nodules, vocal polyps and contact ulcers. These conditions are normally reversible with the elimination of laryngeal hyperfunction, or overuse, and tension, along with a program of vocal hygiene.

A prerequisite to successful vocal rehabilitation is the development, through listening, of an awareness of abusive vocal patterns. The child must be able to identify and develop a perceptual awareness of vocal behaviors that cause abuse to the larynx. Once these specific abusive behaviors are recognized, parents, teachers, siblings and friends can assist the child in identifying situations that promote poor vocal habits and offer regular feedback to the child. The speech clinician can work with the child using recordings and models of appropriate and inappropriate vocal productions to heighten the child's auditory awareness. Once awareness is developed, the child can learn to identify both adequate and inadequate voice patterns.

Along with establishing baselines of frequency of vocal abuse occurrences and learning about situations in which voice abuse occurs, abusive vocal activities must be eliminated. Behavioral management programs using positive reinforcement are most effective in eliminating abusive behaviors.

Abuses too difficult to be entirely eliminated must be modified. Such abuses are coughing, hard glottal attack, loud talking and speaking at inappropriate pitches (most often too low). All of these abusive activities involve closing the vocal folds too tightly and, with the exception of inappropriate pitch, too abruptly. The resulting voice is strained or tight, and sounds harsh.

Children often adapt their vocal behavior in response to the vocal patterning of an adult. Speaking to children in a soft breathy voice can help model an easier method of phonation; a whistle can be used by parents and children to get attention from a distance; and, if appropriate, the child can learn to increase pitch with modeling.

Upon elimination or modification of abusive vocal behaviors, the child's natural voice normally returns. After use of these intervention techniques, the referring physician, on re-examination of the child's vocal folds, usually reports reduction or elimination of the pathologic condition which necessitated the original referral.