

Behavior, Social Competence, and Voice Disorders in Childhood and Adolescence

*,[†],[‡]Livia Lima Krohling, *Kely Maria Pereira de Paula, and [†],[§]Mara Suzana Behlau, *Vitória, [†]§São Paulo, and [‡]Vila Velha, Brazil

Summary: Objectives/Hypothesis. This study aimed to verify the relationships among voice change complaints, indicators of competence, and behavioral problems in children and adolescents.

Study Design. This is a prospective study.

Methods. A sample of 103 parents/guardians completed the Child Behavior Checklist for ages 6–18 years. The mean age and gender were very similar between the participants with and without voice complaints.

Results. Regarding the competences, no differences were found between the participants with and without voice complaints. The group with voice complaints presented higher total scores and T-scores in the both anxiety/depression and somatic complaints domains and in the internalising, externalizing, and total scales. The total scores and T-scores on the internalising, externalizing, and total scales, as well as those of their domains (anxiety/depression, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior), differed between children and adolescents with and without voice complaints.

Conclusions. Children and adolescents with complaints of voice disorder demonstrate a potential risk of developing emotional/behavioral problems.

Key Words: Voice disorder complaint–Dysphonia–Social competence–Behavior problems–CBCL.

INTRODUCTION

Communication skills are greatly interconnected with social skills in children¹; the voice is how the individual expresses his or her psychological state and emotional content and displays personality traits.² Voice disorders in childhood can trigger problems in the construction of identity by compromising the identification of the gender, age, and emotion of the speaker³ and may also reduce children's quality of life, particularly in the physical domain.⁴

Children who speak with strong intensity present a positive correlation with increased agitation, restlessness, sociability and extroversion, less sleep, intense attempts to be accepted in the social group, and the need to command the attention of others during conversation.⁵ The habit of speaking loudly is common in childhood but is a characteristic of dysphonic children when it occurs in all activities⁶ and where the main vocal markers are moderate to intense roughness and breathiness.⁷

Regarding behavioral problems, several studies have shown a correlation between the variable of gender and the emotional/externalising and internalising behaviors' indicators.^{3,8–10} There are also indications of associations among gender, behavior, and presence of voice disorder.^{4,11}

Studies on child dysphonia indicate a higher occurrence of voice disorders associated with externalising behaviors, such as aggressiveness in boys.³ Boys present a higher occurrence of phonotrauma and therefore have more chance of developing alterations in vocal quality.^{4,11}

Although feelings such as frustration, anger, shame, and dissatisfaction have been reported to be increased in dysphonic children,⁶ additional studies addressing voice, behavior, and social competence are necessary to better understand voice disorders in childhood and their impacts on development. Therefore, the objective of this study was to verify the relationships among voice change complaints, social competence, and emotional/behavioral problems' indicators in children and adolescents.

METHODS

This cross-sectional and correlational study was approved by the Research Ethics Committee of the Federal University of Espírito Santo (*Universidade Federal do Espírito Santo*, UFES) (REC/UFES number 027/11). A total of 103 parents/guardians of children and adolescents aged 6–18 years participated in this study and were divided into two groups: 48 individuals with voice complaints and 55 individuals without voice complaints; the mean age of the children and adolescents was 11.7 years. Among the participants, 50 were female (of whom 44% had voice complaints) and 53 were male (49.1% with voice disorders).

The inclusion criteria for participation in the study were as follows: child age corresponding to the age group reported in the Child Behavior Checklist (CBCL), aged 6–18 years¹² and submission to a voice disorder assessment in a previous study with the Brazilian validated version⁴ of the Pediatric Voice-Related Quality-of-Life Survey.¹³ The exclusion criteria were as follows: current or previous communication disorders, with the exception of voice disorders; presence of acute upper respiratory tract infections; prior voice treatment; and diagnosed neurological or psychiatric diseases.

All participants signed the free and informed consent form and completed the CBCL—a psychological assessment instrument¹² used worldwide¹⁴ and considered the gold standard for child and adolescent mental health screenings,¹⁵ with

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From the *Departamento de Psicologia, Universidade Federal do Espírito Santo, Vitória, Brazil; †Departamento de Fonoaudiologia, Universidade Federal de São Paulo, São Paulo, Brazil; ‡Universidade Vila Velha, Vila Velha, Brazil; and the §Centro de Estudos da Voz—CEV, São Paulo, Brazil.

Address correspondence and reprint requests to Livia Lima Krohling, Universidade Vila Velha—UVV, Rua Comissário José Dantas de Melo 21, Vila Velha, Espírito Santo 29.102-920, Brazil. E-mail: livialima.r@ig.com.br

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preliminary validation of a Portuguese version¹⁶ and an official version for the Brazilian context.¹⁵ The instrument consists of 138 items, with 20 assessing social competence and 118 assessing behavior problems in children and adolescents.

Data were collected in two schools (private and public), otorhinolaryngology clinics and a teaching clinic at the Higher Education Institution with phonoaudiological therapy services specializing in voice, all located in the state of Espírito Santo, Brazil.

On completion of the CBCL administration, the instrument data were imported into the *Assessment Data Manager* (ADM) software (ASEBA, Burlington, Vermont) to convert the raw scores to T-scores and then obtain the clinical, nonclinical, and borderline clinical profiles according to standardization and cutoffs.¹²

The clinical data of the sample were characterized according to the variables of age, gender, and presence or absence of voice change complaints. For data analysis, the participants were divided into two age groups: school-aged children (6 years of age to 11 years and 11 months of age) and adolescents (12–18 years of age) because of the peculiarities and specificities of development present in each stage of development.

The chi-square test was used to compare male and female participants in the groups with and without voice complaints, whereas the Mann-Whitney test was used to compare participants by age.

The ADM software enabled the descriptive analysis of the data with the calculation of the mean and standard deviation of the total competence scale and its domains (activities, social, and school) and the total emotional/behavioral problems scale, internalising scale, externalising Scale and their domains, namely: anxiety/depression, withdrawal/depression, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior. The sample was also scored in the clinical, nonclinical, and borderline clinical ranges, considering the total score (gross) and the T-score.¹² The Mann-Whitney test was used to compare the groups with and without voice complaints in all the specified scales and domains of the CBCL to verify possible differences among the studied subsamples in all the scales and domains.

The variables gender, age, and age group (school-aged children and adolescents) were considered in both situations.

The *Statistical Package for Social Sciences* (SPSS) (Version 20.0) manufactured by Statistical Product and Service Solutions was used for statistical analysis, with the significance level of 5% (0.05).

RESULTS

The two investigated groups, with and without voice change complaints, were very similar regarding the mean age (with voice complaints: 11.8 years of age; without voice complaints: 11.6 years of age) and gender, with 54.17% of boys in the group having voice complaints and 50.9% of girls in the group not having voice complaints (Table 1).

There was no correlation between the total competence scale and its domains and the activities competence, social competence, and school competence subscales with voice complaints (all T-scores presented $P > 0.05$), demonstrating that the overall social competence and the competences relating to activities, sociability, and school issues do not differ between children/adolescents with and without voice change complaints in the analyses by age group and gender of the participants. All participants were in the nonclinical range. Therefore, the groups were similar regarding the frequency and performance of sports, academic tasks, play activities, and hobbies (Figure 1).

Figure 2 shows the T-scores (for the groups with and without voice complaints) for the behavioral indicators obtained with the parents/guardians considering the eight domains of the scale of total emotional/behavioral Problems: (1) anxiety/depression, (2) withdrawal/depression, (3) somatic complaints, (4) social problems, (5) thought problems, (6) attention problems, (7) rule-breaking behavior, and (8) aggressive behavior.

Participants with and without voice complaints presented differences in the anxiety/depression domain ($P = 0.002$), with the group with complaints presenting a higher total score than the group without complaints (Figure 2). However, when the data were analyzed by age group, this parameter differed only in the adolescent group, demonstrating that individuals with complaints presented greater anxiety/depression than those without complaints ($P = 0.009$).

TABLE 1.
Clinical Characterization of the Participants

Variable	Group	N	%	Mean	Standard Deviation	Significance (<i>P</i>)
Age	With complaints	48	46.6	11.85	3.34	0.811
	Without complaints	55	53.4	11.64	3.39	
	Total	103	100	11.74	3.35	
Gender	Female with complaints	22	45.8			
	Female without complaints	28	50.9			
	Male with complaints	26	54.2			
	Male without complaints	27	49.1			
	Total female	50	48.5			
	Total male	53	51.5			

Note: Chi-square test and Mann-Whitney test.

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