UNDERSTANDING AND TREATING PSYCHOGENIC VOICE DISORDER

A CBT Framework

PETER BUTCHER, ANNIE ELIAS AND LESLEY CAVALLI
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He who is in harmony with the Tao
is like a newborn child . . .
It can scream its head off all day,
yet it never becomes hoarse,
so complete is its harmony.

Lao Tzu
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ABOUT THE AUTHORS

Peter Butcher BA (Hons), MPsychoh, CPsychoh, Associate Fellow of the British Psychological Society (AFBsPS); and an accredited member of the British Association of Behavioural and Cognitive Psychotherapies (the BABCP).

Peter has experience working as a cognitive behaviour therapist since the 1970s, a special interest in sharing psychological skills with others, and 20 years association with speech and language therapists working with psychogenic voice disorders. Peter has published widely in international journals on CBT and related subjects, including psychogenic voice, and he has presented papers on these subjects at national and international conferences.

In the field of training non-psychologists in the use of psychological methods, Peter has co-edited Sharing Psychological Skills, a special issue of the British Journal of Medical Psychology in 1985. In the area of psychogenic voice disorders, Peter has authored or co-authored a number of research and theoretical pages, as well as co-written (with Annie Elias and Ruth Raven) Psychogenic Voice Disorder and Cognitive Behaviour Therapy (Whurr, 1993) and co-authored (with Lesley Cavalli) a case study of combined speech and language/psychological treatment in Wanting to Talk (Whurr, 1998).

Lesley Cavalli MSc BSc(Hons) CertMRCSLT, Specialist Speech and Language Therapist and Lecturer in Voice Speech and Language Therapy Department, Great Ormond Street Hospital NHS Trust & Department of Human Communication Science, University College, London.

Lesley Cavalli currently combines her clinical work at Great Ormond Street Hospital with a lectureship in Voice at University College, London. She started her career as a Speech and Language Therapist in 1988 and has specialised in voice disorders in her clinical work, teaching and research for the past 16 years. Her current clinical post involves the tertiary assessment and treatment of children and young adults with a wide range of ENT-related conditions, including psychogenic voice disorders. She is the lead Speech and Language Therapist for the Joint Paediatric Voice Clinic at Great Ormond Street Hospital and Deputy Head of the Speech and Language Therapy Service.

Annie Elias, Specialist Speech and Language Therapist in Voice, The Kent and Canterbury Hospital.

Annie Elias has worked with children and adults with voice disorders since qualifying as a speech and language therapist in 1980. In her first post at The Royal London
Hospital both Annie and her colleague Ruth Raven began working in a model of co-therapy sessions with Peter Butcher. Together they explored combining voice therapy with CBT and this led to several journal articles and an earlier text. Annie moved to Kent in 1986 to become Head of Speech and Language Therapy Services for part of East Kent. She has maintained a specialist clinical caseload in voice and is a visiting lecturer in Voice at University College, London.
A human voice reflects the condition of the individual at the moment he or she speaks. It is the product of the speaker’s anatomy, physiology, neurology, cultural background, health and psychological status. The synergy of these foundation elements affects the structure and function of the vocal tract and, in particular, the larynx and vocal folds. Consequently, the study of the human voice is pursued by many disciplines, both artistic and scientific, and ranging from those whose main concern is with voices which might be regarded as falling within normal limits to those which might be judged to be superior, such as those of vocal performers, or pathological, as in the case of individuals with voice disorders.

The effect of a disordered voice (dysphonia) or complete loss of voice (aphonia) is usually much greater for affected speakers than the difficulty of making themselves heard. When it is within normal limits, in addition to rendering the oral message audible, the voice conveys paralinguistic features which enhance or refute the language employed by the speaker. Equally important, listeners make judgements about the speaker according to the amalgam of acoustic parameters such as pitch, loudness, vocal quality and flexibility. Speakers who do not have the full range of vocal features and nuances at their disposal have to cope not only with the obvious practical disadvantages but also with the difficulties of conveying the subtleties of conversation and self-image which are an integral part of human interaction.

The development and increased use of videostrobolaryngoscopy, the gold standard of laryngeal examination, during the past 30 years, has resulted in the potential for much more accurate diagnoses of the causes of voice disorders. It has also resulted in the establishment of multidisciplinary voice clinics in the best centres globally. The core disciplines in such clinics are ear, nose and throat surgeons and speech and language therapists/pathologists who specialise in the analysis, diagnosis and treatment of patients with voice disorders. In some centres, members of other disciplines, such as voice scientists, psychologists, osteopaths and singing teachers also contribute their expertise. The most important task initially is that an accurate medical diagnosis of the cause of the voice disorder should be made; this is the responsibility of the ENT surgeon ultimately. Decisions are then made as to whether the treatment should be surgical, medical, a course of voice therapy or a combination of these elements.

Traditionally, a diagnosis of psychogenic voice order is a diagnosis of exclusion. It is made when thorough laryngeal examination and, where necessary, more extensive investigation does not reveal any organic cause for the voice disorder. Until now, it is at this point that terminology and classification have been vague, interchangeable and non-specific, frequently resulting in inaccurate usage. Terms such as ‘functional
dysphonia’ and ‘conversion symptom aphonia’ are used routinely to refer to psychogenic voice disorders, with little regard for their true meaning or the actual aetiology of the condition concerned. Clinicians are also aware that in addition to being a primary feature, psychological aspects occur in a variety of voice disorders as secondary and compounding elements. On the basis that accurate terminology and classification is relevant to the intervention undertaken, this book makes an important contribution by clarifying a classification structure and by developing relevant terminology. It then proceeds to build on this carefully considered foundation to explain, suggest and give practical examples of the way in which cognitive behaviour therapy can be used in the treatment of psychogenic voice disorders.

This text is unique in its careful analysis of the issues involved in both the diagnosis and treatment of psychogenic voice disorders. It is also unusual in the field of voice pathology in demonstrating the obvious benefits of close collaboration between speech and language therapists/pathologists and psychologists. Through their writing here and in previous publications, the authors demonstrate the enormous benefits which clinicians, and therefore their patients, can derive from working in an experienced multidisciplinary team. They acknowledge how much they learn from each other; the result is a text in which the contributions from each discipline are recognised as being complementary and essential. This book succeeds in making its well-considered case for the use of cognitive behaviour therapy by speech and language therapists/pathologists as an important element of a battery of therapeutic techniques. It should enable experienced clinicians to further develop their skills and give the less experienced insight into the complexity of psychogenic voice disorders and their resolution. The authors are to be congratulated on producing a thoughtful and reflective text which clearly encompasses their combined clinical experience and their ongoing commitment to improving treatment for individuals with psychogenic voice disorders.

Lesley Mathieson FRCSLT
Visiting Lecturer in Voice Pathology
Institute of Laryngology and Otology
University College London
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FOREWORD

Human voice has an intimate relationship with emotions. To start with, voice can induce emotions. In adolescence, during the most emotional time of our lives, we spend considerable amount of time and resources having our emotions stirred by listening to vocalisations recorded for this simple purpose and produced by singers who, just on the strength of modulating their voice, become objects of love and admiration. But the relationship goes the other way as well and emotions affect human voice. It is the core assumption of the diagnosis of psychogenic voice disorder that emotions can actually disrupt normal functioning of the vocalisation system.

Overall, the notion that a lot of physical symptoms have a psychological origin is not as solid as it once appeared. From early psychoanalytical lists of psychogenic somatising disorders only a few remain. From skin diseases to asthma, illnesses once considered suitable for psychotherapy are now seen to be of physical origin. Not long ago, stomach ulcers were widely attributed to stress, until Warren and Marshall discovered they are caused by helicobacter pylori and curable by antibiotics. The field is plagued by the famous ease with which a neurotic conflict can be found if we only look hard enough. Psychoanalytically oriented therapists have the dubious distinction of improving the hit rate to impressive 100% by postulating that if the patient shows no neurotic symptoms or behaviour whatsoever, this by itself proves that they are converting their emotional turmoil into whatever physical disease they suffer.

As far as certain types of voice disorders are concerned though, the psychogenic hypothesis holds well. The psychological causation can be obvious, and psychological treatments evidently useful. The authors of this book are of course well aware of the dangers of over-diagnosing emotional effects, and they take care to discuss, for instance, the tricky feat of differentiating distress caused by illness from that which may be its cause. The diagnostic process is covered extensively. The book provides a thorough coverage of an important and under-served field. It discusses a range of key issues concerning the assessment and cognitive behavioural treatment of psychogenic voice disorders, accompanied by useful practical examples and case studies. Peter Butcher, who leads the team of authors, is known in the field as an experienced, sensitive and humane therapist and a versatile thinker. These characteristics are evident throughout the book. The authors have put together probably the best and most detailed resource available to learn about the practicalities of dealing with this often mysterious and disabling condition.

Peter Hajek
Professor of Clinical Psychology
Queen Mary’s School of Medicine and Dentistry
University of London