

As noted, many clutterers also stutter. And often the cluttering is covered up or masked by the stuttering. In some of these individuals, the cluttering emerges as the individual gets control of the stuttering or begins to stutter less. Yet, whether or not the clutterer also stutters (or previously stuttered), any therapy techniques that focus attention on fluency targets such as easy onset of the voice, more prolonged syllables, or correct breathing can also help the person to manage many of the cluttering symptoms. The important thing is that the clutterer learn to pay attention to—or monitor—his or her speech and do anything that makes it easier to remember to do so. Some adults who clutter are better able to monitor if they listen daily to a tape with a short sample of their disorganized cluttered speech and, immediately following, a sample of their clear, monitored speech. Some clutterers even find it helpful to listen to and compare these “wrong” and “right” speech samples several times a day.

### ■ What is the likelihood that therapy will help?

It is hard to predict whether or not a clutterer will benefit from speech therapy. Most clutterers who benefit have become convinced—from friends, family, or employers, or on their own—that they do have a significant speech problem. Also, motivation is a key element; they have good reason for working hard to change, such as the likelihood of a job promotion. On the other hand, clutterers who are not sure that they have a problem or are relatively unconcerned about it tend not to improve as much from therapy.

### ■ How can I get help for cluttering?

Since cluttering is neither common nor well understood, speech-language pathologists (SLPs) may express doubt about whether or not they can effectively evaluate and treat cluttering. If so, they can be referred to a number of sources of information about the disorder. With such information, many of these SLPs may well be willing to provide therapy for cluttering.

Fortunately, most SLPs who are specialists in stuttering are also willing to evaluate and treat cluttering as well. The Stuttering Foundation of America can supply you with the names of individuals in your geographic area that are recognized as specialists in fluency disorders. Call toll-free 800-992-9392 or visit [www.StutteringHelp.org](http://www.StutteringHelp.org).



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[info@stutteringhelp.org](mailto:info@stutteringhelp.org)

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# Cluttering

some guidelines



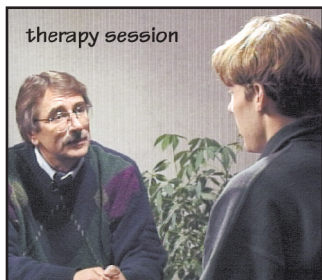
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## Cluttering

### ■ How do you know if you or someone else has a cluttering problem?

Like stuttering, cluttering is a fluency disorder; but, the two disorders are not the same.

Cluttering involves excessive breaks in the normal flow of speech that seem to result from disorganized speech planning, talking too fast or in spurts, or simply being unsure of what one wants to say. By contrast, the person who stutters typically knows exactly what he or she wants to say but is temporarily unable to say it. To make matters even more confusing, since cluttering is not well known, many who clutter are described by themselves or others as “stuttering.” Also, and equally confusing, cluttering often occurs along with stuttering.

The definition of cluttering adopted by the Fluency Disorders Division of the American Speech-Language-Hearing Association is: *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.* To identify cluttering, you must listen to nonstuttered speech of the speaker. Evidence for a *fluency disorder* (one that is not stuttering) and *excessive disfluencies*, would be present in a speaker who meets all of the following:

- Does not sound “fluent”; that is, does not seem to be clear about what he or she wants to say or how to say it.
- Has excessive levels of “normal disfluencies,” such as interjections and revisions.
- Has little or no apparent physical struggle in speaking.
- Has few if any accessory (secondary) behaviors.

A *rapid and/or irregular speaking rate* would be present in a speaker who has any or all of the following:

- Talks “too fast” based on an overall impression or actual syllable per minute counts.
- Sounds “jerky.”
- Has pauses that are too short, too long, or improperly placed.

These fluency and rate deviations are the essential symptoms of cluttering. However, there are a number of symptoms

suggested in the latter part of the above definition that may or may not be present but add support to the impression that a person is cluttering. Accordingly, the clinical picture of a typical cluttering problem would be enhanced if the person in question had any of the following:

- 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).
- Mispronunciation or slurring of speech sounds or deleting non-stressed syllables in longer words (e.g., “ferchly” for “fortunately”).
- 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.

Until recently, most of what we knew of cluttering came from Europe. Except for one book in 1964, cluttering was essentially ignored in North America from the 1930's to the mid-1980's. Since that time, however, considerable research and attention is now being devoted to the problem.

### ■ How is cluttering diagnosed?

Before getting treatment, it is important that someone suspected of cluttering be diagnosed accurately. It is advisable to consult a speech-language pathologist to make the diagnosis. The assessment process is often quite extensive and may require two or more sessions. It may also require contributions or reports from other professionals, such as classroom teachers, special educators, psychologists, or (possibly) neuro-psychologists. The evaluation should obviously include consideration of the fluency problem, but also any co-existing oral-motor, language, pronunciation, learning, or social problems. If the suspected clutterer is in school, it may be a good idea to get a comprehensive academic achievement test (e.g., mathematics, writing, and reading) and even an intelligence test.

The diagnosis should specify whether or not cluttering is present and also what other problems are present, such as stuttering, a language disorder, or a learning disability. It is important to note that if a stutterer also clutters, sometimes the cluttering will not be noticed until the stuttering diminishes, either on its own or from speech therapy.

### ■ How is cluttering treated?

Therapy for clutterers generally addresses the contributing problems first before focusing directly on fluency. Ordinarily, one of the first goals of therapy is to reduce the speaking rate, although this may not be easy for the clutterer to achieve. Some clutterers respond well to “timing” their speech to a delayed auditory feedback (DAF) device; some do not. Another technique that has been found helpful with young clutterers is to use the analogy of a speedometer wherein rapid speech is above the “speed limit” and “speeding tickets” are given for exceeding the “limit.” Often the clutterer must be taught to pause deliberately. If the person is unaware of where to pause, it may be useful to write some unintelligible sentences (from a tape recording) that he or she has actually said, first without spaces between words and then with normal spacing. Seeing the difference can often assist in learning to find appropriate pause locations.

Pronunciation (articulation) and language problems are often reduced if the clutterer can achieve a slower rate. Sometimes, however, these problems need to be addressed directly. One technique involves practice first in using short, highly structured utterances (e.g., “Hi. My name is John. I live at 148 Third Street. I work at the drug store on Main Street.”) and then progressing to more normal language (e.g., “Hi. I’m John. I live on Third Street, three blocks from the drug store where I work on Main Street.”) It may also be helpful for clutterers to learn to exaggerate stressed syllables in longer words while being sure to include all the un-stressed syllables (e.g., “par-tic-u-lar,” “con-di-tion-al,” or “gen-er-o-si-ty”). Some clutterers benefit from planning both the content (the “what”) of a message as well as the delivery (the “how”). For example, the “what” can be taught as formulating a telegram (e.g., “Car won’t start. I pump accelerator. Carburetor gets flooded.”). The “how” then focuses on filling in the appropriate small words (e.g., “My car often won’t start after it sits for a few minutes. I pump the accelerator a few times before trying again. Often, the carburetor gets flooded.”)