

Fluency plus:
 Managing Fluency Disorders in
 Individuals with concomitant
 diagnoses

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Disclosures

Financial disclosure:

- The presenter receives royalties for books which will be mentioned in today's seminar
- The presenter is receiving an honorarium for today's presentation

Non-financial disclosure: Co-founder and co-host of the free podcast "Cluttering Conversations"

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Thank you first to...

USU for the opportunity to share my knowledge and skills with you

Chad Bingham for all of his coordination!

You for your interest in helping client with fluency disorders and concomitant diagnoses

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Our focus today

- Differential diagnosis of stuttering, cluttering, atypical disfluencies
- Working with cluttering and assessment/treatment updates
- Working with atypical disfluencies
- Working with fluency and concomitant diagnoses

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Part One:
 Overview, Assessment,
 Differential Diagnosis

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MY BACKGROUND

A CHANGING VIEW OF CLIENTS

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A word about terminology

Person who clutters

Clutterer

Person with cluttering

Person who clutters (in their speech)

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Definitions of Fluency Disorders

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Stuttering

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ABCs of stuttering

Affective:

- Feelings about stuttering
- Guilt, shame, embarrassment, etc.

Behavioral

- Stuttering core behaviors (stuttering-like disfluencies, secondary behaviors)

Cognitive (beliefs and interpretations of your stuttering)

- Ex. "I can't work in a field that requires doing presentations because I stutter"

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Stuttering-Like Disfluencies (SLDs)

- Repetitions of:**
 - Single-Syllable whole words (with tension)
"h-h"
 - Sounds or syllables (part-word repetition)
"d-d-uck"
"Spi-spiderman"
- Prolongations**
"ssometimes"
- Blocks/Tense Pauses**
"st--uck"

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Covert Stuttering

- I will hide my stuttering
 - Varying degrees of avoidance
- Requires work on
 - Desensitization
 - Affective and cognitive components of stuttering

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Avoidance vs. escape behaviors


- To **avoid** stuttering a client may:
 - Not speak to a certain person
 - Speak only when they feel fluent ("fluent" days)
 - Not participate in class or take on certain work responsibilities involving speaking
 - Email/text instead of calling
 - Speak in a fluency enhancing condition (whispering, accent)
 - Substitute words

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Avoidance vs. escape behaviors

- To **escape** stuttering a client may:
 - Change a word once they become stuck
 - Say "forget it" or not finish a thought
 - Revert to use of fillers, tricks, changing body movements/postures
 - Revert to running starts

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Covert Stuttering: Keep in mind

- There are varying degrees of covert stuttering, ranging from overt behaviors accompanied by covert aspects (i.e., word/communication avoidance) to completely covert with no overt behaviors noticeable to the casual observer
- Be careful not to over or under-interpret these behaviors
- Kids as young as 7 or 8 begin "Chasing the fluency god" (Starkweather) and can become masters of tricks and disguises

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Cluttering

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What do you think?

- Is cluttering a fluency disorder?
- Is cluttering a language disorder?
- Is cluttering a speech disorder?
- Is cluttering a syndrome?
- Are those who clutter aware of their communication disorder?

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Cluttering: The history of the mystery



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In a nutshell

- Cluttering began as a “Central Language Imbalance” (Weiss, 1964) and was also referred to as a “syndrome”
- The definition of cluttering
 - Began as a broad definition
 - Narrowed over time
 - Became broad again
 - Then lost credibility in the U.S.
 - The narrowing and resurgence of the acceptance of cluttering as a disorder began in the 1990s

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Defining and diagnosing cluttering:
Straightforward methods based on
what we know now

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Lowest Common Denominator (LCD) Definition of Cluttering

*Cluttering is a fluency disorder wherein segments of conversation¹ in the speaker’s native language² typically are perceived as too fast overall³, too irregular⁴, or both. The segments of rapid and/or irregular speech rate **must** further be accompanied by one or more of the following: (a) excessive “normal” disfluencies⁵; (b) excessive collapsing⁶ or deletion of syllables; and/or (c) abnormal pauses, syllable stress, or speech rhythm.*

St. Louis and Schulte (2011)

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LCD Definition:
Footnotes

¹ Cluttering must occur in naturalistic conversation, but it need not occur even a majority of the time. Clear but isolated examples that exceed those observed in normal speakers are sufficient for a diagnosis.

² This may also apply to the speaker’s mastered and habitual non-native language, especially in multilingual living environments.

³ This may be true even though syllable rates may not exceed those of normal speakers.

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LCD Definition:
Footnotes

⁴ Synonyms for irregular rate include “jerky,” or “spurty.”

⁵ These disfluencies are often observed in smaller numbers in normal speakers and are typically not observed in stuttering.

⁶ Collapsing includes, but is not limited to, excessive shortening, “telescoping,” or “over-coarticulating” various syllables, especially in multisyllabic words.

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Some examples

- Cluttering only
 - Increased rate, decreased efficiency (JD)
 - Increased revisions
 - Over-coarticulation (PK)
 - A direct link to it
<https://judykuster.net/stut/cluttering/clutteringconference/aninterviewwithpeter.html>

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Theory of Cluttering

- St. Louis, Myers, Bakker, Raphael (2007)
- Bakker, Myers, Raphael, St. Louis (2011)
 - The speaker is not necessarily speaking at a rate that is faster than normal. It COULD be faster than normal, but is not necessarily. The rate is faster than their system can handle, resulting in breakdowns in fluency or intelligibility.

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Other considerations in cluttering

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What else does the research say?

- Cluttering does co-occur with stuttering (see Ward, 2006, for review)—perhaps not as often as we used to think
- Pure cluttering is thought to be rare(Ward, 2006), but may occur more often than we think
- Cluttering has been found in other diagnoses which may include speech/language difficulties, such as learning disabilities (van Zaalen, Wijnen, & Dejongh, 2011) Down syndrome (van Borsel, 2011), Autism Spectrum Disorders (Scaler Scott, 2011; Scaler Scott, Tetnowski, Flaitz, & Yarus, 2013); Fragile X Syndrome (Bangart, Scaler Scott et al., 2022)

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Atypical disfluency

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Atypical disfluency

- Word Final Disfluencies (WFDs)**
 - Repetitions with or without a pause in between
 - Turn out the light-t-t-so I can go to sleep
 - Turn out the light-light so I can go to sleep
 - Turn out the light (light) so I can go to sleep
 - Prolongations
 - Thissssss is a scary movie
- Mid word insertions**
 - I am going to pla--n--ay outside now
- Within-word breaks, insertions**
 - "op--en"

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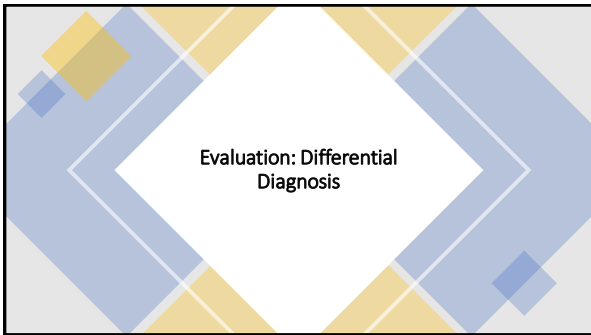
Atypical disfluency

Commonly found in clients with other diagnoses, particularly those with Autism Spectrum Disorder, ADHD

Seems to be a growing consensus that regardless of diagnosis (or lack thereof), the kids with these disfluencies also have other (sometimes subtle) pragmatic language symptoms

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Principles for evaluating fluency disorders in clients with concomitant diagnoses

- Look for all fluency disorders in all populations; research is still emerging
- Determine fluency disorder separate from concomitant disorder (when possible)
- Examine fluency disorder and consider role any concomitant diagnoses may play

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What tools should we use?

- Stuttering Severity Instrument (Riley, 2009)
- Rating Scales (affective/cognitive)
 - What's True for You? (Chmela/Reardon)
 - Behavior Assessment Battery (Brutten & Vanryckeghem)
 - Kiddy CAT (Vanryckeghem & Brutten)
 - OASES (Yarus, Quesal, Coleman); OASEC coming soon!
- Articulation tests
- Contrast your client's speech in:
 - Reading
 - Rote tasks (fast and slow)
 - Spontaneous speech
 - Conversation
 - Monologue (include "charged" topics)
 - Expository discourse

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How do I get to the bottom of this?

- Getting a sample and doing a fluency analysis is key
 - Approximately 500 words (or syllables) or 5 minute sample in conversation, monologue
 - Word for word transcription and fluency coding


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How do I get to the bottom of this?

- Determine what percentage of words are represented by:
 - NSLDs
 - SLDs
 - WFDs
 - Atypical pauses (for cluttering)
 - Over-coarticulation (for cluttering)

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Examples

- Non-Stuttering-Like Disfluency:
 - Clayton was burning ~~the~~ the midnight oil
 - Equations and numbers* /were at  /trying to invade his house
- Stuttering-Like Disfluency:
 - **Clay-Clayton** still **ha-ha** had fifteen page s to review
- Word Final Disfluency:
 - Hoping and praying-**ing** to hear
- Atypical Pause:
 - He could no longer keep his eyes open so he*/hit the sack
- Overcoarticulation:
 - That night Clayton dreamed of numbers and equations

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Cluttering

Outline	Outline each criterion of the Lowest Common Denominator Definition of Cluttering (St. Louis & Schulte, 2011)
Describe	Describe the behaviors that might fit into each criterion
Draw	Draw a conclusion

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Overlap between cluttering and stuttering

- Cluttering is a fluency disorder wherein segments of conversation¹ in the speaker's native language² typically are perceived as too fast overall³, too irregular⁴, or both. The segments of rapid and/or irregular speech rate **must** further be accompanied by one or more of the following: (a) excessive "normal" disfluencies⁵; (b) excessive collapsing⁶ or deletion of syllables; and/or (c) abnormal pauses, syllable stress, or speech rhythm.
- Differential dx of rate:
 - Pallialia?
 - Avoidance or escape behaviors?
 - Remember that if a client does speed up to avoid a moment of stuttering, and cluttering-like symptoms such as over-coarticulation are triggered, then cluttering is a part of this client's fluency profile. Avoidance behaviors do not cause cluttering.

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Overlap between cluttering and stuttering

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- Differential dx of NSLDs:
 - Covert stuttering?
 - Language disorder?
 - Bilingual/Multilingual/English Language Learner?

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Scoping out escape/avoidance behaviors

- If you are unsure about a word avoidance, feign ignorance and ask again
- Reading passages help pinpoint avoidance
- Set up a game, etc. where suspected words, sounds have to be said as part of the rules
- Put your client in a difficult situation when able (phone calls with specific words)

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Differential diagnosis

- Excessive non-stuttering like disfluencies
 - Tips for teasing out language disorder
 - What does change of rate do?
 - How well can you follow the content/message of their discourse?

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Overlap between cluttering and stuttering

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- Differential dx of over-coarticulation:
 - Dysarthria?
 - Articulation errors?

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Differential diagnosis

- Excessive over-coarticulation
 - Is it an articulation disorder?
 - Is it a phonological disorder?
 - Is it dysarthria?
 - Is it apraxia?
 - Is there a structural issue such as velopharyngeal insufficiency?

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Differential diagnosis

- Excessive over-coarticulation
 - Consider
 - Does decreasing rate make it better?
 - Are sounds at a decreased rate all articulated correctly?

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Other things to note in differential diagnosis

- *Cluttering is a fluency disorder wherein segments of conversation¹ in the speaker's native language² typically are perceived as too fast overall³, too irregular⁴, or both. The segments of rapid and/or irregular speech rate **must** further be accompanied by one or more of the following: (a) excessive "normal" disfluencies⁵; (b) excessive collapsing⁶ or deletion of syllables; and/or (c) abnormal pauses, syllable stress, or speech rhythm.*
- Differential dx of speech rhythm:
 - This is not the prosodic patterns noted in other disorders such as autism

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Differential diagnosis

- Excessive atypical pauses
 - Consider
 - Does decreasing rate make it better?
 - Does student seem to have fewer pauses than the average speaker? To run on without taking a breath?
 - Differential diagnosis: consider covert stuttering "tricks"

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Other things to note in differential diagnosis

- *Cluttering is a fluency disorder wherein segments of conversation¹ in the speaker's native language² typically are perceived as too fast overall³, too irregular⁴, or both. The segments of rapid and/or irregular speech rate **must** further be accompanied by one or more of the following: (a) excessive "normal" disfluencies⁵; (b) excessive collapsing⁶ or deletion of syllables; and/or (c) abnormal pauses, syllable stress, or speech rhythm.*
- There is nothing in here about atypical disfluencies, which can co-occur with cluttering, but are not part of the diagnostic criteria for cluttering!

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What features distinguish cluttering from stuttering?

- Rapid rate resulting in breakdown of intelligibility
- Over-coarticulation
- Excessive normal disfluencies
- When rate is adjusted, symptoms often disappear (not always the case for stuttering)

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To sum up

Follow	Follow the LCD definition of cluttering, and see if your client's symptoms match the criteria
Treat	Treat co-existing issues, such as a language disorder, as co-existing
Remember	Remember that just like stuttering, cluttering does not have to occur in all contexts to be diagnosed

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Things to think about when making recommendations

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Cluttering treatment: The basics and beyond

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Subtypes in cluttering?

- Phonological or syntactic? (van Zaalen)
- Motoric or linguistic (Ward)
- Intelligibility or formulation?
- It may not matter what you title it
 - Most importantly you want to define what symptoms need to be treated
 - Over-coarticulation?
 - Excessive normal disfluencies?
 - Others?
- How can you best treat them?

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General principles of treatment focus: Cluttering

- Need to help regulate rate in a natural way
 - Pausing
 - Go through speech hierarchy of reading through spontaneous conversation
- Need to increase clarity of speech
 - Overemphasis
 - Go through speech hierarchy of multisyllabic words through spontaneous conversation
- Need to increase clarity of message (efficient and effective)
 - Language organization
 - High-level syntax work
 - Executive functioning/self-monitoring strategies for communication efficiency

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Cluttering case

School-aged child

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School-aged child with cluttering

- **Background**
 - 8 year-old male (3rd grade)
 - Twin brother has typical stuttering
 - Diagnosis of Autism Level 1
 - Referred by a Pediatric Developmental Evaluation Team
 - Language scores over time average
 - Relative strengths in Working Memory Index, Reading Fluency, Math Fluency
 - Relative weakness in Phonemic Proficiency
 - Needs work on fluency and articulation (f/th; not dialectal)

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School-aged child with cluttering

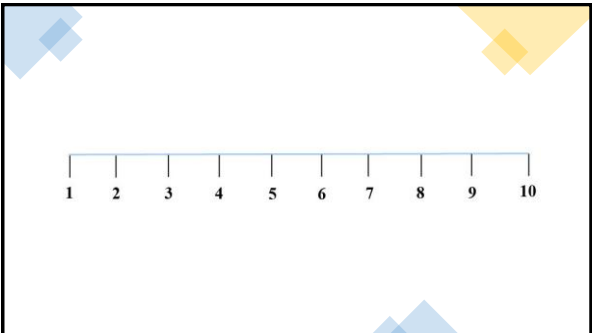
- **Evaluation**
 - Conversation and Monologue
 - Excessive revisions, phrase repetitions, interjections (no tension)
 - Rapid rate at times
 - Over-coarticulation at times
 - Detail focused in conversation
 - CELF Word Associations
 - Detail focus in naming items (foods, animals)
 - CELF Sentence Assembly
 - Struggled with embedding and clauses

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School-aged child with cluttering (characterized by excessive NSLDs and over-coarticulation)

- **Treatment**
 - Speech clarity
 - Emphasize at a level 5 or 7
 - Use pausing to decrease rate
 - Using pausing alone cut out excessive disfluency
 - Language organization
 - Use story organizers
 - Eventually visualize the organizer
 - Use more complex grammatical structures
 - Be an expediter
 - Big picture vs. little details

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What is a pause?

An illustration of a young boy with brown hair, wearing a green shirt and blue shorts, sitting on the floor. He is looking towards a television set on a wooden stand. The television screen displays a pause symbol (two vertical bars). The boy is holding a remote control.

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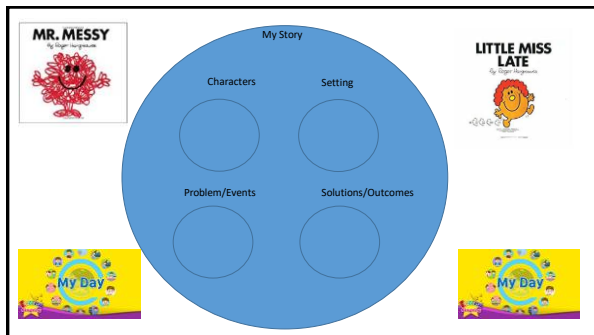
When should I pause?

Connector Words: Words that connect one part of a sentence to another

And, but, because, or, when, that

like to swim// and play with my sister.
 I like to swim//but not in the deep end.
 I don't like cucumbers or pickles//because I don't like the texture or the flavor
 In the summer, I like to swim in the ocean//or in the pool.
 I like to go swimming//when it's really hot outside.
 I like to go in with ocean with the waves//that are small.

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School-aged child with cluttering (characterized by excessive NSLDs and over-coarticulation)

- **Treatment**
 - Use of more complex grammatical structures

Note: We are not working on this because your child has any trouble with grammar. We are working on it to help them practice fluency strategies in more complex sentence forms, based upon the findings of more recent research about how use of more complex grammatical structures can help kids become more efficient communicators.

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Teaching about clauses

Clause:

- Part of a sentence
- Tells more about a noun (person, place, thing)
- If you remove the clause from the sentence, you will still have a complete sentence. This complete sentence is called an independent sentence. Independent means the sentence can stand on its own (makes sense without help from any other words).

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Teaching about clauses

Clauses often start with the following words:

- Who, that, which, before, after, even though, if

Clauses can come at the beginning or end of a sentence

- I walked Katie, **who is a very nice dog**, around the block.
- **Before Dan finishes his homework**, he wants to build more Legos.
- **After Dan builds more Legos**, he will do his homework.
- **Even though Dan tried dragonfruit**, he did not like it.
- **If Dan has to try a new fruit**, he might like a kiwi.
- My dog, **who is very friendly**, is named Jack.

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Sentences to model

- NOTE: You can also reverse the order of the sentences if easier, as shown below.

Sentences that begin with "when" clauses

- When it is winter, I like to drink hot chocolate and eat cookies.
- I like to drink hot chocolate and eat cookies when it is winter.

Sentences that begin with "if" clauses

- If it rains, I have to carry an umbrella and wear rain boots.
- I have to carry an umbrella and wear boots if it rains.

Sentences that begin with "before" clauses

- Before I start my homework, I like to have a snack and find a comfy spot to work.
- I like to have a snack and find a comfy spot to work before I start my homework.

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Sentences to model

Sentences that begin with "after" clauses

- After I eat dinner, I have to do my homework and get ready for bed.
- I have to do my homework and get ready for bed after I eat dinner.

Sentences that begin with "until" clauses

- Until I am old enough to drive, I have to ride with my parents and save my money for a car.
- I have to ride with my parents and save my money for a car until I am old enough to drive.

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Be an expediter

Expediters are people who get things done quickly. We are going to learn to be expediters when we speak.

These are the things that expediters do:

- Use short sentences.
- Get right to the point.
- Don't use too many examples.
- Do not use nonspecific pronouns.
 - Pronouns take the place of nouns (he, she, it, they, we, them, her, him)
- Give the listener background information.

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Big picture vs. little details

- Big picture is **the main point someone is trying to communicate.**
- Little details are **less important to the main message or theme.**
- Sammy saw John's Phillies baseball hat. Sammy said to John, "Harry, I like your cap."
- When Sammy tells John that he likes his cap, he is giving him a compliment. The **compliment** is the big picture or main idea.
- If John is focusing on the main idea, he will say, "My name is John and thank you for the compliment."

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Things that don't sound right to John:

1. John's name is not Harry
2. John thinks the word "cap" should be "hat"

- What is **MOST** important for John to correct?
 - John's name.
 - Why?
 - **Because it is important that you know who you are talking to!**
- What is **LESS** important for John to correct?
 - Cap vs. hat
 - Why?
 - **Because John knows what Sammy means (cap and hat are synonyms)**

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- Sometimes if you correct someone on "little details" they may get annoyed. They may think, "You know what I mean" and "That's not the main point I'm trying to make."
- We should always try to stay focused on the **big picture, the main point!**
- When we tell a story, we should stay focused on the **main point** rather than small details. This will help our listener follow the story (instead of falling asleep or zoning out).

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Adolescent with stuttering and cluttering

Treatment

- Treat phonological aspect of cluttering
 - Over-coarticulation
 - Emphasize sounds and syllables in words
 - Endings especially
 - Emphasize phrases

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Emphasizing sounds

Directions: When reading the paragraphs below, focus on emphasizing all sounds and syllables at a Level 7

If you could go back in time, what time would you go back to and what would you do? If I went back in time, I would go back to when my great grandmother was alive. She was one of the most amazing people I know. She handled every movement with grace and was welcoming to those she loved. I played this card game with her when I was little. Though she was sick in her older age, when we played this game, it was like she was as young as ever. I will cherish those moments I had with her, forever.

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Adolescent with stuttering and cluttering

Treatment

- Rate
 - Pausing
 - Problem: "I feel like I'm too slow"
 - Fragile Rate for Self-Regulation

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Pausing: Sentence Level

Sentences with Pauses Marked

1. The musical was about// the French Revolution.
2. The monkey is carrying// its offspring.
3. There are fifty states// in our country.
4. I am performing well// in school.
5. I like to play basketball and soccer// in the summer.

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Pausing: Paragraph level (simple to complex)

Complex Paragraphs with Pauses Marked

My favorite food// is something which I believe //is not very common. //The food that I love the most//t is my mother's dumplings.// These aren't traditional dumpling//s that you may think about.// These dumplings are thick,// fluffy,// and like mini clouds of bread// in your chicken soup. //This chicken soup,// of course,// has chicken,// carrots,// celery,// and spices.// It is the best meal// to have on a cold evening// and it is even better //as lunch the following day.// I can taste it now// as I talk about it!

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Pausing in real interactions: The dilemma


Do I

- Help the client to accept that they may need to do certain things more slowly?
 - Example: JD
- OR help the client to desensitize to the rate they want to go?
 - Example:
 - Never say never but discuss pros, cons, tradeoffs
 - Simone:
 - What practical reason do I have to slow down?
 - How do I slow down more holistically and naturally in real situations?

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The carryover

- Work on the compromise
 - Look for nonverbal feedback from others and if no adjustments needed, then carry on
 - Make adjustments when needed
 - In response to verbal or nonverbal feedback
 - In situation where it matters (when talking with football coach)



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Self-regulation stage:
Fragile to comfortable rate and back

- I am going to read this passage and I will see what is a comfortable rate for me. I have never done an exercise like this before and it feels a little strange. I asked my speech therapist what the point of this was and she said that it was so that I can tune in to how it feels in my mouth when I am approaching a rate that is close to fragile. Fragile rate is when I feel my speech is about to fall apart. We all have a fragile rate, where our speech is close to falling apart, and a comfortable rate, where our speech is easy to produce and easy for others to understand. Once I can identify this feeling I can identify those moments when I might be approaching fragile rate in conversation, and my communication may be breaking down. I can tell by how it feels in my mouth and/or by the look on my listener's face. At the time I notice I can just continue talking, but while I am talking, also adjust my speech to a more comfortable rate. In this way I can regain control and maintain clarity, without stopping the flow of conversation.

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What to expect in the future


- Use of strategies
- Willingness to use strategies
- Thoughts about using strategies
 - Stuttering
 - Cluttering



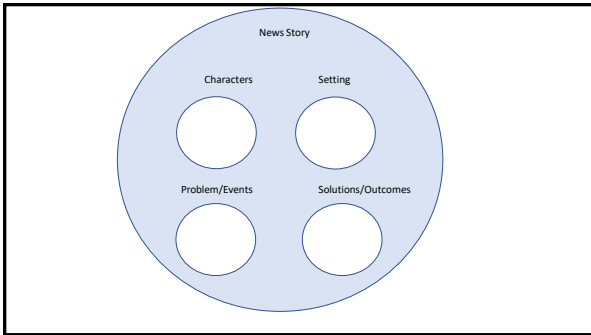
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The strategies: what I say

- Generate topics/subtopics to make conversation more organized/focused
 - Use of circles on a higher level
- Time limits for conversational exchanges



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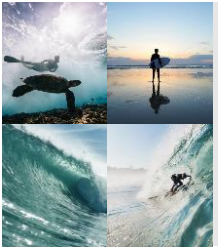
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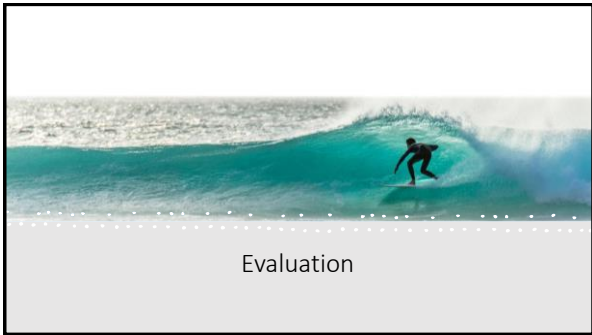
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Places to Expand

- Evaluation
- Treatment
 - Work with clients
 - Work with caregivers
- Maintenance
- Case Examples



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The basics and beyond in evaluation

- Be sure you know “the basics”
 - Diagnostic criteria myths/facts
 - Awareness
 - Age
 - Symptom variability
 - Potential life impact
 - Qualifying for services
 - OASEC will potentially help with this



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OASEC
(OASES applied to cluttering)
Coming soon!

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FOR ADULTS WHO CLUTTER AND THEIR COMMUNICATION PARTNERS


Research Study 1
OVERALL ASSESSMENT OF THE SPEAKER'S EXPERIENCE OF CLUTTERING

OASEC

Please help us understand the experiences of adults who clutter by completing a detailed survey.

- 18+ years old
- Person who clutters

SCAN TO PARTICIPATE
<https://bit.ly/OASEC>



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What are some questions you can ask?

- How do you feel about your speech?
- Do you avoid situations because of your speech?
- Important
 - How do you feel about how others respond to your speech?

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Beyond the basics: Evaluation

- Have these things come up in your work with those who clutter?
 - I'm not sure my client is ready for therapy



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It *is* complicated

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Misconception

"If the person says they don't see a problem, there is nothing you can do"

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Nuance: A subtle (but important) difference

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The nuance of what to do in evaluation

- Understanding that therapy is more than techniques
 - Helping client to figure out where they are in terms of readiness
 - The Transtheoretical Model (Prochaska, 1999; Prochaska & DiClemente, 1984)
 - As applied to stuttering (Floyd et al., 2007; Zebrowski et al., 2021; Rodgers et al., 2021)

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The nuance of readiness for change: The Transtheoretical Model

Precontemplation	<ul style="list-style-type: none"> • Not planning to change • May be unaware of misinformed about costs/benefits
Contemplation	<ul style="list-style-type: none"> • Considering change w/in 6 months • Lacking in confidence or solid plan
Preparation	<ul style="list-style-type: none"> • Planning to change within 1 month • Have taken first steps
Action	<ul style="list-style-type: none"> • Actively involved in change.
Maintenance	<ul style="list-style-type: none"> • Actively involved in maintaining change

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Important to remember

- People do not always follow stages in linear sequence
- Maintenance phase will contain much nuance

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How do clinicians then know what to do?

- We haven't (yet) applied the Transtheoretical Model to cluttering so we don't have a questionnaire we can give
- And it's *true* application in a research project is likely to reveal nuances specific to cluttering
- However, keeping this structure in mind, we can help clinicians to figure out where their clients are

96

What are some questions you can ask?

- Do you think there is anything you need help with?
- What have you heard about speech therapy?
- What do you think it is like?
 - What do you think people do in speech therapy?

97

The nuance of readiness for change

Stage	Clinician Action for Cluttering
Precontemplation	Be sure to educate clients and caregivers/significant others so that they have accurate information for decision making
Contemplation	Plant the Seeds and give space
Preparation	Ask clients what can help them at this juncture <ul style="list-style-type: none"> Any information? Time and Space?

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The nuance of readiness for change: Case example 1

How to figure out where the client is and how you can best help

- "I'm not ready to deal with this"
 - Keep checking in
 - In a nonjudgmental way, let them know that support is available when they are ready

99

The nuance of readiness for change: Case example 2

How to figure out where the client is and how you can best help

- "I'm afraid to deal with this, but I *could* be ready"
 - Often spurred on by life event, but still defensive
 - Needs nonjudgmental support and guidance through the therapy process
 - Go in "through the back door"

100

The nuance of readiness for change: Case example 3


How to figure out where the client is and how you can best help

- "I truly see no problem, and I am communicating effectively"
 - Need understanding and support
 - Joseph's story
 - Information at the *right* time

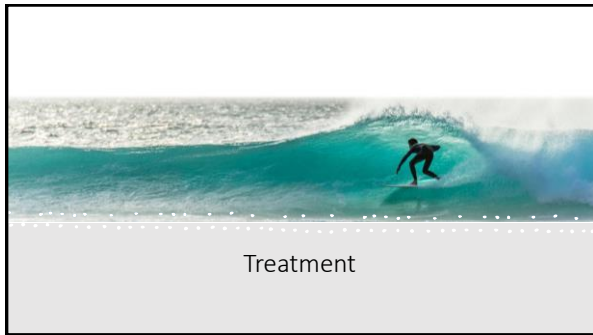
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Formal education for caregivers

- Share the model with caregivers so they see what is involved in the process of change AND that what their child thinks now can change



102



103

Beyond the basics: Treatment

- Have these things come up in your work with those who clutter?
 - My client seems unmotivated...I wonder if I should dismiss them?

104

The nuance of what to do in treatment

- Understanding that therapy is more than techniques
 - Helping client to figure out where they are in terms of readiness
 - Helping client to figure out how you can best support them
 - Techniques/Strategies?
 - Helping clients to figure out cost/benefit ratio of using/not using techniques (individualized plan)

105

Clinical Takeaway

- In cluttering, strategies are for the listener, but, their rationale is different.
- Strategies are not for the listener's comfort, but for the listener to understand the message that is being sent
 - I can't show what I know (Giuffre et al., in preparation)
 - I had that idea, no one acknowledged it. Minutes later, my colleague is acknowledged for their great idea. (Wilhelm, 2020)

106

What do I want right now?

- You have options: Do you want to think about speech clarity...
 - All of the time?
 - In certain situations? (what situations?)
 - Only if there is a breakdown in communication?
 - How will you advocate with listeners?


NOTE: YOUR OPINIONS CAN AND LIKELY WILL CHANGE AT DIFFERENT POINTS IN YOUR LIFE!

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The nuance of readiness for change

Stage	Clinician Action for Cluttering
Action	Partner with client and caregiver to develop best action plan that works for them and supports neurodiversity
Maintenance	Support decisions for discharge and follow up


108



The nuance of what to do in treatment

- Helping clients figure out what they need in terms of advocacy
- Helping client to figure out how you can best support them

109



The nuance of advocacy


- Client Advocacy
 - Helping your client figure out
 - What they want from communication partners
 - "I don't know"
 - WHY?
 - "No one ever asked me what I wanted"
 - How can you advocate for their wishes together?

110

LEVELS OF ADVOCACY

Easy	Medium	Hard
<ul style="list-style-type: none"> Little explanation needed 	<ul style="list-style-type: none"> Some explanation needed 	<ul style="list-style-type: none"> Not hearing me


111



WRITE IT DOWN

- What do you need?
- From whom?
- What level is this person?

112



WRITE IT DOWN

- I need my mom to stop correcting me when we are talking. She is a "medium" person to talk to about this

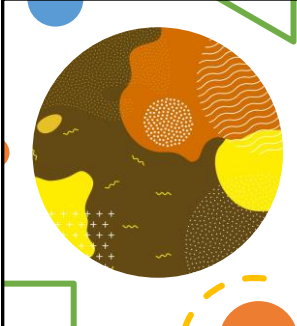
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THINK ABOUT THE OTHER PERSON'S PERSPECTIVE

Don't assume that the person you are speaking with:

Knows the information already but is just not willing to help

114



PERSPECTIVE TAKING

What does the person I'm talking with need to understand that they don't already?


115

PRACTICE IT

The value of role play in a "safe space" to figure out how you want to say it



116



THE WAY YOU ASK FOR IT NEEDS TO BE IN ALIGNMENT WITH YOUR PERSONAL STYLE AND IDENTITY

YOUR CLIENT MAY NEED HELP FIGURING OUT WHAT THIS MEANS FOR THEM!

117



PRACTICE...THEN REFLECT

WHAT MADE ADVOCATING FOR YOUR NEEDS WITH THIS PERSON SO EASY/DIFFICULT?

118


The nuance of advocacy

Caregivers

- Do I want/need to continue in treatment?
- How can listeners best support me?

Teachers

- How to best support in class?



119

The nuance of readiness for change: Case Example 4

- How to figure out where the client is and how you can best help
 - "I know what to do and I need space to practice on my own"
 - Need your support and advocacy with caregivers
 - Education about the process of maintenance

120

Oral Reading Fluency: SLPs can advocate

Be sure that teachers understand where assignments to go "as fast as you can" can create confusion for the person who clutters

Be sure to find out what students' wishes are for testing

121

121




Caregiver Training

122

The nuance of cluttering microaggressions

- Caregivers and negative listener reactions-teach to reframe
 - "It's hard to listen to"
 - I want to understand your message, and I won't give up, and that means us working together on how I can best help
 - "You just have this one thing to work on"
 - I know it must be frustrating sometimes to deal with cluttering...I'm proud of you for your persistence...
 - "People are not going to listen to you"
 - How can I be a good listener? How would you like me to help you advocate for you with other listeners?



123




However, this is also complicated and nuanced

- To address caregiver response, we need to address caregiver
 - Fears
 - Anxieties
 - Concerns

124

Caregivers: Let's talk about your worst fear...

125



I'm afraid...

- Others won't understand my child
- Which makes me afraid that my child will be discounted
 - Socially
 - Academically
 - Vocationally

126

There will be so many times you feel like you've failed. But in the eyes, heart, and mind of your child, you are SUPER MOM.

JORDAN M. LISA ❤️ JORDAN M. LISA

Part of the STORY

And then...

"I have failed my child"

127

Caregivers: Let's reframe...

128

I...

- want the best for my child
- BUT
- I'm not sure how to go about it AND I need guidance.

caring for the Caregiver

129

Practicing something over and over doesn't necessarily make things "perfect"

Reminding me over and over doesn't always make change

130

I did then what I knew how to do. Now that I know better, I do better.

Maya Angelou

131

The nuance of caregiver support

- Training caregivers and other listeners in "interactive listening" (Meza & Scaler Scott, 2022)
- Teaching caregivers about comprehensibility vs. intelligibility (Yorkston et al., 1996)

STAY FOCUSED ON THE BIG PICTURE

132

Advice to parents and all listeners:
The solutions to feedback

- **Interactive listening**
 - **Tone**
 - Don't fake understanding
 - Do give us feedback, but in a kind way!
 - **Show interest** in learning details AND make your questions specific
 - "Hang on, I missed who was in the cafeteria with you when that happened. Who was it?"
 - **Show** that you have **been working to process the details** AND **help** them get back on track
 - "Okay, so you were telling me that you were with Jen in the cafeteria, and I think you were about to tell me what happened that made you angry..."

133

Caregivers: Let's learn together...




Our clients can learn about and share:

- Success stories
- Myths vs. facts
- Ways to help and support them

134

What we hope to achieve: Some nuance of this...

CONFIDENT CLIENT

CONFIDENT CAREGIVER

135

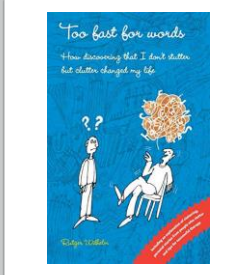
Advice from more experts on cluttering

Cluttering Community Leaders

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Too Fast for Words:
Rutger Wilhelm

<https://toofastforwords.com/>



137

Facebook page: Sister Carol Mary Nolan

138

YouTube channel/Reddit/Cluttering Support Group: Joseph Dewey

The return of our Cluttering Ambassador!



139

Advice to Parents: Supporting your child with cluttering

Understand that even if you ask in the nicest of ways, sometimes kids are not ready to hear it

Meet them where they are

140

Clinical Takeaway

Work with your clients to help them figure out what works best for them


Advocate to parents about a child's needs and/or

Help your client to define and advocate for their needs


- Do I want you to tell me to slow down?
- Do I want you to stop me as soon as you don't understand?
- Do I want you to try and put the pieces together for me OR to ask specific questions to clarify?
- Do I need you to remind me where I left off?

141

We need to continue our outreach efforts



Cluttering Conversations
 @clutteringconversations
 A cluttering education podcast hosted by Kathleen Scaler Scott, PhD, CCC-SLP, Paula E. Thomson, MS, CF-SLP.



Scan the link above to access the podcast via Sound Cloud

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Read more stories from parents and people who clutter here

<http://www.mnsu.edu/comdis/ica1/icacon1.html>

Many thanks to Judy Kuster



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Don't forget this valuable resource!

International Cluttering Association

- <https://sites.google.com/view/icacluttering>

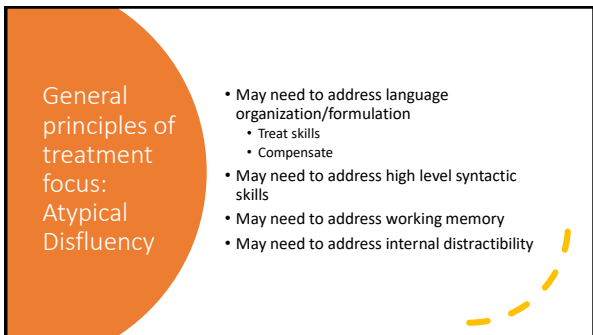
Our primary mission is to increase awareness and understanding of cluttering, and to improve treatment and quality of life for people who clutter.

International Cluttering Association
 Let's connect on social media:
 icacluttering
 icacluttering
 ica.cluttering

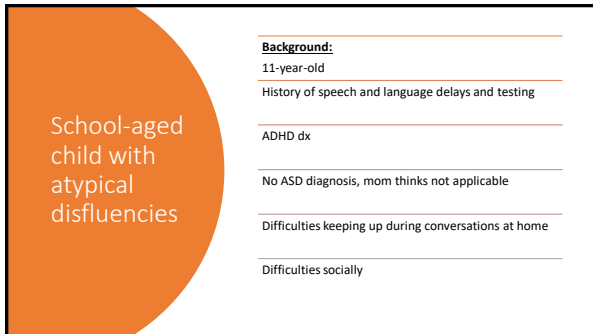
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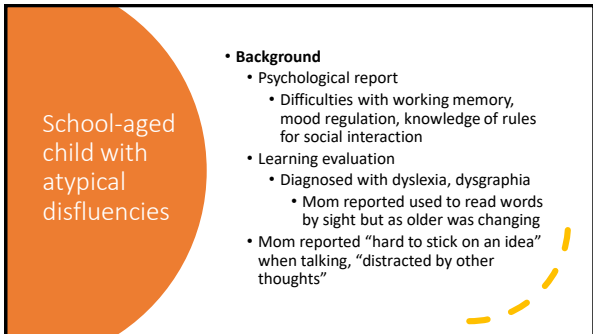
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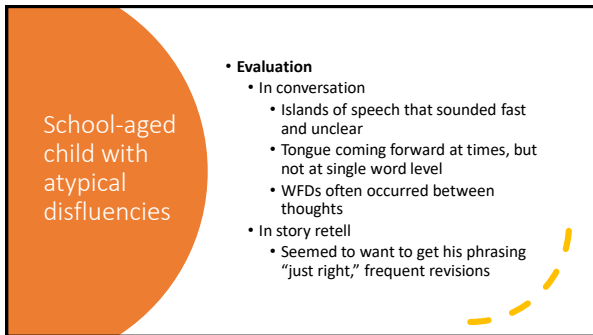
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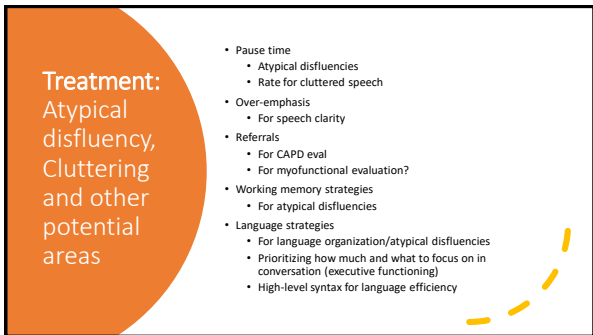
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150

Step One:
Organize
*What is my main point?
How can I organize it?*

- Big Picture Focus (**Skill Work:** Formulation & memory)
 - Visualizing/Verbalizing
 - Picture to Picture
 - Known Noun
 - Known Noun in Sentence
 - Paragraph/page to picture
 - Generate categories/subcategories
- Visual organizers (**Compensate:** Formulation)
 - Big ideas
 - No more than 3 details per big idea

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Step Two:
Condense
How can I say this in a shorter way?

- Make it shorter (**Skill work:** Hi level syntax)
 - Embed adjectives
 - Increase clauses and complex sentences
 - No “add a thought” (“which is...”)
 - 15 to 30 second conversational turns
- Expedite (**Compensate:** Formulation)

152

Sentence formulation/
syntactic work

- Sentence puzzles
 - Teaching syntactic structures
 - Move structures around
 - Discuss how it makes sentences shorter, more efficient
- Goals
 - Learn all syntactic forms so have flexibility of language formulation (fill in the gaps)
 - Learn to use syntactic forms to be more efficient

153

Sentence puzzles

- The planet
- to the sun
- that
- is closest
- is Mercury.

• The planet that is closest to the sun is Mercury.

• Independent sentences: The planet is Mercury.

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Step Three:
Take time to Pause
When will I need more time?

- Pause and Silent Think (**Compensate:** Formulation)
 - Proactive
 - Complex story
 - Exciting topic
 - Reactive
 - In response to increased disfluencies (fillers, atypical disfluencies)

155

Step Four:
Resist distractions...
but realize they happen
How can I get back on track?

- Practice “Internal Distraction” game (**Skill:** Self-Regulation)
- Use visualization to get yourself back on track (**Compensate:** Memory)

156

Additional Treatment

- Self-advocacy
 - “Give me a minute” and/or asking for clarification in conversation
- Family
 - Encouraging self-advocacy and others to consider his needs

157

With atypical disfluency, your choices are:

- Don't treat at all but monitor
 - If disfluency is resulting in little impact on communication effectiveness
- Treat for effective/efficient communication
 - Any underlying areas in need
 - Word retrieval/language organization
 - Working memory
 - Response to internal distractions
 - High-level syntactic structures
 - Compensatory strategies
 - Natural pausing

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With atypical disfluency, your choices are:

- Direct: Have student monitor & identify disfluencies
 - Replace disfluencies with natural pausing
- **BE VERY CAREFUL IF YOU CHOOSE THIS PATH!**

159

Be very careful if you choose this path!

- Things to keep in mind...
 - Consider that the child may not be aware and that making them aware may not be productive and may be frustrating for them
 - Here's why that's different than in stuttering
 - Understand that identifying disfluencies in the SLP or on recording is different than identifying in real time
 - So this likely won't generalize

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That being said...

- **If** child is not sensitive to feedback about their speech
- **and**
- **If** parents and child can look at disfluencies objectively
 - Work on natural pausing in response to disfluencies
 - “That’s a complex statement”
 - “Your brain needs more time to think”
 - “Your listener needs more time to process”

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Case Example:
13-year-old female with Autism Level 1 and gifted diagnosis

- Relevant history
 - Diagnosed by child study team in preschool years—mom unaware before this was brought to her attention
 - Attending public school with strong supportive services
 - Received private OT due to sensory integration disorder
 - School accommodating to adjust her classes to her learning style and level, accounting for her giftedness

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Case Example:
13-year-old female with Autism Level 1 and gifted diagnosis

- **Fluency presentation**
 - Word-final disfluencies, which increase with high level explanations
 - Difficulties with organizing thought, detail vs. main idea focused

163

Case Example:
13-year-old female with Autism Level 1 and gifted diagnosis

- The challenges
 - Direct work on any speech task was near impossible
 - Respect for neurodiversity...“Why would I want to do that?”
- **In through the back door**
 - Some direct work on word finding (as she identified it as a problem)
 - The rest was a “floor time” type conversation approach that would sometimes be geared toward pausing for my comprehension of high level concepts

164

Not all cases are the same...

<p>Case A</p> <ul style="list-style-type: none"> • Very <i>sensitive</i> about feedback about anything related to communication and social interaction • <i>Indirect</i> work was most productive 	<p>Case B</p> <ul style="list-style-type: none"> • Very <i>objective</i> about feedback regarding speech patterns • <i>Direct work</i> on identifying disfluencies, inserting pauses, and work on formulation was most productive
--	--

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Not all cases are the same...but both are working on becoming *effective communicators*

<p>Case A</p> <ul style="list-style-type: none"> • Progress noted <ul style="list-style-type: none"> • Social communication • Taking listener perspective • Increased language organization • Decreased WFDs 	<p>Case B</p> <ul style="list-style-type: none"> • Progress noted <ul style="list-style-type: none"> • Focus on “big picture” vs. little details • Increased language organization • Decreased WFDs, especially when using pausing (became more natural over time)
--	---

166

Concomitant Disorders

167

Executive Functioning

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Rationale

Although there may be trends toward specific types of executive functioning issues in specific populations, there will also be executive functioning issues unique to the individual.

Therefore, gaining a broad overview of potential executive functioning deficits will assist the clinician in accurate identification of roadblocks to progress and proactive management strategies to combat these roadblocks.

169

Executive Functions to consider

- Working memory
- Self-awareness
- Self-monitoring
- Attention to task
- Goal setting
- Inhibiting responses

170

Executive Functions to consider

- Retrieval
- Phonological encoding
- Task persistence
- Cognitive flexibility (included in self-regulation)
- Problem solving (included in self-regulation)

171

The intersection of fluency and concomitant diagnoses

What are the characteristics of the concomitant diagnosis?

How might these characteristics interfere with work on fluency?

172

Autism: Cases of interest

173

One common factor

- Each of these cases has difficulty in **all** of those areas of executive functioning
 - Either identified through formal testing or informal observation/parent reports

174

One common factor

- Each of these cases has difficulty in all of those areas of executive functioning
 - In daily conversation the biggest barrier was
 - Self-regulation
 - Focus on little details vs. main idea
 - Staying focused to a topic not of their own interest
 - Internally distracted/divided attention

175

Case Example: 14-year-old female with Autism Level 1

- Relevant history
 - Diagnosed with ASD in preschool years
 - Many years of treatment for childhood apraxia of speech, pragmatic language
 - Diagnosis of Obsessive-Compulsive Disorder
 - In a specialized school for kids with predominantly mental health issues

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Case Example: 14-year-old female with Autism Level 1

- Fluency presentation
 - Stuttering characterized by primarily blocks of up to 5 seconds and secondary behaviors
 - During moments of stuttering
 - Increased facial tension
 - Decreased eye contact

177

Case Example: 14-year-old female with Autism Level 1

- Treatment plan
 - Desensitization
 - Stuttering Modification Strategies
 - Working on Self-Advocacy
 - Interruptions

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Case Example: 14-year-old female with Autism Level 1

- The challenges
 - Things must make logical sense to her logic
 - Rethink terminology, rationale
 - To not over interpret ASD features
 - Eye contact

179

But what about that history of apraxia?

- Motor planning still seems an issue
- Benefits from continuous phonation but cannot maintain (monitoring)
- Benefits from DTTC approach to learning fluency strategies (unison/imitate/delayed imitation)
 - Gentle touch
 - Going to neutral

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**Case Example:
14-year-old
female with
Autism Level 1**

- What works
 - Always ask and listen to her perspective
 - Know that sometimes the tension and struggle is fear-based, other times it may be a matter of self-regulation
 - "It's the fastest way"
 - Work on staying with the moment and focusing attention to the message and listener (mindfulness and self-monitoring/regulation)

181

Intellectual disability

182

Intellectual Disability (ID)

It is thought that fluency disorders may present more frequently in clients with ID, and that greater degrees of ID may be related to higher levels of disfluency (see Van Borsel & Tetnowski, 2007, for review). Fluency disorders have been identified in genetic syndromes, many of which include individuals with ID.

183

Intellectual Disability

Executive functioning deficits

- Working memory
- Self-awareness
- Self-monitoring

184

Intellectual Disability: Myths and Facts

Myth: Those with ID are largely unaware of their stuttering, therefore have no affective and cognitive components present

- Fact: This is individual to the client
 - Consider that "all behavior is communication" and that noises, facial expressions, etc. may indicate frustration
 - Frustration may be "in the moment" as with preschoolers who stutter
 - Feeling of frustration and reactions such as avoidance can and will occur, even if clients cannot verbalize them as those without intellectual disability might

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Intellectual Disability: Myths and Facts

- Myth: Those with ID cannot learn to use fluency strategies
- Fact: Those with ID CAN learn fluency strategies
 - Will need concepts made concrete and meaningful for them
 - Will require repetition, reinforcement, ongoing coaching to implement strategies

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Case example: 16-year-old male with intellectual disability

- 16-year-old male with Down Syndrome—Specialized School
- Fluency Profile: Stuttering and Cluttering
 - Ongoing difficulties with carryover outside of speech room and self-monitoring
 - Signs of frustration but unable to have cognitive discussion about this
 - Difficulties with others understanding his speech
 - Not responsive to cues to slow down

187

Case example: 16-year-old male with intellectual disability

- Trial therapy
 - Rainbow speech
 - Talk like a “Smart Board”
- Each skill had to be “boxed out” at first
- Needed different symbols on his desk for 2 different strategies targeting two different speech patterns. Required much repetition until mastered what strategy is best applied in what situation

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Case example: 16-year-old male with intellectual disability

Overcoming EF Challenges

- Use synergistic approach (Myers & Bradley, 1992) to decrease load on working memory and comprehension of strategies
- Collaboration with teachers (“coach”)
- Make stuttering and cluttering strategies concrete
 - Rainbow speech
 - Talk like a SMART board

Feelings

- Comic strip cartoons with pictures of frustrating situations from life
- Situations labeled with range of emotions...e.g., from annoyed to frustrated

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190

Speech Sound Disorders

A survey of 1184 speech-language pathologists in public schools regarding the co-occurrence of other disorders with stuttering showed articulation and phonological disorders to be the highest coexisting disorders among the children who stutter (Blood, Ridenour, Qualls, & Hammer, 2003).

Concomitant speech sound disorders have also been identified as a risk factor in persistent stuttering among preschoolers (Paden, Yairi, & Ambrose, 1999).

191

Speech Sound Disorders

- No studies have been conducted to date examining the co-occurrence of articulation disorders and cluttering and/or atypical disfluencies.

192

Speech Sound Disorders: Myths and Facts

- Myth: Work on speech sound disorders can trigger stuttering
- Fact: Stuttering is thought to be multifactorial, with a predisposition to trigger stuttering. There is no evidence to support a specific trigger to childhood stuttering. If one stressor was not present (such as work on SSDs), the predisposition would have been triggered by another stressor.

193

Speech Sound Disorders: Myths and Facts

- Fact: Sometimes strategies used with SSDs and those used with stuttering can be in opposition to one another
 - SSDs: emphasize your sounds, placement
 - Stuttering: light contact, gentle onset to sounds
- How to work this out:
 - Focus on gentle but accurate placement
 - Be sure that your terminology is consistent, especially if child is young, has limited cognition and/or there is more than one treating SLP

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Speech Sound Disorders

- There are no executive functioning issues inherent to speech sound disorders (SSDs)
- However, when working with childhood apraxia of speech, keep in mind that there may be concomitant learning challenges which may impact attention and/or working memory

195

Speech Sound Disorders: Case Study

- Case study
 - 4-year-old male
 - Working on phonological process disorders following the cycles approach since 3 years of age
 - Moderate stuttering began at age 4, characterized by 2 to 3 second blocks, facial tension

196

Speech Sound Disorders: Case Study

- Treatment approach
 - Focus on stuttering to gain an easier start to speech and to prevent long-term development of secondary behaviors
 - Rainbow speech
 - Put SSD work on hold for 3 sessions
 - Once was able to respond to cues for use of rainbow speech, incorporated gentle but accurate placement for SSD work
 - E.g., FCD work use touch cues for gentle approach to final sound production


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Attention Deficit Hyperactivity Disorder

198

Attention Deficit Hyperactivity Disorder

- There is co-occurrence between fluency disorders and attention disorders (Arndt & Healey, 2001; Blood, Blood, and Tellis, 1999; Blood, Ridenour, Qualls, & Hammer 2003).
- Attentional weaknesses have also been found in cluttering (Blood, Blood, & Tellis, 1999).
- Difficulties with inhibiting responses such as responses to internal distractions are proposed to be a key area of deficit in ADHD (Barkley, 1997).



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Attention Deficit Hyperactivity Disorder

Our initial research work testing the skills of those with atypical disfluency show relative weaknesses in working memory, a known area of deficit in Attention Deficit Hyperactivity Disorder (Sutkowski, Tokach, Scaler Scott, 2015; Scaler Scott, Sutkowski, Tokach, Irr, Venezia, Gurtizen, & Giacumbo, in preparation).

Although attention was not measured specifically by our testing, qualitatively, many in our sample required redirection to task. Parents of the majority of our sample reported difficulties with filtering internal distractions (Scaler Scott, Sutkowski, Tokach, Irr, Venezia, Gurtizen, & Giacumbo, in preparation).

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Attention Deficit Hyperactivity Disorder: Case Study

Case study

- 12-year-old male with ADHD
- Concomitant diagnosis of cluttering

EF Roadblocks:

- Impulse control and short responses
- Working memory and recall of strategies in connected speech practice
- Retrieval/language organization difficulties

Overcoming EF Roadblocks:

- Visual organizers/reminders for strategies
- "Extra effort saves me time"

201

Selective Mutism



202

Selective Mutism

Selective mutism (SM) is a disorder whereby the client exhibits normal communication in select situations (such as in a home environment) but exhibits limited communication in other situations (such as at school).

The origins of SM are thought to be based in anxiety disorders (American Psychiatric Association, 2013).


Although this disorder is based in anxiety, it results in difficulties in daily communication.

203


Selective Mutism: Myths and Facts

Myth: Those with SM are not necessarily mute!

Fact: Those who talk significantly less in selected situations by definition fit the criteria for SM. This does not necessarily mean completely mute or largely nonverbal!



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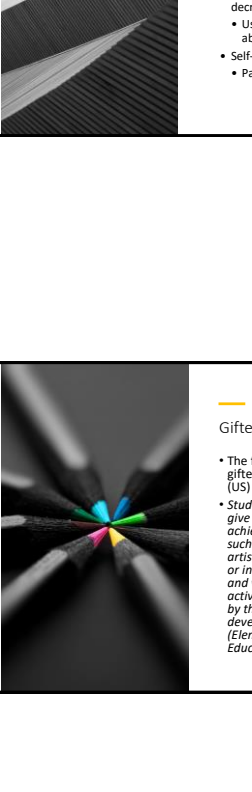


Selective Mutism: Myths and Facts

Myth: SM is a behavioral disorder where clients are mute to gain control

Fact: Disorder is anxiety based; ability to communicate in different contexts will depend upon contribution of a multitude of factors

205



Selective Mutism: Case Study

8-year-old female

Diagnosis of word-final disfluencies

Very supportive mom

- Suspects SM
- Setting up practice situations
- Advocating for child

Myths at school

- She can't have SM, as she talks to her friends!

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Selective Mutism: Case Study

EF Challenges

- Task persistence

Overcoming EF challenges

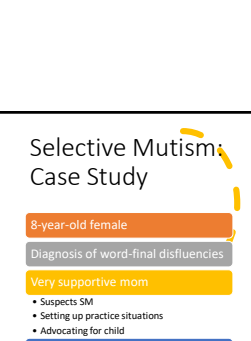
- Increased anxiety will lead to decreased focus and retrieval
- Use face chart to determine ability to approach situation
- Self-monitoring WFDs
- Pausing

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Gifted & Talented

208



Gifted and Talented

- The federal definition of giftedness in the United States (US) is as follows:
- *Students, children, or youth who give evidence of high achievement capability in areas such as intellectual, creative, artistic, or leadership capacity, or in specific academic fields, and who need services and activities not ordinarily provided by the school in order to fully develop those capabilities (Elementary and Secondary Education Act of 1965)*

209

Gifted and Talented

Each state within the US defines gifted and talented based upon this federal definition, but is not required to follow the exact federal definition (National Association for Gifted Children, 2017).

Therefore, how gifted students are identified and defined varies by state.

210

Gifted and Talented: Myths and Facts

Myth: A child who is gifted will perform above their age level on academic tasks and emotional tasks

Fact: A child may perform above age level on academic tasks, but at age level emotionally. Important to keep in mind when grouping children by interest and ability level.

211

Gifted and Talented: Myths and Facts

- Myth: A client who is gifted always welcomes challenging tasks
- Fact: These clients often set unrealistic expectations for themselves for perfection; therefore, may avoid more challenging tasks and/or become frustrated more easily when things don't come to them right away

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Gifted and Talented: Case Study

9-year-old boy

Moderate to severe stuttering characterized by up to 5 second blocks, facial tension, secondary behaviors, occasional avoidance behaviors

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Gifted and Talented: Case Study

EF Challenges


- Things don't come easily: task persistence
- His stuttering requires lots of staying in the moment to access a strategy vs. a trick

Overcoming EF challenges

- Use "strategic" nature to talk about approach to stuttering
- Shorter tasks
- Mindfulness activities

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Summary



- Need to conduct a differential diagnosis of fluency disorders
- Consider the role of executive functions related to the concomitant disorder(s)

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Summary



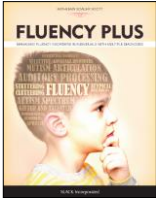
- Adjust your approach based upon what EF challenges are presenting themselves
- Remember that each client is an individual and there is no one right solution

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- Stuttering
- Cluttering
- Atypical Disfluency

• **Concomitant Diagnoses**

• **Executive Functioning**



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Kathleen Scaler Scott, PhD, CCC-SLP

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- Assessment
- Differential Diagnosis
- Treatment
- Treatment Activities

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More resources

- <https://languagefluencyandmore.com/>
- <https://languagefluencyandmore.com/resources>
 - Stuttering, cluttering, atypical disfluencies
 - Syntactic lessons
- <https://languagefluencyandmore.com/downloads>
 - Free resources!
- <https://languagefluencyandmore.com/videos>
 - Link to courses and videos

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Thank you...questions?

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