

Introduction

The *Remediation* section of *The Boone Voice Program for Children* is designed to provide the voice clinician with step-by-step procedures and materials to remediate voice disorders in school-age children. This program is based upon the therapeutic philosophy and procedures described in *The Voice and Voice Therapy* (Boone & McFarlane, 1988).

The *Remediation* manual contains:

- Searching for the “Best” Voice
- Vocal Abuse Reduction Program
- Facilitating Approach #1: Changing Horizontal Focus
- Facilitating Approach #2: Changing Loudness
- Facilitating Approach #3: Changing Vertical Focus
- Facilitating Approach #4: Chewing
- Facilitating Approach #5: Ear Training
- Facilitating Approach #6: Eliminating Hard Glottal Attack
- Facilitating Approach #7: Establishing New Pitch
- Facilitating Approach #8: Explaining the Problem (Counseling)
- Facilitating Approach #9: Masking
- Facilitating Approach #10: Opening the Mouth
- Facilitating Approach #11: Pushing
- Facilitating Approach #12: Yawn-Sigh

Accompanying the *Remediation Manual* are a cassette, *Voice Tally Cards*, *Voice Counting Charts*, *Balloon Race Voice Abuse Chart*, *Balloon Post-it™ for Children stickers*, and *Voice Improvement Recording Forms*. Instructions for the use of these additional materials are given as part of the step-by-step procedures in this manual.

Searching for the “Best” Voice

There is no one way to do voice therapy. The methods and techniques that are used in therapy are dictated by the problem and how well the child responds. A number of voice problems are listed in the left column of Figure 1; 12 voice facilitating techniques are listed in alphabetical order in the

subsequent columns. An “X” in a box where a particular problem and a therapy approach intersect indicates that the corresponding therapy approach may be useful for correcting that particular problem. How well the child responds dictates whether the clinician continues using that technique with that particular child. If the child responds poorly, the clinician introduces another approach; if the approach seems to improve the sound of the voice or its production, the technique is used as a therapy method.

The search in therapy is to find a natural, easy-to-produce voice. However, the “best” voice may not necessarily sound as good as a voice the child is already using. The “best” voice is usually the voice produced with the least amount of effort. The “best” voice (an easily produced voice) is a means towards establishing a useful, natural voice. The clinician should use those techniques designated by the “X” to determine if by their application the child’s voice is more easily produced. In Figure 2, the clinician keeps track of the effectiveness of the technique by recording the child’s responses on the *Voice Improvement Recording Form*. For example, there are 13 steps to follow in teaching Facilitating Approach #4, Chewing, as shown in Figure 2. The approach used and the 13 steps are designated in the left columns. How the child’s voice changes or improves is marked in the four right columns. In this example with the chewing approach, the clinician used the same form for three therapy sessions: 11/2; 11/9; 11/11.

In addition to aiding the clinician in searching for the child’s best voice, the materials for each facilitating approach are intended to lead toward *habituation* of the child’s best produced voice. Once a therapy approach has been found useful for helping the child find his or her “best” voice, the clinician should use the various materials included for that technique as practice drill materials. The clinician is encouraged to provide additional therapy materials whenever necessary.

	Changing Horizontal Focus	Changing Loudness	Changing Vertical Focus	Chewing	Ear Training	Eliminating Hard Glottal Attack	Establishing New Pitch	Explaining the Problem (Counseling)	Masking	Opening the Mouth	Pushing	Yawn-Sigh
PROBLEM	1	2	3	4	5	6	7	8	9	10	11	12
Low Pitch			X	X	X		X					
High Pitch		X	X	X	X		X					X
Inadequate Loudness	X	X	X		X		X	X	X	X	X	
Excessive Loudness		X			X		X					X
Breathy Quality (folds open)	X	X	X		X		X				X	
Hoarse Quality (additive lesion)	X		X				X		X	X	X	
Tense Quality (folds closed)				X		X	X			X		X
Denasality			X					X		X		
Hypernasality			X		X		X			X		
Back Focus (posterior tongue carriage)	X				X			X	X			
Front focus (anterior tongue carriage)	X		X	X	X			X		X		X
Strident Voice	X		X	X		X				X		X
Hard Glottal Attack				X	X	X		X		X		X

Figure 1.

VOICE IMPROVEMENT RECORDING FORM
The Boone Voice Program for Children

Name Tom Fulton Date Therapy Initiated 10-30 Date Therapy Terminated

Check (✓) if Vocal Abuse Program is in effect

Chewing

DATE	FACILITATING APPROACH NUMBER	STEP NUMBER	CHECK (✓) APPROPRIATE BOX			
			NEGATIVE CHANGE	NO CHANGE	SLIGHT IMPROVEMENT	GREAT IMPROVEMENT
11/2	4	1-5		✓		
11/2	4	6-7			✓	
11/2	4	7-9			✓	
11/2	4	10				✓
11/2	4	11-13		✓		
11/9	4	7-9			✓	
11/9	4	10				✓
11/9	4	11			✓	
11/9	4	10				✓
11/9	4	10				✓
11/9	4	11				✓
11/11	4	10				✓
11/11	4	11				✓
11/11	4	12-13			✓	
11/11	4	10				✓

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Figure 2.