IS IT CLUTTERING WITHOUT RAPID SPEECH RATE? SLPs' PERSPECTIVES

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ABSTRACT

In a survey, SLPs were asked whether they would make a diagnosis of cluttering given a case history of a client who presented with many characteristics associated with cluttering, but who did not have a rapid speech rate. As part of the survey, the clinicians' definitions of cluttering and their perspectives about relationships between cluttering and language were also explored. The lack of consensus among the 116 responses will be shared.

METHODS

Division 4 members (673) were invited to complete a survey via email. Participants (116) completed a survey in Survey Monkey, a web-based survey interface.

SURVEY PARTICIPANTS

Rate your expertise in the area of fluency disorders.

ANSWER OPTIONS	RESPONSE %
Expert Proficiency	31.58%
Above average Proficiency	51.75%
Average Proficiency	14.91%
Below average Proficiency	1.75%
Novice Proficiency	0.00%

How many years of clinical experience do you have?

ANSWER OPTIONS	RESPONSE %
0-5 years	6.14%
6-10 years	15.79%
11-15 years	9.65%
16-20 years	13.16%
21+ years	55.26%

SUBJECT CASE HISTORY

The client is a 58 year-old African American male, whose original dialect was African American English, but who now speaks predominately Standard American English. The client had received speech therapy for stuttering briefly as a child (one year at eight years old), but no additional therapy until he was referred to a university speech and hearing center by his advisor. At the time of that referral, the client was a 57-year-old doctoral candidate in mathematics. The evaluation indicated moderate-severe stuttering per Stuttering Severity Index 3 (SSI-3). His severity was approximately the same for speaking and reading situations. In an interview over speaking situations, the client stated that he was not concerned over his stuttering, nor did it prevent him from engaging in any speaking situation.

During the evaluation, it was also noted that the client displayed frequent and confusing circumlocutions, restarts and rephrases. There was no history of any neurological trauma or cognitive impairment to indicate the possibility of an acquired disorder. To rule out word-finding problems or a language disorder, the Test of Adolescent and Adult Word-Finding (TAWF) and the Comprehensive Assessment of Spoken Language (CASL) were administered. All standard scores were within norms. (For the CASL, the 21-year old norms were used, since that was the oldest group normed.)

Therapy included both fluency shaping and modification techniques. The client's speech was close to 100% fluent for reading, and around 92% for unstructured speaking situations. However, the circumlocutions and lack of cohesion and coherence in his oral language continued to have a profoundly negative impact on his communication. Believing it likely that the linguistic non-fluencies were caused by stuttering avoidance, therapy also targeted identifying when he stuttered and identifying avoidance behaviors. This therapy was unsuccessful, as the client was not able to reliably identify when he stuttered, even when video recordings were immediately replayed following stuttering. Since the client was unable to identify a stuttering episode, it was ruled unlikely that the circumlocutions were the result of avoidance behaviors.

The client was also unable to reliably identify linguistic non-fluencies with immediate replay. In order to increase his awareness of his linguistic non-fluencies, excerpts from his oral language were transcribed and given to him to read in subsequent sessions. After several attempts, the client finally began to recognize when his oral language was incoherent, but only with the written samples in front of him. There was somewhat greater success achieving awareness of linguistic non-fluencies than of the stuttering events with the video replay, but this was also inconsistent.

It is important to note that the client was unintelligible in oral communication due to lack of cohesion and coherence of the utterances, not because there was any issue with intelligibility at the *word* level. Unlike many who clutter, he did not display a rapid speech rate, nor was he ever unintelligible with any single word. His speech did occasionally demonstrate variations typical of AAE.

There was a marked contrast between his oral and written discourse.

ORAL DISCOURSE

"One of the secretaries in the math department, well she's no longer there. This is about maybe a year ago she was there she happened to be a black woman also but she she went to Ireland uh for um I I I can't can't remember what what she I I forgot the reason she gave me for going to Ireland she she I um because because she she had she had only got into the math department about um 3 or 7 months and then she and then she said she was going off to Ireland for some excursion but I I I forgot she told me what how she she was she told me w-why she was going but I forgot the reason but anyway she she went to Ireland and sh-she stayed about I she was I guess she was she was in Europe."

WRITTEN DISCOURSE

"Here is my first paragraph on the importance of good communication. As I understand it before I send another one I should wait until you make some comment on the first one. Is that correct? Good communication is important becuase (*sic*) it functions as the life and blood of our civil society. Through communications we enlist other people to help us obtain the goods and services necessary to sustain our lives. We are also able to emblish (*sic*) our lives our lives as a result of communications for example setting up accommodations with a hotel for a vacation. Finally, by communicating ones feeling to yourself those feeling often are made conscious. Indeed, communicating to yourself can clear your thinking about issues. The preceding thoughts do give evidence that communicating well is good for everyone."

RESULTS OF SURVEY

1. Do you think it's possible for a person who clutters to present with many other characteristics associated with cluttering (incoherent language, poor handwriting, lack of metalinguistic awareness, interest in math) but not abnormal or rapid speech rate?

ANSWER OPTIONS	RESPONSE %
Strongly Agree	20.18%
Agree	51.75%
Not sure	10.53%
Disagree	14.91%
Strongly Disagree	2.63%

2. Given the client description would you diagnose/classify this client as a person who clutters?

ANSWER OPTIONS	RESPONSE %
Strongly Agree	9.48%
Agree	38.79%
Not sure	33.62%
Disagree	12.93%
Strongly Disagree	5.17%

3. Given the client description would you diagnose/classify this client as a person with a language disorder?

ANSWER OPTIONS	RESPONSE %
Strongly Agree	11.21%
Agree	39.66%
Not Sure	30.17%
Disagree	14.66%
Strongly Disagree	4.31%

4. In diagnosing a developmental language disorder, would you expect the oral language and the written language to show the same pattern of strengths and weaknesses?

ANSWER OPTIONS	RESPONSE %
Strongly Agree	3.57%
Agree	33.93%
Not Sure	6.25%
Disagree	50.00%
Strongly Disagree	6.25%

5. Would you diagnose a developmental language disorder if your client routinely demonstrated markedly different abilities in oral and written discourse, such as demonstrated by the client in the case study?

ANSWER OPTIONS	RESPONSE %
Strongly Agree	2.59%
Agree	36.21%
Not Sure	25.00%
Disagree	28.45%
Strongly Disagree	7.76%

6. If the speech characteristics of cluttering are not essential for a diagnosis of cluttering can cluttering legitimately be classified as a speech disorder?

ANSWER OPTIONS	RESPONSE %
Strongly Agree	4.46%
Agree	34.82%
Not Sure	35.71%
Disagree	20.54%
Strongly Disagree	4.46%

7. Do you believe that ASHA's definition of cluttering is sufficient to make a differential diagnosis for this client as a person who clutters?

"Cluttering is a fluency disorder characterized by a rapid and/or irregular speech rate, excessive dysfluencies, and often other symptoms such as language or phonological errors and attention deficits." (ASHA, 1998)

ANSWER OPTIONS	RESPONSE %
Strongly Agree	1.74%
Agree	30.43%
Not Sure	19.13%
Disagree	39.13%
Strongly Disagree	9.57%

DISCUSSION

Over 2/3s of the participants agreed that it is possible to be a person who clutters in the absence of abnormal or rapid speech rate. However, there was much less agreement as to whether cluttering can be a speech disorder if the speech characteristics is not present.

Half of the participants would classify this client as a person with a language disorder and half would classify the client as a person who clutters. On the same questions, 1/3 were not sure whether they would classify this client as a person who clutters or as a person with a language disorder. Almost half of the participants found ASHA's definition of cluttering as insufficient for a diagnosis in this case.

Clearly, that while the majority of participants agreed it is possible to have cluttering without a rapid or abnormal speech rate, there was much less consistency on other aspects in diagnosing cluttering. The results suggest that even experienced clinicians have fuzzy boundaries in regard to cluttering.

References:

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