Overview of Speech Therapy for Cluttering

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Definition

- Cluttering is a fluency disorder characterized by a rapid and/or irregular speaking rate, excessive disfluencies, and often other symptoms such as language or phonological errors and attention deficits.

http://www.stutteringhelp.org/cluttering
Primary Symptoms

MUST HAVE:
- Perceived rate of speech is too fast, too irregular, or both

MUST ALSO HAVE AT LEAST ONE OF THESE:
- Excessive "normal" disfluencies (interjections, revisions, and hesitations)
- Excessive collapsing or deletion of syllables; and/or
- Abnormal pauses, syllable stress, or speech rhythm

http://cirrie.buffalo.edu/encyclopedia/en/article/262/

Secondary Characteristics

These may be present but not necessarily. Presence of many of these means a higher likelihood that it is cluttering:
- Confusing, disorganized language or conversational skills.
- Limited awareness of his or her fluency and rate problems.
- Temporary improvement when asked to "slow down" or "pay attention" to speech (or when being tape recorded).
- Speech that is difficult to understand.
- Several blood relatives who stutter or clutter.
- Social or vocational problems resulting from cluttering symptoms.
- Learning disability not related to reduced intelligence.
- Sloppy handwriting.
- Distractibility, hyperactivity, or a limited attention span.
- Auditory perceptual difficulties.

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Co-Existing Conditions

Most clutterers have co-existing conditions, like:

- Stuttering
- Language disorders
- Speech sound disorders
- Attention/deficit-hyperactivity disorders (ADHD)
- Learning disabilities
- Auditory processing disorders
- Tourette’s syndrome
- Asperger’s disorder
- Apraxia
- “Executive function” disorders

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Primary Goals for Therapy

1. Child will be able to use clear speech on command (not too fast, not too many sound errors, not too many disfluencies, well-formulated)
2. Child will be able to monitor self and read cues from others to detect when cluttering is occurring
3. Child will be able to switch to clear speech during conversational tasks when cluttering is detected
Therapy Plan for Goal 1: Clear Speech

1. Identify what exactly is impacting his intelligibility.
   Chose one to target first:
   - Rapid/irregular rate
   - Excessive disfluencies
   - Deletion of sounds/syllables
   - Abnormal pauses
   - Abnormal syllable stress or pitch
   - Abnormal speech rhythm
   - Disorganized sentences or grammar
   - Non-Specific Vocabulary (stuff/things)
   - Something else

2. Auditory Training
   - Identify the extremes vs. normal (too fast, too slow, normal) for

3. Student demonstrates extremes and normal in single words, phrases, and sentences
4. Answer open-ended questions with normal version of that skill (like normal rate, for example)
5. During normal conversation, student will follow directions to correct that skill to normal (when prompted by adult)
6. Start steps over with a new skill from the list that the child is having trouble with. Each time you add a new skill, have the student demonstrate all skills together. For example, if you start with “normal rate”, then when you go back and add “normal articulation”, the child should do all activities with a normal rate and normal articulation together.
Therapy Plan for Goal 2: Self-Monitoring

1. Student learns what cluttering is and can tell you what his personal symptoms of cluttering are (ex: “I speak too fast and delete sounds”)
2. Student identifies a recording of himself as cluttered or clear speech
3. Student can identify something he just said as clear or cluttered when asked by the therapist
4. Student learns what body language to look for that someone else is confused or tuned out (train by looking at pictures/videos of people looking confused or bored)
5. During conversational speech, student identifies when he has been cluttering based on his own self-monitoring and the reactions of the therapist (looking confused or tuned out)

Therapy Plan for Goal 3: Switch to Clear Speech

1. Student pretends to clutter and then “catches” himself and switches to clear speech using the strategies learned.
2. During structured therapy tasks, the therapist gives the student a cue (agreed upon ahead of time) when cluttering occurs and student switches to clear speech.
3. During conversational speech, therapist/parents/teachers give student the cue and student switches to clear speech.
4. During conversational speech, student recognizes body-language cues and self-monitors to switch to clear speech when he’s not understood.
Therapy Examples and Questions?

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