



HOARDING TOOLBOX

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TABLE OF CONTENTS

List of appendices	2
1. Definition of Hoarding	3
1.1 Hoarding in the DSM-5	3
1.2 In other words.....	3
2. Assessment.....	4
2.1 Done by the worker	4
2.1.1 Clutter Image Rating Scale (CIS)	4
2.1.2 Home Environment Index.....	4
2.2 Done by the client.....	4
2.2.1 The Activities of Daily Living- Hoarding (ADL-H)	4
2.2.2 Savings inventory- Revised.....	5
2.2.3 Savings Cognition Inventory.....	5
2.2.4 Hoarding Rating Scale	5
2.2.5 Safety Questions.....	5
3. Treatment planning.....	5
3.1 Goal Setting.....	5
3.2 Visualization and Practice.....	6
4. Intervention	7
4.1 Reducing acquiring	7
4.2 Discarding	8
4.2.1 Personal Protective Gear	8
4.2.2 Supplies (Dollar Store is a cheap place to buy some of these):.....	9
4.2.3 Getting started	10
4.2.4 Sorting methods.....	11
4.3 Organizing.....	12
5. Alternative methods.....	13
5.1 The harm reduction approach:.....	13
5.2 Clean-outs:	13
6. Recommended trainings	14
7. References	15

LIST OF APPENDICES

Appendix 1a - Clutter Image Scale

Appendix 1b - Clutter Image Scale Descriptions

Appendix 2 - Home Environment Index

Appendix 3a - HOMES Hoarding Risk Assessment

Appendix 3b - HOMES Hoarding Risk Assessment Scale

Appendix 4 - Activities of Daily Living - Hoarding

Appendix 5 - Saving Inventory - Revised

Appendix 6 - Saving Cognitions Inventory

Appendix 7 - Hoarding Rating Scale

Appendix 8 - Safety Questions

Appendix 9 - General Conceptual Model

Appendix 10 - How long to save paper

1. DEFINITION OF HOARDING

1.1 Hoarding in the DSM-5

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B. This difficulty is due to the perceived need to save the items and to distress associated with discarding them.
- C. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromise their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g. family members, cleaners, authorities).
- D. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
- E. The hoarding is not attributable to another medical condition (e.g. brain injury, cerebrovascular disease, Prader-Willi syndrome).
- F. The hoarding is not better explained by the symptoms of another mental disorder (e.g. obsessions in obsessive compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, restricted interests in autism spectrum disorder).

Specify if: With excessive acquisition: If difficulty discarding possessions is accompanied by excessive acquisition, collecting or buying or stealing, of items that are not needed or for which there is no available space.

Specify if: with good or fair insight: The individual recognizes that hoarding – related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.

Specify if: with poor insight: The individual is mostly convinced that hoarding related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

Specify if: With absent insight/delusional beliefs: The individual is completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

1.2 In other words...

Hoarding can be defined as an excessive accumulation of possessions and a failure to discard proportionately, where activities of daily living are impaired by spaces which cannot be used for their intended purposes and cause distress to the person or those close to them. Although the determination of whether the issue is hoarding-related or is the symptom of another mental health issue or cognitive impairment is a complex evaluation process, this process is outside the scope of this tool box. However, the proposed assessment tools may help in elaborating a support plan which takes into account both the clutter issues and the mental health component.

2. ASSESSMENT

2.1 Done by the worker

As a worker, there are a series of tools you can use to assess hoarding. Currently the most commonly used tools are those developed by Dr. Randy Frost and Gail Steketee.

2.1.1 Clutter Image Rating Scale (CIS)

The Clutter Image Scale (appendix 1a) is a set of images of 3 different living spaces (kitchen, living room, and bathroom) showing the 9 different levels of hoarding. It differentiates between mild, moderate, and extreme hoarding and is the most commonly used tool to assess and evaluate outcomes of an intervention. Most agencies who work with people with hoarding behaviours are familiar with this tool. This tool can be completed by either the client in question, the assessor or both. Note that it is helpful to compare answers of the assessor and those of the person referred. It is also useful when there is limited time or ability to access a home. Areas that score above a 3 are a cause for concern. To support this tool, a series of definitions and guidelines have also been elaborated in order to help a person determine where they are on the 1-9 scale (appendix 1b).

2.1.2 Home Environment Index

The Home Environment Index (appendix 2) is completed by the assessor and is a scan of the client's environment to identify health and safety concerns. A score of 2 or higher requires attention. The client may also fill this out.

In addition to these tools, Dr. Christine Bratoti developed the **HOMES** (appendix 3a and 3b) Multi-disciplinary Hoarding Risk Assessment. This tool is useful when there is little time for an assessment and there are other risk factors or vulnerable persons involved, such as pets or other adults in the home and their safety is affected (Health, Obstacles, Mental Health, Endangerment and Structure).

2.2 Done by the client

In addition to staff-led evaluations, you may want to have the client answer a few questionnaires in order to assess the situation and get a better understanding of how their thoughts and behaviors affect their life. These tools will help you understand the level of insight a client might have, the emotional distress they may experience as well as the difficulties they may encounter (acquiring and discarding).

As with the staff-led assessments, the most commonly used tools are those developed by Dr. Randy Frost and Gail Steketee and they are as follows:

2.2.1 The Activities of Daily Living- Hoarding (ADL-H)

The Activities of Daily Living- Hoarding (appendix 4) is an assessment completed either by or with the client, which allows the client to reflect on the impact the level of clutter in the home has on their ability to complete their everyday tasks of life. Responses also reveal the level of insight a client has of their hoarding behaviours and the impact it has. **NOTE:** a person may mark

themselves low on the ADL-H scale but have a CIS (Clutter Image Scale) rating in the high range. This may be an indicator of poor insight, or indicate that the client has adjusted to their environment. An example that a person has adjusted to their environment could be that they say they are able to sleep in their bed easily, but you find out they need to remove at least a dozen bags in order to do so.

2.2.2 Savings inventory- Revised

Savings inventory- Revised (appendix 5) is an assessment completed either by or with the client and narrows down the specific hoarding behaviour (acquiring, difficulty discarding, lack of organizational skills) that is associated with the level of clutter in a person's home. This tool also reveals the level of insight a person has.

2.2.3 Savings Cognition Inventory

Savings Cognition Inventory (appendix 6) is completed either by or with the client and explores why a person has difficulty discarding. In many situations it is due to sentimental attachment, but there are also issues with memory, a sense of responsibility for objects, and issues around control over belongings. It is also an indicator of the level of insight.

TIP: Some clients reported that they found this tool abstract and had difficulty answering. In order to address this, we found that having the client pick out a few possessions and having them laid out in front of them made things more concrete. You may also need to reformulate the questions and give examples in order to guide the client.

2.2.4 Hoarding Rating Scale

The Hoarding Rating Scale (appendix 7) is a quick screening tool that helps a client determine if they feel they have an issue with clutter. This tool is useful if a person is unsure whether or not to ask for help. A score above 14 indicates a hoarding problem may exist.

2.2.5 Safety Questions

Safety Questions (appendix 8) are completed by or with the client to determine how the amount of items is impacting their safety, and creates an opportunity to discuss harm reduction approaches. A score of 2 on any question requires attention.

3. TREATMENT PLANNING

In order to formulate a proper intervention plan that fits the needs and abilities of the client, it is important to consider other factors such as personal and family vulnerabilities, information processing problems, meaning of possessions, emotional reactions, etc.

3.1 Goal Setting

This information can be gathered during an interview with the client. We used the Initial Interview, as it provides the necessary background information. The information gathered with the interview and the evaluation tools can be included in a client's **General Conceptual Model** (appendix 9).

This model is interesting since it helps understand how the hoarding problem has evolved through time and why it is ongoing. It considers such factors as personal vulnerabilities, information processing problems, meaning of possessions, emotional reactions and learning processes.

TIP: Refer to the Treatment for Hoarding Disorder Workbook (Steketee & Frost, 2014) as there is a selection of responses that may suit the person's need – it explains the process very well when clarification is needed.

Goal setting is an important part of treatment planning. As a support person you need to take into consideration several factors and prioritize accordingly. These factors can be categorized as safety related (risk of fire, fall risk, etc.), health related (infestations) and housing related (at risk of being evicted). This is where assessments regarding safety and home environment become relevant (see the "Assessment" section on page 3 for relevant appendices to assess risk and priorities). When health and safety issues are addressed, you will want to work with the goals that the clients have set for themselves. Remember that the clients' perception of their environment may greatly differ from yours at first, and it may be challenging to set a pace and standards which will respect the client's rhythm.

When planning an intervention, you want to determine what the client's personal goals are. You will also want to set treatment rules in order to ensure that the treatment progresses in a way that is manageable for the client, and to help them realize they are in control of the situation (for example : client makes all the decisions about possessions, do not touch belongings without permission, client discusses feelings and thoughts with counselor, etc.).

TIP: When working with couples, emphasise the following rule: the person who owns the belonging makes the decision. That person can seek help and discussion, the decision remains theirs to make (e.g. whether the belonging stays or goes).

3.2 Visualization and Practice

Visualization exercises can be very motivating. They are a great way to get a client imagining what their house would look like uncluttered, and can be used for goal setting. You want to ask clients how they feel in their current cluttered environment and then have them imagine how they would feel if their environment was uncluttered. The clients then rate their discomfort level on a scale from 1-100 (1 = no discomfort and 100 = the most discomfort they've ever felt). Clients then describe what feelings and thoughts they have during the exercise.

This exercise can be more difficult for people with cognitive impairments, but there are ways to make them more concrete. For example, people may have difficulty with the clutter and unclutter visualization exercises, but may remember what their unit looked like when they didn't feel stressed by their environment. Likewise, they may be able to identify a friend's place or a magazine picture that shows how they want their apartment to look like.

The same visualization exercise can be done in regards to acquiring. In this type of exercise, the client visualises a situation where they would feel the urge to acquire something, but would not pick the item up. For this acquiring visualization exercise, the client could use the most recent purchase of a preferred item. The client then rates the urge to acquire the item using the same scale (1-100) described above.

As with visualization exercises, practice exercises are a good way to start concrete interventions with the client: we compare this to “building a muscle”. These exercises involve discarding or not acquiring an item that is not the client’s favorite, but still causes some level of discomfort if discarded or not acquired. The initial discomfort level is then rated using the 1-100 scale. The clients track their feelings of discomfort for the following hours/days and compare the discomfort ratings for these items to their initial score. You then make a conclusion about the activity with the client.

4. INTERVENTION

4.1 Reducing acquiring

It is usually best to start with the strategies to reduce acquiring. Clients find reducing the clutter without addressing the acquiring leads to a cycle where once items are removed, more items are acquired. This leads to frustration, as the clutter is now never ending. Some clients may feel frustrated that the uncluttering process is delayed, but recognize the issue in play. Some clients may have to experience this cycle before accepting the need to address the acquiring as a first step. It is useful to do an Advantages/Disadvantages (Pros/Cons) exercise to help clients come to their decision about this process.

Once a client is ready to start working on reducing acquiring, here are a few things you can do with them:

- Assist in the development of a personal set of questions for acquiring. For example :
 1. Am I only buying this because I feel bad right now?
 2. Could I manage without it?
 3. Do I already own something similar?
- Assist in the development of personal rules for acquiring. For example:
 1. I plan to use the item within the next month.
 2. I have sufficient money (not credit) to pay for the item.
 3. I have an uncluttered place to put the item.

TIP: encourage the client to keep this list with them at all times. It can remain in their pocket, or attached to the wallet/debit card/credit card. Laminate the card if possible.

- Assist in the development of a personal exposure hierarchy plan. To assist clients in facing fears and discomforts you'll want to expose them to stressful situations. Starting with a less stressful situation, and, as the client's level of comfort increases in dealing with this specific situation, gradually address situations that generate a higher level of stress. The clients will move forward and make progress in treatment. For example:
 1. Drive past a store in which I've bought things;
 2. Stand near a store in which I've bought things;
 3. Walk into a store and not buy anything;
 4. Try on a piece of clothing that fits and not buy it, etc.
- Assist in the development of a personal list of activities that provide pleasure and which are an alternative to time spent acquiring. For example: read a book, take a walk, chat with friends, and attend a fair. These activities should reflect your client's interests.

The goal of these activities is to help a person slow down the acquiring impulses and make them more mindful of their thoughts, emotions and actions.

TIPS:

- If the 1-100 scale is overwhelming, try a 1-10 scale or use descriptions instead of numbers.
- A person may state they acquired only a DVD, but you can do an exercise where they collect all the items they acquired in a specific time frame – you can coach them on this especially if you know what the preferred items are. For example, if you know a client is partial to comics and DVDs, ask them to gather all the comics and DVDs acquired this past month. This creates a concrete, visual representation for them, rather than relying on memory. This is especially important for client with cognitive impairments.

4.2 Discarding

Assessing the risks is the first step (appendix 3a and 3b) in hoarding interventions. You must assess the risks to the client, to other residents or neighbors and to responders (such as yourself). Based on your discoveries, you may need to bring in other professionals to help deal with the situation.

4.2.1 Personal Protective Gear

As you are supporting the client, you need to ensure your own safety and protection from pests, sharps and other potentially dangerous items or situations. When assisting a client with physical work, the following should be considered:

- Wear a separate set of clothes (including shoes). Once the session is over, change into a clean set of clothes and seal the used clothes in a clear plastic bag – this will allow you to

check for pests. Follow pest control guidelines for laundry (hot wash, hot dryer) on the dirty clothes.

- If there is a pest infestation, wearing a disposable Tyvek suit over your clothes is a must. The white background of the suit makes it possible to see any pests that may have transferred onto you, and they provide a layer of protection over your personal clothes.
- Wear foot covers over your shoes, and preferably double up as they do wear out over the course of a session and holes tend to develop.
- Gloves are required; as is frequent hand washing and the use of hand sanitizers.
- For masks, we suggest the use of the N95 mask – a must if dealing with situations where contaminants can be inhaled (expired food that is powdery and airborne, mold, rodent feces, etc.).

4.2.2 Supplies (Dollar Store is a cheap place to buy some of these):

- Clear plastic bags – provide an extra layer of protection for kept items which are stored inside bins/boxes. Moreover, you can store items in the bags and keep for a few weeks to verify if bedbugs/cockroaches are present.
- Painter's tape – to mark clear pathways, height clearances, etc. We chose painters tape so it does not cause damage to surfaces.
- Packaging tape – to tape up boxes. It can be useful to place a strip with the sticky side out around the bottom of a box/bin to see if there is bedbug activity near where items are stored. Also, packaging tape can be used to seal any gaps in bins/boxes. You can also use it to seal the cuffs of pants/shirts to prevent bedbugs or other pests from getting inside your clothes.
- Sharpie & labels – to label bins/boxes.
- Trash Can – wheeled ones work best as the wheels make it easier to transport large amount of garbage.
- Construction grade garbage bags – really sturdy and less likely to break when moving them; holds heavy items without breaking/ripping.
- Measuring tape – portable, concrete way to measure clearance required.

TIP: Have shopping bags/small trash bags on hand. Some clients find the thought of filling a large bag too overwhelming, but find it ok to use smaller bags. It makes it easier to do a larger task and provides a natural break in the process in order to check in with the client as to their emotional state.

Be prepared to uncover hazards as the decluttering process begins (e.g. unstable shelving, indications that rodents are present, extensive use or electrical cords/outlets). Check your clothing and belongings each time you leave an apartment for traveling; you can place your belongings in a bag to reduce the risk of transmission/contamination.

4.2.3 Getting started

When you start discarding, there are two ways to start. Either you select a target area (clean out bed) or you select a type of item (sort through all my books). Most clients feel more accomplished when they select a target area because it is much easier to visually see the progress that has been made as opposed to picking-up books here and there.

TIP: A document has been created (Appendix 10) that can help you and your clients address paper hoarding (what to keep and for how long). When possible, you may want to have documents stored electronically to reduce clutter.

Exercises you can do to guide a sorting and discarding session¹:

- **Practice discarding exercise:** Clients seem to really like this exercise as a starting point, as it helps build up the tolerance level for discarding. Clients select an object, which discarding may cause some (but not extreme) discomfort. The practitioner takes the item and stores it in the office (in a sealed bag inside a clear plastic bin with a tight lid!). Clients then rate their level of discomfort. After a good length of time has passed (more than a week), if the client does not bring it up, then the practitioner can mention it. A discussion of the exercise can then be had with the client (level of discomfort, if they forgot about the item, etc.). Most likely, if the client has not asked for the item within a week or two, they likely have forgotten about it and are willing to let it go. The clients can learn a lot about themselves by doing this exercise, and that letting go of items usually is not as traumatic as they initially expected.
- **Scaling exercise:** This exercise was developed by Elaine Birchall of Birchall Consulting (to be released in “Clearing the Path: *Helping You Take Back Your Life When Your Things Are Taking Over!*” and taught in clinical supervision sessions for the purposes of this Pilot Project). For this exercise, use a scale of 1-10, 1 being an item that must absolutely be kept and 10 being an item that can be discarded. Have the client pick out “easy wins” or 7-8-9-10’s. These are items they can let go with ease. First, you can have the client tell you why they are easy wins (for example, they are contaminated, they are broken, or they simply do not like them). Next, have them pick out 1-2-3’s or the “no doubt about it, must keep items” and have them tell you why they are in this category. Lastly, proceed with the in-betweens, the 4-5-6’s. Have the client remember what makes an item a 1-2-3 and what makes an item a 7-8-9-10. Have the client select which of these items are closer to a 7-8-9-10 and ask them if they feel OK with discarding them. Next, work with the 4-5-6’s that are closer to 3’s and discuss what the client feels he can do with these items (keep as long as there is space for them, re-gift to someone who will appreciate, etc.).

¹ These exercises are described in detail in “*Treatment for Hoarding Disorder: Treatment Guide*. Steketee, G., Frost, R. (2014). New York: Oxford University Press.”

- **Need vs want exercise:** This exercise gives the client a chance to comprehend the difference between an item they want and an item they need. Sometimes, this distinction can be hard for a client to understand, as they feel they need every item. Once the distinction is clear, they can make a decision accordingly. This can also be used to help reduce acquiring.
- **Brief thought records:** When the client starts feeling anxious or happy or angry, that would be a good time for the client to stop what they are doing and ask themselves what they are thinking. This provides a way to see if there are other thoughts or beliefs, besides the one they are currently having, that contribute to clutter. It helps clarify the trigger situation, and the thought and emotions that lead to a decision.
- **Thought record form:** The brief thought record form is basically four columns. The first column is labeled “Trigger Situation”; the second one is labeled “The Thought or Belief”, the third one is labeled “Emotions” and the last one is labeled as “Actions and Behaviors”. This form is a way for the client to record information that helps shed light on what exactly is triggered by hoarding situations. It helps generate alternative possibilities that make sense to the client. It can also help change their current belief/thought patterns.
- **Behaviour action plans – activity planning:** CBT techniques are especially effective if a client is identifying feeling depressed. The focus is a calendar of activities that are pleasurable, that can incorporate the activities listed in the *My Pleasurable Alternatives exercise* listed in the “Reducing Acquiring section”.
- **Behaviour experiment form:** This form describes the experiment and predict the outcome. The client is asked to rate how strongly they believe their prediction and their initial discomfort on a scale of 0 to 100. They do the action, and record what happened, their thoughts, feelings, level of discomfort, and their observations about the prediction. They develop their set of conclusions (did their prediction come true, was the actual outcome worse than prediction, or was the fear worse than the experience).
- **Other exercises:**
 - Setting personal guidelines as to when to keep an item/ questions about possessions.
 - Listing advantages/disadvantages of keeping or not keeping an item.
 - Brainstorming/problem solving around barriers & problematic thinking.
- **Downward Arrow questioning:** Clarifies thoughts and beliefs and puts thinking/emotions in perspective.
- **Socratic questioning:** Critical thinking; questions to clarify the issue; probing assumptions, viewpoints and perspectives; reasons and evidence, implications and consequences.

4.2.4 Sorting methods

The 3 boxes method: It is important to keep the sorting categories to a minimum to avoid overwhelming your client. The three categories that show the best results are “Keep, Donate/Sell

and Discard”. Having items put in pre-identified boxes or bins while sorting is a great way for the client to see what has been sorted and what has not.

Another method that has proven to be successful is the Yes (Keep), No (Discard) and maybe piles. Clients sort items in the appropriate piles. If a decision about an item cannot be made in less than a minute, it goes in the maybe pile. Once the sorting session is over, ask the client to return to the maybe pile and over again, consider these items. You may want to ask the client to refer to their personal guidelines or consider the advantages and disadvantages of keeping or discarding the items. This method is not recommended in the beginning of treatment, because most of the items will end up in the “maybe” and the “no” pile. This method should be used when the client is more confident with their decision-making skills.

4.3 Organizing

Clients may need help to address their organization skills. This might include help with decision making (what goes where) and problem solving (where will the possessions go in the meantime).

Here are a few ways to help you client organize their thoughts and their possessions:

- Personal organization plan & preparing for organizing plan
- Task list
- “What goes where” list (Categories for saving/ location for storage)

Organization methods

- Bins vs Bookcases: Bins are very useful, however they do not work for everybody. For some people, the use of bins mean they can't see what they have, or alternately they become a dumping ground for all items which can lead to more feelings of frustration when they can't find anything. Bookshelves may be a better option, with small bins clearly labeled or with photos attached for those with literacy issues. Where bins are needed, it is best to purchase bins suited to the specific needs of the tasks. For example, use bins meant for DVD storage to store movies instead of storing them in a large bin. This way, the movies are easier to find. The ability to find the wanted items decreases the risk of them breaking. Some people prefer clear bins so they can see the items inside, whereas other prefer to have colour coded bins (i.e. red/green bins hold my Christmas items, light bins contain my summer clothing, dark bins my winter clothing). Larger bins are better suited to store bulky items. Make sure ANY bin used has a lid that seals tightly, to reduce the risk of pest contamination. Boxes can also be an alternative, ensure all flaps are taped shut so that no gaps exist.

TIP: It is a good idea to store items sealed in clear plastic bags and then placed inside the bin/box to provide an additional layer of protection against bedbug/cockroach infestation.

- Stacking of boxes or bins should not be any higher than 3-4 feet. Moreover, do not make the bins/boxes too heavy as injury can result, or the bins/boxes can break. Similar sized bins/boxes should be stacked together as this increases stability.
- Magazine holders: It is best to invest in plastic or metal holders. Magazine holders can provide a good indication as to when it is time to declutter magazines/comics/ papers – when they're full it's time to declutter. Dollar Store is an inexpensive place to purchase these. Do not buy cardboard holders as they do not hold up throughout time.

For people who are at risk for bedbugs and have DVD collections – it is worth investing in storage bins specific to these items. They have tight sealing lids and are small, making it easier to search for a wanted movie.

5. ALTERNATIVE METHODS

5.1 The harm reduction approach:

Setting targets: Depending on the situation, converse with the landlord (or property standards or fire inspector) to determine, in advance, their expectations. Use these expectations as a guide for planning treatment with the tenant. It is important to have a relationship with the landlord and inform them that hazards could be uncovered as decluttering begins.

1. As a minimum standard, the goal should be a 1 meter clearance from the ceiling to allow air flow. This ensures that the smoke/fire alarm equipment has the air flow to work properly.
2. There should be no freestanding piles of clutter of more than 3-4 feet, to reduce the risk of toppling. Otherwise, items should be placed in secured shelving.
3. Three foot clearance from heat sources.
4. Three foot pathway throughout units, especially leading to exits.
5. There must be clear and easy access to all electrical panels – absolutely nothing in front of them.

Use painters tape to mark the clearances on walls, floors, etc. if needed.

The harm reduction approach can also be used with the client in order to reduce financial troubles or to reduce acquisition. If someone has difficulty controlling their acquiring, a plan can be put in place in order to limit spending or limit shopping trips.

These standards need to be set with the client and proper support needs to be put in place.

5.2 Clean-outs:

Clean-outs (where a cleaning crew comes in and removes the client's belongings) are not recommended, as they can (and most likely will) cause unnecessary trauma. Without proper support during and after such an intervention, the client is most likely to re-acquire and fill the

space once again. Although clean-outs are not recommended, sometimes they are necessary (e.g. the client is facing eviction if they do not comply, there are important health and safety concerns, etc.). However, the way you deal with them and prepare them are important. Here are things to consider when preparing a clean-out:

1. Treat it as you would a natural disaster; this is not the time to discuss feelings and debrief with the clients; time should be set aside for this at a later date.
2. If possible, prepare your client beforehand. Explain to them how the day will go and put in place a backup plan; if the client reacts very strongly or things don't go as planned. Note that if being at the site of the clean out is too demanding or too painful for the client, arrange for them to leave.
3. Make sure a person they trust remains on site to make decisions and monitor the activities.
4. Arrange to be there on the day of the clean-out to monitor the work and make sure the cleaning crew respects the terms of the contract as well as respect your client's belongings.
5. Clean-outs should be considered only as a last resort.

If a clean-out is necessary, certain companies can offer help. It is important, when choosing a company, to keep certain factors in mind, such as sensitivity to the situation (your client will have a very hard time during the clean-out, they do not want or need to hear degrading comments). It is therefore important to choose a company that has experience in handling hoarding situations. Once you have identified a company that suits your client's needs, a contract should be drafted detailing the scope of the work that needs to be done. Any special instructions should also be written down and understood by all parties (for example; books are not to be thrown out). It is advisable to process the payment only once the work is completed, to ensure the work was done properly and to completion.

6. RECOMMENDED TRAININGS

Working with a client with hoarding issues is not always an easy task. Certain training is available and is very useful. We highly recommend the following training:

- Hoarding 1 and 2
- Motivational Interviewing
- Concurrent disorders
- Crisis Intervention
- CBT
- ABI training – This is geared toward people with acquired brain injury but many techniques can also be used for people with developmental disabilities or other neurological impairments. We highly recommend the Brain Basics course with OBIA (Ontario Brain Injury Association)

7. REFERENCES

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RECOMMENDED READINGS

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The Hoarding Action Response Team (HART). Visit: <http://vancouver.ca/people-programs/hoarding-action-response-team.aspx>