Behavioral Adjustment of Children with Voice Disorders in Morocco

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Conclusions
1) Psychogenic voice disorders can affect not only adults but also children and adolescents.
2) Five participants demonstrated psychogenic voice disorders with introvert personality symptoms.
3) Psychological factors are important in the assessment and identification of voice disorders in children and adolescents.
4) Subjective scales for assessment of functional voice disorders (Child Voice-Related Quality Of Life, IPVI, CBCL & CBCL-RTF) are effective in the assessment of quality of life and psychological status of children and adolescents.
5) Cultural factors and personality impact voice disorders in children and adolescents.

Method
Participants: A group of 19 children and adolescents with voice disorders diagnosed by an otolaryngologist and speech-language pathologist participated in the study. The participants included boys and girls from 6.5 to 14.5 years of age living in rural areas of Morocco (Table 1). Twenty two age matched children without voice disorders also completed the study.

Measures: Case history interviews, adapted forms of Child Behavior Check-List (CBCL) (Achenbach, 1991), Child Behavior Check-List – Teacher’s Report Form (CBCL-TRF) (Achenbach, 1991), Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V) (ASHA Special Interest Division 3, Voice and Voice Disorders, 2002), adapted Child Voice-Related Quality of Life (CV-RQOL) (Hogikyan & Sethuraman, 1999), and Iowa Patients’ Voice Index IPVI (Michael P. & al., 2007) were completed for each of the participants. The measures provided data on the type and severity of voice disorder and the child’s behavioral adjustment.

Analysis: Results for each child were scored and data from children with voice disorders and typically developing participants were compared.

Results
Results from the behavioral scale analyses from the voice disorder and normal groups showed differences in behavioral adjustment for the children with voice disorders (Table 2).

Examination of individual participant results from the Child Behavior Checklists found a high incidence of co-occurring psychological factors (See Figure 1).

Based on the results from the behavioral checklists and quality of life scales, psychological factors were identified as important to the development and maintenance of the voice disorder for five of the children (Figure 2). The voice disorder appeared to have psychological consequences for seven additional participants.

Table 2: Scores of Children with Voice Disorders Means to a Matched Group of Normal Children

<table>
<thead>
<tr>
<th>Participants</th>
<th>CV-RQOL</th>
<th>IPVI</th>
<th>CBCL</th>
<th>CBCL-TRF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>45.16</td>
<td>4.05</td>
<td>71.92</td>
<td>70.74</td>
</tr>
<tr>
<td>Normal Mean</td>
<td>100</td>
<td>0</td>
<td>54.66</td>
<td>54.77</td>
</tr>
</tbody>
</table>

References

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