A pilot study of an innovative treatment for hoarding issues for clients who live in supportive and supported housing in Ottawa.

Evaluation of a Hoarding Intervention

A partnership between Options Bytown and Montfort Renaissance

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Disclaimer

The term clutter rather than hoarding is favored throughout this document since hoarding disorder is a DSM diagnosis and none of the participants were clinically diagnosed with hoarding disorder. A choice was made to focus on the behavior rather than label participants.

Intellectual Property

Executive Summary

This innovative pilot project sought to build capacity and knowledge on how to treat people who have issues with clutter in their home and suffer from persistent and severe mental illness and who live in supportive and supported housing in Ottawa. The pilot project included the implementation of a cognitive behavioral therapy (CBT) specialized treatment for people who suffer from hoarding behavior. This intervention integrates elements of motivational interviewing, graded exposure to non-acquiring, training in sorting and discarding, cognitive restructuring, and organizational training (see therapist manual for full description; Steketee & Frost, 2014). Two clutter coaches were specifically hired and trained for the implementation of this program. The evaluation of this pilot project was completed by comparing pre and post intervention measures as well as qualitative interviews with participants and qualitative questionnaires with clutter coaches.

Results demonstrated that participants experienced a significant improvement on all aspects of hoarding, including clutter, excessive acquisition, and difficulty discarding. Levels of improvement ranged from 34 to 47%, with a particularly strong improvement in the sanitation level of the home and in the ability to control new acquisitions. Qualitatively, participants described decreased urges to acquire and felt it was significantly easier to discard items. Participants overwhelmingly appreciated the services that were offered by the two clutter coaches and stated that they felt that they had improved over the course of the pilot project. There was a clear positive impact of the intervention both quantitatively and qualitatively.

Clients and clutter coaches both described that the pilot project was of good quality and that it had the potential to help people with clutter issues. Both participants and clutter coaches

felt that more resources would have made the intervention even more effective (e.g., organizational materials and resources for infestations). Overwhelmingly participants were not satisfied with the duration of the program and felt it should have been a 2-3 year program.

The success of this pilot project is due to a partnership between two community organizations, Options Bytown and Montfort Renaissance. With a modest budget they were able to implement a medium scale intervention, train two clutter coaches and build capacity in their organizations to successfully treat hoarding behaviors and/or clutter issues. Training in both of these organizations was extensive and was appreciated greatly by both clutter coaches. Regular supervision was also found to be helpful. In addition, this pilot project adds to growing literature on specific treatments for people who suffer from hoarding behavior.

Sommaire Exécutif

Ce projet pilote innovateur visait à développer les connaissances et la capacité à offrir du traitement à domicile pour les personnes ayant des problèmes d'amassement et qui souffrent d'une maladie mentale sévère et persistante. Le projet pilote comprenait la mise en œuvre d'un traitement spécialisé de thérapie cognitivo-comportementale (TCC) pour les personnes qui souffrent d'amassement. Cette intervention comprend des éléments de l'entrevue motivationnelle, l'exposition graduelle à la non-acquisition, le tri et le rejet d'objets d'amassement, la restructuration cognitive, et une formation sur l'organisation générale (voir le manuel de thérapeute pour une description complète; Steketee & Frost, 2014). Deux conseillères en amassement ont été engagées et formées pour la mise en œuvre de ce programme. L'évaluation de ce projet pilote a été réalisée en comparant les scores sur les mesures avant et après l'intervention, ainsi que des entrevues qualitatives avec les participants du projet pilote et des questionnaires qualitatifs avec les deux conseillères en amassement.

Les résultats ont démontré que les participants ont vécu une amélioration significative sur tous les aspects de l'amassement, y compris l'encombrement, l'acquisition excessive et la difficulté de se débarrasser d'objets. Les niveaux d'amélioration variaient de 34 à 47%, avec notamment une forte amélioration de la salubrité de leur environnement et de leur capacité de contrôler les nouvelles acquisitions. Qualitativement, les participants ont décrit une diminution des pulsions à acquérir des objets et ont estimé qu'il était beaucoup plus facile de se débarrasser d'objets. Les participants ont apprécié les services qui ont été offerts par les conseillères en amassement et ont déclaré qu'ils s'étaient beaucoup améliorés au cours du projet pilote. L'impact

positif du programme d'intervention a donc été démontré de façon évidente à la fois quantitativement et qualitativement.

Les participants et les conseillères en amassement ont décrit que le projet pilote était de bonne qualité et qu'il avait le potentiel de pouvoir aider les personnes ayant des problèmes d'amassement. Les participants et conseillères en amassement ont estimé que davantage de ressources auraient été aidantes pour améliorer l'intervention (c.-à-d., des matériaux d'organisation et des ressources pour les infestations). La grande majorité des participants n'ont pas été satisfaits en ce qui concerne la durée du programme, puisqu'ils le trouvaient trop cour, et ont estimé qu'il aurait dû être d'une durée d'au moins de 2-3 ans.

Le succès de ce projet pilote relève du partenariat entre deux organismes communautaires, notamment, Options Bytown et Montfort Renaissance. Avec un budget modeste, ils ont pu mettre en œuvre une intervention à moyenne échelle, former deux conseillères en amassement et augmenter la capacité organisationnelle dans le traitement effectif pour les personnes ayant un problème d'amassement et des problèmes de santé mentale. La formation compréhensive en amassement a été appréciée dans les deux organismes communautaires et les conseillères en amassement. La supervision régulière a aussi été rapportée comme étant très utile. En outre, ce projet pilote ajoute à la croissance de la littérature sur les traitements spécifiques pour les personnes qui souffrent de l'amassement.

Context

Hoarding is characterized by an excessive accumulation of objects and a difficulty or refusal to discard unnecessary items (Frost & Gross, 1993). The overall prevalence of hoarding has been found to be 5.3% of the general population (Samuels et al., 2008). Hoarding disorder was recently included in the DSM-5 as a disorder distinct from obsessive-compulsive disorder, where it was historically thought to belong (APA, 2013). Hoarding behavior over time creates significant clutter in a home to the point where living activities (e.g., cooking, cleaning, eating and sleeping) become difficult or impossible. A person living with significant clutter in their home typically feels distressed (Frost & Hartl, 1996). In addition to distress, cluttered homes can also create health and safety concerns, such as risk of infestations or crush injuries (Frost, Steketee & Williams, 2000). Hoarding behavior has a tendency to be chronic and progressive without intervention (Grisham et al., 2006).

People who suffer from hoarding behavior often experience clean-outs that are forced by building management or by city officials. The average clean-out of a one bedroom apartment is costly and estimated to be between $2,000 and $5,000 (BC Centre for Elder Advocacy and Support). In addition to the financial toll of a clean-out, individuals who experience them are often traumatized, and as a result are less likely to trust mental health professionals. Their mental health often worsens following clean-outs, and the risk of recidivism is almost 100% (Bratiotis, 2009). Thus, there is a need for a treatment of hoarding behavior that would also address mental health issues and reduce the risk of recidivism.

Recently, a specialized type of intervention has been created to help people suffering from hoarding behavior. This intervention includes a cognitive behavioral therapy (CBT) approach for hoarding and integrates elements of motivational interviewing, graded exposure to

non-acquiring, training in sorting and discarding, cognitive restructuring, and organizational training (see therapist manual for full description; Steketee & Frost, 2014). This specialized CBT treatment for hoarding behaviors has been tested in both individual, group, and combined formats. The vast majority of studies examining this specialized treatment have demonstrated a positive outcome, experiencing a reduction in hoarding behavior (Tolin, Frost, Steketee, & Muroff, 2015). Interestingly, one of the biggest predictors of treatment success and the stability of those gains over time was the number of in-home sessions. However, this treatment continues to be a work in progress and additional research is needed in specialized populations such as those suffering from comorbid mental health conditions, those who live in supportive and supported housing, and those who suffer from cognitive impairment. The aim of the current pilot project was to examine the effectiveness of this treatment protocol with a population that suffers from severe and persistent mental health issues and live in supportive and supported housing.

Description of the Pilot Project

Both Options Bytown and Montfort Renaissance offer supportive and supported housing (i.e., housing and integrated mental health services) to clients who suffer from persistent and severe mental illness. Compulsive hoarding is considered a mental health condition that is often comorbid with other mental health disorders. Several community mental health organizations in Ottawa were left servicing clients with issues of clutter and probable compulsive hoarding with little to no training or knowledge on the appropriate services to offer. Options Bytown and Montfort Renaissance launched a partnership to conduct research, provide training to front line staff and implement specialized services in the two organizations to address the needs of tenants in supportive and supported housing who display hoarding behaviours. Funding for this project came from the Champlain Local Health Integration Network. The goal of this two year pilot project was to build capacity in both organizations and develop the knowledge on how to best work with this clientele, through research and the development of a toolkit. This report is an evaluation of this pilot program and included both quantitative and qualitative data on the efficacy of using highly trained clutter coaches to help participants gain control over their hoarding behaviour. Included in the report are recommendations for building a comprehensive and integrated program to deal with problematic hoarding behaviour over the long term.

Methodology

Participants identified as having clutter issues in their homes and receiving services either through Montfort Renaissance or Options Bytown were asked to participate in a pilot intervention project that helped people with clutter issues. Clients who were known to have issues with clutter (i.e., either from previous inspections or through the case worker's confirmation) were sent a letter describing the pilot project. A meeting was held to discuss the program at length with each client who responded. The first client was enrolled in the program on May 1st, 2015, which can be described as the official start of the pilot project. For the evaluation of the pilot project, a convenience sample was obtained through the recommendation of clutter coaches. Almost all of the participants included in the pilot project participated in the evaluation. The reason for exclusion from the evaluation was due to unstable health conditions impeding research participation. A total of 15 participants were included in this evaluation (for demographic information refer to the results section below).

Procedures

Two clutter coaches were hired for this project. These individuals had a background in social work with extensive experience in the mental health field and some housing experience. Both received extensive training prior to the start of the project. This extensive training was also offered to many of the staff at Options Bytown and Montfort Renaissance. Training included a Cognitive Behavioral Therapy workshop given by Dr. Francois Rousseau from the Ottawa Institute of Cognitive Behavior Therapy. There were workshops on Motivational Interviewing and Concurrent disorders provided. Additional training in Non Violent Crisis Intervention, Case Management and the Applied Suicide Intervention Skills Training (ASIST) were also provided. Elaine Birchall, a social worker who is an expert in the field of hoarding treatment in Canada,

offered two training workshops entitled Hoarding Level I and Level II. Finally, Dr. Randy Frost, a professor of psychology at Smith College and International Hoarding Expert, offered a two-day workshop on hoarding behavior.

In addition to the extensive training offered, there was also a continuous support given to the two clutter coaches throughout the pilot project. There was weekly supervision with Jennifer Laewen, a social worker who provides clinical mental health services and is the project manager at Options Bytown. There were bi-weekly team meetings at Montfort Renaissance so that both clutter coaches could troubleshoot and information could be transmitted to Steve Vachon, project manager at Montfort Renaissance. Finally, monthly supervision was also provided by Elaine Birchall.

For the first few initial meetings, the clutter coach typically met the client individually in a common area such as a recreation or community room in the client's building. Once comfort was established and the client consented to the clutter coach accessing the home the majority of sessions were undertaken in the client's home.

Assessment

In the first few sessions, the clutter coach administered the assessment questionnaires (for a description of these assessment measures please refer to the quantitative measures section). Identical assessments were conducted pre and post test. The post-test assessment occurred on the termination date for the grant and not necessarily the termination point of the intervention. The original plan was to have two 6-month intensive treatment cohorts. One of the lessons learned in this project was that a 6-month treatment cycle was not long enough for most clients. Thus, the first treatment cycle was extended and the second treatment cohort was delayed. At the end of

the pilot project the majority of clients had not yet finished their treatment cycle, but supports were put in place so that clients could receive case management.

Participants who agreed to participate in the evaluation of the pilot project were booked for a face-to-face interview with the evaluation consultant. Upon meeting the evaluation consultant, a consent form was reviewed that explained that their assessment data would be accessed and analyzed and that an in-person interview would be conducted. Participants who consented to the research were included in this evaluation and their pre and post test data were accessed by the evaluation consultant.

Quantitative Measures

The following measures were used for the quantitative analysis. Pre-intervention assessment results were compared to post-intervention assessment results.

Activities of Daily Living for Hoarding (ADL-H; Frost, Hristova, Steketee, & Tolin, 2013). The ADL-H scale contains 15 items and evaluates the degree to which clutter interferes with the client's daily activities such as getting dressed, bathing and making a meal. A score of 1 indicates no issues whereas a score of 5 indicates severe issues. An average score of 3 indicates cause for concern.

Hoarding Rating Scale (HRS; Tolin, Frost, & Steketee, 2010). The HRS is composed of 5 items (Clutter, Difficulty Discarding, Acquisition, Distress, and Interference) and can be administered as an assessment during an interview or as a self-assessment questionnaire. It can take anywhere between 5-10 minutes to complete. According to Tolin and colleagues (2010), a total of 14 or higher signals hoarding problems. The mean score of individuals with hoarding disorder is around 24 (sd = 5.67), while the mean score for non-hoarding individuals is 3.34 (sd

= 4.97). To avoid stigmatization, this scale was referred to at the Clutter Rating Scale (CRS) in this project.

Saving Inventory-Revised (SI-R; Frost, Steketee, & Grisham, 2004). The SI-R scale is composed of 23 items which are divided into three subscales. The first is the Excessive Acquiring subscale which evaluates the acquisition of free things as well as the degree of compulsive buying. The optimal cut-off score for clinically significant acquiring problems is 9 (Frost & Hristova, 2011). The Clutter subscale evaluates level of clutter and the extent to which it interferes with the individual's ability to function in the home. The optimal cut-off for clinically significant problems on the Clutter subscale is 17. Finally, the Difficulty Discarding subscale evaluates the level of discomfort associated with the disposal of possessions. The optimal cut-off score for clinically significant difficulty discarding is 14. In terms of the full scale total score, a total score greater than 40 indicates problems with hoarding (Frost & Hristova, 2011).

Cluttered Image Rating Scale (CIR; Frost, Steketee, Tolin, & Renaud, 2008). The CIR scale is a measure comprised of 9 pictures which are used to assess clutter in three main areas; the living room, the kitchen and the bedroom. The scores range from 1 which means no clutter to 9 which signifies severe clutter. Scores in the 3 to 4 range in any room indicates cause for concern.

Saving Cognitions Inventory (SCI; Steketee, Frost, & Kyrios, 2003). The SCI scale contains 24 items comprised of 4 subscales, and is administered as a self-assessment questionnaire. It is used to evaluate the clients' attitudes and beliefs when discarding items. The 4 subscales are used to evaluate emotional attachment to objects, beliefs about objects as

memory aids, responsibility linked to not wasting belongings and the need to have control over belongings.

Safety Questions (SQ; Steketee, & Frost, 2014). This scale is used to evaluate whether hoarding poses any kinds of safety issues in the person's home such as fire hazards, blocked exits and difficulty of manoeuvring around the house for safety personnel. A score of 1 indicates no safety issues whereas a score of 5 indicates severe issues. A score above 2 indicates cause for concern.

Home Environment Index (HEI; Rasmussen et al., 2013). The HEI scale is composed of 15 items which assesses problems with squalor such as dirty surface areas, moldy or rotten food and smells, and so on. A score of 0 indicates no problem whereas a score of 3 indicates a severe problem. A score above 2 indicates cause for concern. A client may rate himself on this measure through a self-assessment report but if the scores he attributes to himself vary too much from the scores of the researcher, issues of insight may have to be addressed.

Qualitative Interviews

In-person interviews were conducted with participants. The interviews were semi-structured and included 7 open ended questions. If needed, the evaluation consultant offered additional probes in order to keep participants on topic. Interviews lasted between 20 and 60 minutes, depending on the participant's level of cognition and verbosity. Interviews were audio-recorded. The interviews were then transcribed and analyzed thematically phrase by phrase.

Qualitative Questionnaire

Clutter coaches were asked to answer a qualitative questionnaire via email. The questionnaire included 9 open-ended questions that examined their training and supervision as

well as their thoughts on the pilot project. The questionnaires were then analyzed thematically phrase by phrase.

Results

The results section is partitioned into two main sections. The first section presents all of the quantitative results that were derived by statistically analyzing the pre and post test measures for all participants. The second section presents the qualitative results, including both pilot project participants and clutter coaches. Results for the pilot project participants are presented as common derived themes from face-to-face interviews, whereas the results for the clutter coaches are common derived themes from an emailed open-ended questionnaire.

Table 1 presents the basic demographic information for the participants of the pilot project. A total of 15 people participated in this study, including 7 from Montfort Renaissance and 8 from Options Bytown. Similarly, there were 7 primarily French participants and 8 primarily English participants that were included. There were two couples included in this study (i.e., both participated) but the rest of the participants were involved as individuals regardless of relational status. The average age of participants was 53.47, with a range 33-72 years of age. There were more women than men that participated in the study (Female = 13; Male = 2). The average number of individual sessions that a participant received was 25.2 with a range of 11-61 sessions.

Table 1. *Demographics for participants in the pilot project*

Factor	Average	Range	N
Age	53.47	33 – 72	15
Montfort Renaissance			7
Options Bytown			8
Male			2
Female			13
# Sessions	25.2	11-61	378

Quantitative Results

In this section the results of the pre and post test measures were analyzed. Specifically, the Clutter Rating Scale (total score), Clutter Image Rating Scale (average score), Home Environment Index (total score), Safety Questions (average score), Savings Inventory (acquisitions score; difficulty discarding score; clutter score; total scale score), Savings Cognitions Inventory (emotional attachment score; control score; responsibility score; memory score) and Activities of Daily Living for Hoarding Scale (total score) were examined by comparing the pre-intervention scores to the post-intervention scores.

Paired samples *t*-tests were conducted on all measures. A paired samples t-test is used when there are two different time points (pre/post) for the same sample. The purpose of the test is to determine whether there is evidence that the difference between the pre and post test scores are truly different. The results of the paired samples *t*-tests are presented in table 2. Significant differences were found between the pre and post intervention on all measures.

Table 2. *Pre and Post Test Comparisons on All Measures*

Outcome	Pre Hoarding Intervention		Post Hoarding Intervention		N	95% CI for Mean Difference	R	T	df
	M	SD	M	SD					
Clutter Rating Scale	18.27	7.36	10.00	6.46	15	5.09, 11.44	.66*	5.58**	14
Clutter Image Rating Scale – Average	3.15	.74	1.89	.64	15	1.06, 1.48	.86**	12.94**	14
Home Environment Index	12.13	5.40	6.47	4.09	15	2.43, 8.91	.26	3.75*	14
Safety Questions – Average	1.67	.45	1.10	.16	15	0.36, 0.78	.58*	5.89**	14
Saving Inventory – Excessive Acquisition	18.20	7.97	9.60	7.74	15	6.09, 11.11	.83**	7.34**	14
Saving Inventory – Difficulty Discarding	13.70	4.22	8.00	3.84	15	4.14, 7.26	.76**	7.84**	14
Saving Inventory – Clutter	11.13	7.13	6.80	4.80	15	1.21, 7.46	.61*	2.97*	14
Saving Inventory – Total Scale	43.03	14.41	24.40	13.17	15	13.42, 23.85	.77**	7.66**	14
Savings Cognitions Inventory – Emotional Attachment	34.14	12.95	23.36	10.18	14	7.18, 14.40	.88**	6.45**	13
Savings Cognitions Inventory – Control	13.43	4.29	10.79	3.93	14	1.33, 3.96	.85**	4.35**	13
Savings Cognitions Inventory – Responsibility	19.29	7.26	13.57	5.37	14	2.70, 8.73	.70*	4.09**	13
Savings Cognitions Inventory – Memory	12.96	4.82	10.29	3.67	14	0.29, 5.07	.55*	2.42*	13
ADL – H – Average	1.68	.47	1.24	.29	15	0.26, 0.61	.75**	5.34**	14

Note: * $p < .05$ ** $p < .001$

Hoarding Symptoms

Participants showed a 45% reduction in CRS scores from pre to post, with a final mean score of 10.0. A clinical cut-off score of 14 is typically used to determine whether participants have clinically significant hoarding problems. Thus, participants in this study started with an average pre-score that was clinically significant (18.27) which then dropped off to well-below that cut-off following the hoarding intervention (10.0), meaning that they no longer had clinically significant issues related to clutter in their homes (Tolin et al., 2010).

Similarly, there was a 40% reduction in clutter based on the CIR. Scores above a 3 on this scale indicate cause for concern in terms of clutter issues (Steketee & Frost, 2014). In this study, participants started with an average room score that indicated clutter issues (3.15) and following the intervention, their average room score dropped off to 1.89, significantly below that cut-off score.

On the SI-R, participants showed a decrease of 47% on the Excessive Acquisition subscale. Scores above a 9 on this subscale reflect clinically significant acquisition (Frost & Hristova, 2011). Interestingly, participants in this study had an acquisition score well above that prior to the intervention, which then dropped significantly following the intervention indicating considerable improvement. There was a 42% decline in the Difficulty Discarding subscale of the SI-R. On this subscale, scores above a 14 are considered clinically significant (Frost & Hristova, 2011). On average, participants in this study had scores above 13 prior to the intervention, which then dropped significantly below that score after the intervention indicating an improvement in the difficulties discarding objects. In fact, a total of 9 participants had scores above that threshold at pre-test, which then dropped to well below that point. There was also a significant decline in the Clutter subscale (39%). At post-test, 11 participants had a clutter score below the clinical cut-

off of 17. For the total SI-R score, there was a 43% reduction in symptoms. The mean at post-test was significantly below the clinical cut-off of 40. These data demonstrate that this intervention had a powerful impact on symptoms of hoarding and cluttering.

Safety, Squalor, and Activities of Daily Living

When examining the results of measures related to safety and squalor, there were declines of 47% and 34% in squalor (HEI) and safety problems (SQ) in the home. Scores above a 2 on individual items on the SQ indicate significant safety concerns (Steketee et al., 2014). Although the pre-intervention average score was below the cut-off for a safety concern, there were still a significant number of items that exceeded the cut-off for most participants. The number of such items declined substantially at post-intervention. In fact, 13 participants had scores above that threshold prior to the interventions, which were then reduced to below that cut-off post intervention, indicating a safer home environment.

The ADL-H scale showed a 26% improvement from pre to post-test. On this scale any average score in the 3 range indicates substantial problems with functioning due to clutter (Steketee et al., 2014). Twelve participants had at least one item that indicated substantial problems with functioning due to clutter at pre-test, which then reduced to well below the cut-off for concern.

Hoarding Cognitions/Beliefs

Measures related to the cognitive aspects of hoarding were then analyzed. The SCI has several subscales including emotional attachment, control, responsibility and memory. Improvement on these subscales was significant for each and ranged from 20 to 30% better at post-test. One participant was unable to complete this questionnaire as they found it too complex to understand.

Qualitative Results

Qualitative results are separated into two sections including the participants' and the clutter coaches' accounts.

Participants

All participants were interviewed individually in-person, with the exception of one couple that opted to be interviewed together and one other participant who had to be interviewed by telephone due to scheduling issues. When asked what they liked about their participation in the program many themes emerged. All participants agreed that they had learned a great deal through their work with the clutter coaches and the exercises that they were asked to complete. Many described that they learned to recognize that they did indeed have a problem that they needed to address. They also mentioned having a better understanding of how to establish a routine, how to organize themselves, how to decide what to keep or throw away, day-to-day tricks (i.e., working in small sections to conquer the problem), and most importantly they also learned prevention skills. Although many participants found the assessments long, the vast majority stated that it was valuable to complete them because it helped them understand their problem and gave them an increased sense of self-awareness. Several French participants

> ***"I don't need junk to make me happy"***

mentioned that they appreciated the availability of services in French. Others stated that they appreciated that the services were offered at no cost and included perks, such as free organization tools, furniture and money for laundry. Participants really appreciated the one-on-one approach with the same worker, who was always available in person or on the phone, and the fact that there was counseling included. In fact, several participants stated that in doing the work with their clutter coaches, they found that their anxiety and depression lifted and that they were able

to grieve some past traumas. Participants for the most part really enjoyed the work around reducing acquiring, mentioning the usefulness of the acquiring card. Although they found the

> ***"I learned not to get something unless I had a pre-determined spot for it and it wasn't taking the spot of another item"***

work associated with discarding difficult, they stated that they felt in control through the whole process and that it was nice to sort through items because they were able to find some things that had been misplaced. In getting help with sorting their items, either keeping, disposing or

> ***"I had experienced a clean out before, it was extremely traumatizing, and it made things worse, I'm still not over it, and my mental health suffered a lot. This experience was not at all the same"***

donating, many participants stated that they felt good being able to donate some of their items.

Pilot project participants really enjoyed the program and many had few to no dislikes when questioned. Many participants admitted that they found the work really hard but very worthwhile. Some described that they did not enjoy doing homework between their appointments or feeling pressured to get something done before their next appointment with their

> ***"Time would go by very quickly every week and due to my psychiatric issues at times I just didn't feel up to doing the work but there was pressure to because she was coming to the unit"***

clutter coach. A few described not liking having the clutter coach in their space for fear that the coach would see something private or the feeling as though they were being supervised by the coaches. One participant stated that they had waited a long time for services to start, which was stressful. Another client mentioned that it was difficult to do the work as a couple since they found it awkward to discard gifts given from their partner. Two participants described their great displeasure for the speed sort because they found it stressful and it created a great sense of self-doubt. Another participant felt upset that the term hoarding had been used on one of the

assessment tools as she felt it created a sense of judgment. Some participants described a great displeasure in the lack of budget for the project because they felt they needed more resources to help them organize their units, such as bins and shelving. All participants described a sense of loss and sadness that the program was ending, especially those who were midway in the program in regards to their progress.

When asked about their clutter coaches, participants admitted a great deal of positive regard. The coaches were described as very patient people being able to work at their clients' pace and adjust the rhythm of the work as needed. They were described as open-minded, non-critical and participants described feeling accepted, understood and most importantly not judged.

> ***"She was there for me when I really needed help and things were not going well"***
>
> ***"At first I was a bit defensive and felt as though I had to justify myself but she was easy to trust and I quickly trusted her, and that was not the case with my other workers"***
>
> ***"She was my backbone through a really hard time in my life"***

They were described as being generally likeable, tactful and had grace in their delivery of messages and information. Many participants pointed out that the clutter coaches had a good sense of humor, which made hard work fun to do. Participants appreciated having the clutter

> ***"The clutter coaches are key. You need someone fun and able to make you laugh because it makes the work more enjoyable. [Coach] was awesome and a pain in the as*"***

coaches as a sounding board for more difficult moments and decision making. They appreciated that the coaches were always available either in person or by phone. They described that the clutter coaches respected their privacy at all times. Interestingly, two clients mentioned that the clutter coaches were particularly good at picking up on avoidant behavior and working with them on it actively. Others described enjoying their directive approach and their goal setting.

Participants mentioned that setting measurable goals with the clutter coaches and attaining them was very helpful in keeping them motivated throughout the process.

Participants were also asked if they thought the pilot program had helped them significantly. Overwhelmingly, the answer was yes by all participants. Participants described feeling empowered by the process since they felt in control throughout the decision making. Most participants stated that they felt better about themselves psychologically after several sessions with their clutter coaches. They also described having a better self-awareness and understanding about their problem. Many described the very motivating process of experiencing successes in the program and eventually becoming self-motivated to do the work on their own.

> ***"Before I had the feeling of being an animal in a cage, feeling stuck, not knowing where to start"***
>
> ***"I was so ashamed of how I had let things took over my life, but now I have so much hope"***
>
> ***"When I saw the progress, it started to motivate me to do more"***

Interestingly, several clients described that clutter had made them increasingly isolated and that the program had allowed them to open their homes and lives to others. They felt as though their homes were more livable and were able to decorate and create a sense of home. All participants discussed that they were able to create some limits on their acquiring and they learned and implemented many life skills (i.e., organizing, de-cluttering, and cleaning). A few participants discussed how the program had helped them get rid of bed bugs and put in place measures to

> ***"My hoarding ruined my life. I lived a very lonely existence. I always said I was going to change but I never did"***
>
> ***"Where I was living before was a nightmare, she helped me get back on my feet again"***
>
> ***"Last year I felt like my world was falling apart. I did what I could to keep myself sane. Nobody wanted to see me because of the bed bugs, but now everyone has welcomed me back. My life is back to where I need it to be"***

prevent them in the future.

When asked to rate the overall quality of the program participants provided high ratings that averaged to a 9 out of 10 (with 10 being excellent). Many participants volunteered the insight that they would recommend this program to anyone who had difficulties with clutter in their home. Participants had some ideas on program elements that could be improved. Some participants recommended a group component to the intervention so that they could get together and be able to learn from each other, while others suggested a peer support approach that could be added to the overall intervention. Some clients suggested that telephone follow-ups between sessions could be useful to remind participants of goals and homework. Along the same lines, some clients felt that the work was rushed, particularly towards the end of the project and that they would have appreciated more time to get progress completed between sessions. One client thought that a program overview or outline should be provided to clients so that they could understand the ins and outs of the program. Two clients thought it would be fun to include some little incentives to the participants for getting the work done as a way to motivate them initially (i.e., one client mentioned the possibility of having her unit painted as an incentive).

There was significant amount of grief expressed by all participants concerning the end of the program. Participants mentioned that the program should be of longer duration, without a set number of sessions. They stated that participants should only be terminated when both the clutter coach and the participant felt that the initial objectives had been attained. Many participants described feeling rushed and pressured to get work done at a fast rate towards the end of the program. Clients expressed sadness with the news that the program was being terminated, and in particular many of them grieved the eventual loss of their clutter coach who had become an important source of motivation and support. They hoped that they would be able to get telephone

follow-ups after the program ended to help bridge the end of services. Three clients expressed fear that they might regress because they felt that they still had work to be done. The majority of clients hoped that the program would be renewed and some thought of others that could potentially benefit from the program.

> ***"I still have a long way to go. I'm sad the program is ending"***
>
> ***"The program should have kept going until both parties feel that the person is ready to terminate and manage on their own"***
>
> ***"I'm worried that the program won't be renewed and that I won't be able to access the services if my problem returns"***

Clutter Coaches

There were two clutter coaches who were included in this pilot project, one from Montfort Renaissance and the other from Options Bytown. Due to the fact that there were only two clutter coaches the use of direct quotes was not favored since it would be fairly easy to identify the coach. Thus, only general themes will be presented in this section. Both clutter coaches described that the training was very comprehensive and relevant to the work they did with their clients. In particular, both coaches found that the training with Dr. Randy Frost was particularly useful as well as the training provided by Elaine Birchall.

Both clutter coaches appreciated their supervision. They felt that supervision allowed them to problem-solve difficult situations and clarify their roles. At times, they felt there was too much supervision, considering their regular weekly supervision meetings in addition to support from consultants. In addition, clutter coaches felt that the organization of supervision at the implementation of the pilot project was a little inconsistent and that they would have benefited from more intensive supervision earlier on in the project.

In terms of how the training and the supervision could be improved, clutter coaches had a few ideas. First, clutter coaches thought that it would have been helpful to have training on working with people with cognitive impairments who might have more concrete and rigid thinking. Additionally, they felt that there should be some training on pest control and prevention so that they could help clients who had these issues. They felt that all of the training should have been completed before the start of client work. They also felt that they would have benefited from more time sitting in on Elaine Birchall's client sessions.

Clutter coaches were asked what they liked and disliked about the program. They described liking their clientele as these were people with a need and they wanted the help desperately. They found that the expectations from managers were attainable in that a full recovery of clutter problems was not expected. Specifically, the expectation was to see some improvement in the clients. They really liked that their supervisors were always available for questions or support. They described that it was nice that the clients had case managers that worked on the clients' other complex issues. The clutter coaches appreciated that there was a budget in order to help them in their work, such as for purchasing organizing supplies and shelves. Overall, they both felt well-supported throughout the program. The conference that was attended in Boston was discussed as a nice opportunity to learn more about cutting edge research. There were a few difficulties associated with the clientele that were discussed such as the challenge working with people with limited insight when cognitive issues were present, limitations associated to participants' mental health issues (i.e., cancelations), others were limited due to chronic illness or physical disabilities, there were some problems associated with keeping participants motivated, those who had experienced clean-outs were traumatized and more difficult to work with (i.e., difficult to establish trust), and many participants were

extremely socially isolated. Clutter coaches found that there were limited resources for dealing with bed bugs or other pests. Although most of these were described as minor challenges, the biggest challenge cited was the short timeline of the project.

Clutter coaches were asked to discuss the resources that were allocated to them for their work with clients. They consistently stated that they felt they were well supported by supervisors and that there was always someone accessible if they needed to discuss something. The coaches also liked that between themselves they were able to offer some coach-to-coach support. They thought that the housing support workers were helpful with the transition out of services when the program was terminated. They both stated that it was nice to have a budget for organizational supplies for clients. The one difficulty both coaches struggled with was the lack of reliable external resources to help them with infestations or for identifying safety concerns.

Clutter coaches were asked how they found their work with clients and they mentioned that at times it was exhausting, challenging and emotional. Nonetheless, both clutter coaches thought positively about their work with their clients stating that it was interesting work where they got to know their clients' histories, and that it was both rewarding and fulfilling. Both clutter coaches felt that the program had helped clients. First on a practical level, they stated that all of the units improved in terms of the clutter present. Cognitively, they described that their clients became able to recognize that they did indeed have a problem with clutter and that the clutter was no longer acceptable to them (i.e., they became motivated for change). Psychologically, clutter coaches felt that their clients learned to trust their help and learned to be open to the help of others, they got used to someone in their space, and their overall psychological well-being improved in most cases.

Clutter coaches were asked to rate the overall quality of the program and they rated the program at a 7.5 overall. Clutter coaches had a lot of ideas on how to improve the program. Of major importance both coaches stated that the program duration was too short and that at least 2 to 3 years would have been needed in order to make a major impact and to be able reduce the risk of a relapse. They described that their complex cases were the ones who suffered the most when the program was terminated because they were not able to complete the work that was needed. Along the same lines, they stated that a longer termination and transition period at the end of services should have been used. They described that some clients would benefit from biweekly sessions rather than weekly sessions but, that due to the program constraints, they were limited. The coaches felt that it would have been nice to have a list of resources that they could access along with the financial resources for these services (i.e., pest control). Finally, one of the coaches stated that it would have been helpful to meet with the researcher at an earlier date in order to review the data entry and ensure that data was being collected appropriately.

Discussion

This innovative pilot project sought to build capacity and knowledge on how to treat people who have issues with clutter in their home and suffer from persistent and severe mental illness and who live in supportive and supported housing in Ottawa. The pilot project included the implementation of a CBT specialized treatment for people who suffer with hoarding behavior (Steketee & Frost, 2014). Two clutter coaches were hired and trained for this program. The evaluation of this pilot project was completed by comparing pre and post-test measures as well as qualitative interviews with participants and qualitative questionnaires with clutter coaches.

Participants in this pilot project were identified as having significant clutter in their home but were never formally diagnosed with the DSM-5 criteria for hoarding disorder. Rather than focusing on the disorder, the program focused instead on hoarding behavior and/or clutter. Interestingly, the majority of participants met the clinical cut-offs for hoarding behavior on the majority of the pre-treatment assessments. Following the intervention, significant improvements occurred on all the assessments, indicating less clutter, safer homes, reduced acquiring and less difficulty discarding. The extent of improvement, up to 47% on some symptoms, compares favourably to existing research on the efficacy of cognitive behaviour therapy for hoarding disorder delivered by trained therapists (Steketee, Frost, Tolin, Rasmussen, & Brown, 2010; Tolin, Frost, & Steketee, 2007). The biggest improvement was on the excessive acquisition of possessions, which was reduced significantly (47%). Participants qualitatively described a substantial decrease in acquiring and increase in the ease with which they could discard items. Participants overwhelmingly appreciated the services that were offered by the two clutter coaches and stated that they felt that they had improved. Both quantitative and qualitative evidence indicated a clear positive impact of this intervention.

Clients and clutter coaches both indicated that the pilot project was of high quality and that it had the potential to help people with clutter issues. Both groups described that more resources were needed in order for the intervention to be more effective. Resources such as money for organizational materials and good quality references for problems of infestations were described. Overwhelmingly both groups were not satisfied with the duration of the program. Many of the participants had not completed the intervention at the termination of services when the post-tests were administered, and there were significant fears that participants would fall back into old habits in time. This is a valid fear since a recent study found that one of the biggest predictors of treatment success and the stability of those gains over time was the number of in-home sessions (Tolin et al., 2015).

The success of this pilot project is due to a partnership between two community organizations, Options Bytown and Montfort Renaissance. With a modest budget they were able to implement a medium scale intervention, trained two clutter coaches and built capacity in their organization on how to successfully treat hoarding behaviors and/or clutter issues. Training in both of these organizations was extensive and was appreciated greatly by both clutter coaches. Regular supervision was also found to be helpful, though at times the clutter coaches found there was duplicate supervision. In addition, this pilot project adds to growing literature on specific treatments for people who suffer from hoarding behavior.

Recommendations

1. Areas that remain to be investigated are the stability of the interventional effects. In this project's planning, the duration of the intervention phase was underestimated, and this could impact recidivism rates especially for clients who did not complete their intensive

treatment. Ideally, a project of this amplitude should be maintained for 2-3 years in order to measure the impact of the full intervention in addition to stability of treatment gains over time.

2. Approximately 2/3 of participants in this study suffered from cognitive impairment and more research is needed to see how this treatment protocol would need to be altered for this type of population. In addition, specific training for clutter coaches is needed in terms of how to best work clinically with adults who have cognitive impairments.
3. Supervision was found to be extensive with some duplication of supervision. Supervision should be offered weekly as a group so that clutter coaches can gain insights from their supervisor but also learn from each other.
4. Many mental health programs include a group component that offers a place for clients to realize that they are not alone in their suffering and offers a place for peer support. It may be interesting to include two phases to this intervention, the first being the current treatment protocol and the second being weekly group sessions. This may reduce the risk of recidivism. There are existing, low-cost, group-based interventions that have been found to be useful (Frost, Ruby, & Shuer, 2012) and could be adapted here to create an integrated approach to this problem.
5. Training for clutter coaches should include a component on how to handle pests and infestations. In addition, research needs to be done to identify good local companies that offer pest control in a psychologically-mindful way. Resources should also be allocated to pest control so that clutter coaches feel that they can implement these services if there is a need.

6. There is a need for more sustainable funding for individual counselling and peer support for people living in poverty and experiencing hoarding and clutter behaviors.
7. There is a need for more research on effective interventions in individual and peer support counselling for people living in poverty and experiencing hoarding and clutter behaviors.

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