

Protecting Your Child's Voice

by Anthony B. DeFeo, Ph.D.

Introduction

Your child's *voice* problem is caused by harmful use of the voice. Everyday misuse of the voice is a serious problem. Bad habits can lead to swelling of the *vocal cords* and growths called *polyps* or *nodules*. These conditions may result in an unpleasant, inefficient voice (*dysphonia*).

Voice therapy (or surgery, if recommended) will only correct the problem if your child reduces bad voice habits. This is not easy. But it is necessary for long-term improvement in voice quality. You, as a parent, will play an important role in the process.

What are abuse and misuse of the voice?

Vocal abuse typically involves straining the vocal cords by screaming, yelling, coughing, or clearing the throat. *Vocal misuse* is speaking too loudly or speaking with a voice too high or too low in *pitch*. Misuse also occurs when someone has to shout to be heard over background noise. Everyone sometimes abuses and misuses the voice. But when harmful uses of the voice become a habit, they become a problem.

Sources of Vocal Abuse

- Shouting, Screaming
- Speaking with excessive force or "pushing"
- Talking too much
- Constant throat clearing or coughing
- Straining the voice to imitate noises like car and plane engines, sirens and screeching brakes

Sources of Vocal Misuse

- Speaking too loudly
- Speaking with too high or low pitch
- Talking "over" background noise

How You Can Help Reduce Vocal Abuses and Misuse

You have already helped your child's voice problem by arranging for a medical *evaluation* and a *speech-language assessment*. Now you are joining your *speech and language clinician* in a team effort to help change your child's vocal habits.

Many older preschoolers and school-age children can be encouraged to develop good speech habits. Many children under four years of age need continuing help and reminders. They have not yet developed enough self-control to be able to change their own vocal habits.

Some of the following tips for parents require lots of patience on your part. It can be difficult to break your child's bad habits! Ask your speech and language clinician which activities are best for your child.

1. Identify instances of vocal abuse and misuse.

You can observe your child in more situations for a longer time than the speech and language clinician can. It is important to make a list of situations when vocal abuse or misuse occurs. Become a careful listener. Does your child shout a lot at home? Do you hear your child yelling when playing with friends outside or when playing sports? Do you notice lots of throat clearing or coughing?

Keep your list in a handy place (on the refrigerator, for example). Observe your child carefully for about a week. Then give your list to your child's clinician.

2. Discourage use of loud, effortful speaking.

At appropriate times, remind your child to use a softer, "easier" voice. Demonstrate it for the child. Work out a signal, such as tugging your ear or touching your throat, which will serve as a reminder when you are with other people. This way you will not be constantly interrupting when your child is talking to others. Sometimes it helps to post a reminder sign or picture in your child's room or the family room. Use your own judgment about how often to give your child such reminders without frustrating the child.

3. Suggest substitutes for voice use.

If your child is going to a sporting event where yelling is likely, suggest noisemakers (horns, shakers) or visual support (signs, pom-poms) as a substitute for yelling. Whistling to get a friend's attention is better than yelling across the street.

4. Discourage making non-speech noises.

Children often make noises during play by imitating car engines, screeching brakes, airplanes, etc. Explain how these can hurt the voice and suggest other types of sounds. For example, blowing air ("sh") is preferred over a high-pitched "eeee" screech.

Frequent throat clearing can often be reduced by drawing the child's attention to this habit. It's hard to tell your child not to cough. Ask the speech and language clinician to demonstrate the "silent cough" method. This will help reduce abuse.

5. Eliminate sources of background noise.

Turn down the volume on the television or music being played while talking with your child. Now the child will not have to talk "over" the background noise. When driving in the car, particularly on long trips, turn down the radio and roll up the windows. Research has shown that a person has to almost shout to be heard when talking in a car traveling at sixty miles per hour with open windows.

6. Reduce the amount of talking.

Total vocal rest is unrealistic. Children need to be seen and heard! But it can be helpful, at times, to limit the amount of talking your child does. For example, your child might come home from school sounding hoarse. You may direct the child to activities that can be done alone, such as reading, model building, or drawing. If your child has had a day of much yelling and talking with friends, you might encourage "quiet" times over the next few days.

7. Reward the use of good vocal habits.

Be sure to praise your child when the child uses a more desired voice or reduces vocal abuses. Often the speech and language clinician will ask you to encourage your child by rewarding good vocal habits. This type of program might require you to watch your child, chart the use of good vocal habits, and reward your child's success.

8. Be a good model.

Try to keep your own voice at a comfortable pitch and loudness. Remind the family to take turns during speaking, rather than yelling to get each other's attention.

9. Be sensitive to health factors.

Frequent colds or upper respiratory infections can harm the vocal cords and your child's voice. Children who suffer from allergies are also at greater risk for voice problems. So, consult your physician whenever you suspect such conditions.

10. Be sensitive to voice changes.

Call or visit your child's speech and language clinician whenever you hear changes in your child's voice for better or worse.

Vocabulary

Allergy—An extreme sensitivity to a normally harmless substance, causing physical discomfort.

Dysphonia—Unpleasant-sounding speech.

Evaluation, assessment—Tests used to measure a person's level of development, or to identify a possible disease or disorder.

Pitch—Sound quality associated with low or high frequency of vibration, such as low or high musical notes.

Polyps, nodules—Growths on the vocal cords which can cause hoarseness and dysphonia.

Speech and language clinician—A person who is qualified to diagnose and treat speech, language, and voice disorders.

Upper respiratory infections—Infections including the common cold which affect the body from the nose to the lungs. May affect speech and hearing.

Vocal abuse—Mistreatment of the voice by overuse, screaming, or yelling.

Vocal cords—Muscles in the larynx which produce speech sounds by vibrating.

Vocal misuse—Incorrect use of the voice.

Voice—Sound produced by the vibration of the vocal cords used to speak.

Refer to:

9.4 Dealing With Negative Behavior