

SE REGIONAL SYMPOSIUM HELD IN TAMPA

This meeting was a resounding success with over 100 in attendance, counting Speech Language Pathologists, SLP students and SD patients. It helped raise Awareness to SD and was very Educational to all in attendance.

I started the meeting by presenting an NSDA Certificate of Appreciation to Darla Freeman-LeVay for her efforts with the Tampa SD Support Group.

Speakers were:

-Dr. Daniel Vincent was insightful in his SD presentation from both an ENT and Neurological perspective. He also had an extensive Q&A at the end of the session; Dr. Ruth Bahr who is doing medical research on SD in speech joined in the Q&A as well.

-Darla Freeman-LeVay, M.A., CCC-CLP and Instructor at the University spoke in detail about many of the techniques of Speech Therapy. She also discussed medical research which showed that people taking Speech Therapy a few weeks after their Botox shots can double the extent of duration between shots.

-Recent graduate Katie Biedess presented her Masters Degree thesis on Speech Breathing in People with AD/SD. It was as promised, a discussion from a viewpoint we rarely hear about.

-Ocala Support Group Leader Nancy Livesay chaired a panel entitled, Living with SD; participants were Tony Fowler, Leigh Antonsen, Emma Mattes and Nanette Campbell. Each described their condition and how they manage to have successful lives despite having SD. Each has a very different background but all mentioned the need for acceptance of their SD condition and moving on with their life.

-NSDA Support Services Director Mary Bifaro spoke compellingly how the NSDA delivers support to its members. Mary has AB/SD but did not let it stop her from delivering a passionate 20 minute speech.

Mary had a number of statements, two of which I will quote here. She said, quoting Donna Collins who serves the NSDA as its Midwest Regional Coordinator: "The NSDA has always been there for me throughout my experience with SD. I believe that attending support groups can help patients learn what treatments are available and how to cope with the disorder. The NSDA has given me empowerment to overcome the obstacles associated with SD. I hope to encourage others that they can live a good life with SD as I have".

Mary said in closing, "I urge everyone here to support the NSDA and get involved in our cause. Our grassroots, patient-driven NSDA needs our help. Together, let's soar by meeting our goals which are found in the letters of the word soar: support, outreach,

awareness and research. Together, let's "speak out for spasmodic dysphonia". In the words of Mahatma Gandhi, "The best way to find yourself is to lose yourself in service".

ESTABLISHING GOOD VOCAL HYGIENE

Provided courtesy of Mary Bifaro, Charlotte Support Group Leader. Written by Voice and Swallowing Center - Charlotte ENT Association.

What is Good Vocal Hygiene?

Vocal hygiene is caring for your voice and larynx. Improvements in vocal hygiene can impact the way you are able to use your voice.

Throat Clearing

In some cases, excessive mucous is a problem (associated with gastric reflux, post nasal drip and allergies). More often, patients clear their throats out of habit rather than need. This behavior, because it is traumatic to the vocal folds, should be eliminated. The following are alternative strategies to throat clearing that are useful:

Dry swallowing- Swallowing closes the vocal folds and can help rid them of mucous. The action of swallowing can also relax the larynx helping to alleviate perceived need to clear the throat.

2. Take small sips of water
3. Use a 'silent cough'. This is achieved by using abdominal support to push air through the glottis as if product an /h/ sound. This strong airflow blows the mucous off the vocal cords.
4. Pant lightly, then swallow.
5. Hum lightly.
6. Laugh gently or 'giggle', then swallow.
7. Talk through the mucous. The natural vibration of vocal folds may rid them of any secretions.
8. For singers, vocalize lightly on 4-note scales in a comfortable range on /a/, or slide up an octave softly on /a/ and crescendo (get louder).

Whispering

Many patients, especially singers, know that whispering should be avoided. During whispering, in many instances, the anterior 2/3 of the vocal folds approximate, forced or 'loud' whispering appears most harmful. The adverse effects of whispering have not been fully documented, but there is ample clinical experience to support the proscription. Although, extremely soft whispering without vocal contact may be safe, few patients

maintain this and resort to using a forced whisper so they can be heard. Therefore patients are cautioned that all whispering should be avoided. Actors may need to make use of this type of vocal production in their work. In this case, specialized training is indicated.

Yelling, Screaming, or Loud-Talking

Many performers have gregarious, outgoing personalities. They commonly yell or scream as an expression of anger, frustration, elations or joy. We advise them to 'save it for the performance' and instead:

1. Use a whistle or belt
2. Educate friends and family or members about the harmful effects of yelling or screaming
3. Engage the help of others for monitoring.
4. Use facial and other physical gestures to express emotions.
5. Use hissing as another non-voiced outlet to express anger or frustration.
6. Know the limits of their voice abilities. Be aware of how much loud talking can be tolerated before the fatigue is expected.
7. Cultivate the dramatic power of soft, articulated speech, which is often more effective than yelling.

Noisy Environment

Certain environments are inherently noisy (cars, airplanes, restaurants, social gatherings, night clubs). Special care needs to be taken not to speak over the noise level or long periods of time. Alternatives include:

1. Facing the listener
2. Gently over articulating rather than increasing loudness.
3. Slowing the speaking rate to avoid the need for repetition.
4. Speaking in a normal pitch. A normal or slightly lower pitch often cuts through the ambient noise, naturally decreasing the need to speak more loudly. Training in the use of this technique is needed.

Excessive Talking

Gregarious patients find this a difficult habit to break. Modification can be facilitated using the following:

1. Schedule 'voice naps'. Observe 20 minute silence, 2 - 3 times a day.
2. Inexpensive digital watches are available with 'time elapsed' functions that beep every 10 minutes or every hour. This signal can be used early in retraining as a reminder to check vocal behavior.
3. Limit the amount of time on the telephone.
4. Limit interrupting others conversation. Be a good listener.

Caffeine Consumption

Excessive caffeine intake has a 'drying out' effect and depletes the vocal fold tissue of needed water. Patients should:

1. Avoid caffeinated beverages (coffee, tea, soda) especially before heavy voice use, dress rehearsals, performances, lectures, sermons or teaching.
2. Switch to decaffeinated beverages (water is a good substitute).

Drink a glass of water for every cup of coffee or soda and follow the recommendations below for 'systemic dryness'.

Systemic Dryness

Good systemic hydration is necessary for all patients. They are instructed to:

1. Drink water every time you eat.
2. Keep water at hand at all times.
3. If you absolutely 'hate' water, try bottled spring water or tap with a 'twist'.

Inadequate Rest Patterns

General body fatigue is reflected in the voice. Optimal vocal efficiency may not be achieved if the patient is tired.

1. Get more rest/sleep prior to heavy voice use.

2. Be particularly careful when traveling (jet lag).
3. Allow time for a short nap prior to important speaking commitments whenever possible.

Stress Management Strategies

Many voice patients experience tremendous stress/tension in their daily lives.

1. Talk and move more slowly. When you move slower, you tend to talk slower. You can control the pace of the situation.
2. Use physical exercise.
3. Read a familiar passage out loud. The passage may be recorded during a voice therapy session and the tape used to gauge and adjust the voice during stressful situations.
4. Use meditation or prayer when applicable.
5. Consider formal training in stress management with a specially trained psychologist.