RCSLT Cluttering summary

## DRAFT FOR CONSULTATION

April 2025

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We appreciate any comments provided to us during the consultation, all of which will be reviewed by the working group within the context and scope of the project. We ask that, where possible and relevant, you accompany any counter arguments to statements made in the document with supporting evidence e.g. a research reference.

Members of the working group should not be contacted directly, and all feedback should be made through the assigned route e.g. via survey or project manager. Feedback made through unassigned routes or after the closing date will not be accepted or responded to.

Thank you for your support with this project.

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This page provides an overview of cluttering and how it relates to speech and language therapy.

Practice recommendations for speech and language therapists working in cluttering can be found here [add link]

See resources page [add link] for useful resources relating to learning, research and policy in the field of cluttering.

Please [contact us](https://www.rcslt.org/help-and-support/contact-us) if you have any suggestions or feedback on these pages.

# Summary

Cluttering refers to a difference or variation in how someone speaks. It is complex in terms of its cause as well as the ways in which it impacts people in their everyday lives. Research indicates that cluttering has a neurophysiological cause as well as it being common in families.

Typically, cluttering presents in later childhood. Some people who clutter may feel frustrated and distressed by their experiences in making themselves understood.

Speech and language therapists (SLTs) play a vital role in supporting children, young people, and adults who clutter. SLTs work directly with individuals and their families while also collaborating with others to foster a more supportive and accepting communication environment. This supports individuals to be the best communicators they can be whether or not they are cluttering. Over the lifespan, people who clutter might find different types of support helpful both from and beyond speech and language therapy.

# Overview

This overview provides information for speech and language therapists working with people who clutter. Feedback from people who clutter and their families has been considered in the writing of this guidance

## 2.1 What is cluttering?

Cluttering is complex and presents in two distinct ways:

1. Fast and unclear speech which has been termed motoric cluttering (Ward 2006) and phonological cluttering (Van Zaalen and Reichel, 2015)
2. Difficulties with planning and formulating thoughts which has been termed linguistic cluttering (Ward, 2006) or syntactic cluttering (Van Zaalen and Reichel, 2015).

Individuals who clutter may realise that the listener is having difficulty understanding them. This is because they may be speaking quickly or unclearly or the message they are trying to convey is not organised. They may receive feedback from listeners such as their speech sounds mumbled or that they seem anxious.

## 2.2 Onset of cluttering

Data about the age of onset of cluttering are limited. It is believed that the age of onset is like that of stammering, so, in the pre-school years (Howell and Davis, 2011). However, cluttering is not typically identified until children are at least eight years old(Ward & Scaler Scott, 2011). This is because cluttering becomes more evident when children have more developed language skills and when demands on their organisational, language and speech skills increase.

## 2.3 Fast and unclear speech

For cluttering to be diagnosed, there must be a perceived rapid and erratic rate of speech (St. Louis and Schulte, 2011). This need only be present for *some* rather than all the time. Typically, people who clutter are not able to adjust their speech rate to the linguistic and motor demands in the moment of speaking (van Zalaan, 2009).

One of the following will also be present:

* a high frequency of typical disfluencies
* Frequent deletion or collapsing of syllables (e.g., “I wanwatevision”)
* difficulties with speech rhythm or syllable stress
* irregular articulation (Lasalle and Wolk, 2011).

## 2.4 Planning and formulating thoughts

People may also present with one or more of the following differences in their speech and language:

* pausing and hesitation that is not linked to syntax or meaning (St. Louis & Schulte, 2011)
* Syntax may not always follow typical patterns
* articulation may be unclear (St. Louis et al., 1992)
* frequent use of fillers
* semantic errors without insight (eg saying Saturday when meaning Sunday and not noticing) (Ward, 2018)
* word finding
* maze behaviour (repeated false starts, hesitations and revisions)
* sequencing skills such as when re-telling a story

(Daly, 1996, St Louis, 1992, Ward, 2006)

People who clutter may also present with difficulties with attention and focus (Weiss, 1964). They typically have a lack of awareness of their speech and communication in the moment (Teigland, 1996). In addition, some people who clutter may have pragmatic communication difficulties relating to conversational turn taking.

## 2.5 Cluttering and other needs

It is unusual for cluttering to present in isolation (St. Louis et al., 2010). More commonly, it presents alongside ADHD, dyslexia, dyspraxia, autism, auditory processing disorder (Preus,1992) and stammering. Estimates are that between 14-32% of people who stammer also clutter (Scott, 2017; Van Riper, 1982; Van Zaalen-op’t Hof et al., 2009).

Cluttering that starts suddenly in adulthood may have an underlying medical cause and require an immediate medical referral.

# Factors to consider

## 3.1 What are the causes of cluttering?

In general, research into cluttering is limited and evidence relating to its causes is dated.

It is believed that cluttering:

* is influenced by genetic factors and therefore family history (Freund, 1952; Luchsinger and Arnold, 1965)
* is associated with other neurodivergent conditions
* has a neurophysiological component (Luchsinger and Arnold, 1965)
* has been explained by some as a condition relating to time perception (Van Riper, 1992).

## 3.2 How are people affected by cluttering?

Cluttering may impact people in various ways:

* It may be undiagnosed or misdiagnosed as a speech sound or language disorder meaning that people may receive no support or not the right help.
* Despite the limited awareness in the moment of speaking (Weiss,1994), it has been shown that there are psychosocial consequences to living with cluttering (Daly, 1986; Reichel, 2010).
* Cluttered speech may be difficult to follow so the listener needs to work hard to understand what is being said and sometimes may be unable to do so
* It can negatively impact mental health through being misunderstood (Scaler-Scott and St Louis, 2011).
* The experience of not being able to make oneself understood can lead to feelings of anxiety, anger and sadness for the person who clutters (Van Zalaan and Reichel, 2015).
* Depression and psychosomatic symptoms are associated with cluttering (Icht, 2023; Zukerman et al., 2024).
* The difficulties a person who clutters might experience in organising their thoughts can lead to frustration for both the individual and the listener.

# Role of speech and language therapy

Speech and language therapists play a key role in supporting children, young people and adults who clutter. People who clutter will have varied needs across their life and may benefit from different types of support, including speech and language therapy. People who clutter may seek support from speech and language therapy at transition points when speech demands change. This might be times such as starting secondary school or university or beginning a new job.

## 4.1 Models of disability

Historically, cluttering has been viewed through the **medical model** of disability. This impairment focused model situates the “problem” and responsibility to change with the individual. Aligned to this model, the role of speech and language therapists is to support children, young people and adults who clutter by assessing speech and language difficulties, diagnosing and treating using a range of techniques to improve rate and fluency.

This model neglects the role that societal barriers play in making communication difficult. The **social model of disability** suggests that cluttering is only disabling when environments fail to accommodate diverse patterns of speech. The **social model** shifts the focus from the individual’s speech differences to societal barriers that make communication difficult. However, sometimes, it is difficult for the listener to understand cluttered speech and this too, forms a barrier to effective communication.

## 4.2 Neurodiversity

Cluttering comprises a complex combination of speech and language differences and often presents alongside neurodivergent conditions such as dyslexia, dyspraxia, autism and ADHD. There has been consideration as to whether cluttering is a difference related to executive functioning rather than a speech or language difference per se ([Preus, 1996](https://www.sciencedirect.com/science/article/pii/S0094730X15000029#bib0155);, [Van Zaalen et al., 2009a](https://www.sciencedirect.com/science/article/pii/S0094730X15000029#bib0110), Ward, 2015,).

The neurodiversity movement therefore has relevance to work with this client group.This has emphasised a shift away from a binary view of "able-bodied" versus "disability" toward a more inclusive discourse that both recognises and values neurodivergent and neurotypical ways of being.

Within this context, the role of the SLT would be one of affirming cluttering, promoting an understanding of these speech and language differences, reducing stigma and enabling the voice of these individuals to be heard as equals.

## 4.3 Reconciling different philosophies

When working with children, young people and adults who clutter, SLTs need to base practice on the current evidence base as well as consider the wider context of factors influencing the profession and the future directions of the cluttering community. Reconciling the evidence with other theories and philosophies is challenging as there are potential tensions between these different perspectives.

Decision making can be especially challenging for SLTs who are yet to gain significant experience in working with this client group and may require supervision from more specialist clinicians to support their skill development and grow confidence in their clinical reasoning skills. However, irrespective of the approach taken, it is vital to keep the client at the centre, working in partnership to decide upon the most appropriate plan. It is also the role of all SLTs to undertake the following:

* Provide information to other professionals and to the public about cluttering
* Provide information about and how to access local services and how to refer to them
* Educate other professionals such as Health Visitors, GPs and teachers and employers about cluttering and the role of SLT in screening, assessing, identifying, supporting and providing therapy for people who clutter
* Screen, assess, identify cluttering, offer support and provide therapy as required
* Provide therapy that is evidence based
* Provide support and therapy that is holistic and derived from goal setting in partnership with the client
* ensure that there is focus on creating a strong therapeutic alliance with the client including with parents when working with children
* Refer to other services as appropriate
* Signpost to forms of support such as third sector e.g. International Cluttering Association, STAMMA, Action for Stammering Children, especially at the point of discharge from speech and language therapy services
* Ensure services are culturally and linguistically relevant
* Ensure the role of parents and families is an integral part of support and therapy for children who clutter.
* Work with others such as teachers to ensure a supportive and inclusive environment
* support and promote awareness and acceptance of cluttering.

# Statistics

The following data are derived from a range of research studies and so are based on different population samples.

* Data on prevalence are limited (Howell & Davis, 2011; van Zaalen & Reichel, 2015)
* Gender ratio 4 males to 1 female (St Louis and Hinzman, 1998)
* Data about the incidence and prevalence of cluttering is limited and further research is needed (Scaler-Scott, 2013)
* Itis estimated that between 1.1% and 1.2% of school-age children clutter(Bloodstein & Ratner, 2008) Van Zaalen & Reichel, 2017)
* One third of children and adults who stammer also present with some features of clutteringalthough this evidence is mainly anecdotal(Daly, 1986; Preus, 1981; Ward, 2006).

# References

To be added.