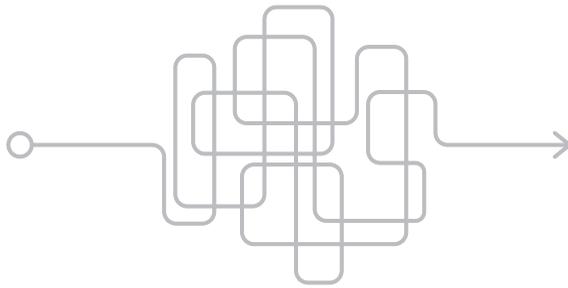


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Conquer the Clutter

E-Resources



Strategies to Identify, Manage,
and Overcome Hoarding



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Resource A.

Animal Hoarding: Devotion or Disorder?

While hosting my weekly radio program, *Take Back Your Life When Your Things Are Taking Over*, on the VoiceAmerica Variety Channel, one of the topics listeners wanted to know more about was animal hoarding. Even though several North American municipalities have set limits on the number of animals residents can have, that doesn't determine reliably what happens in real life. A surprising number of people contacted me with questions and concerns about their own or someone else's pet population.

Many of them were uneasy that the situation concerning them might actually be considered animal hoarding. Most would not give their names. They only felt safe asking the following anonymously.

Question 1 How many animals are too many?

Question 2 How do you know if what you are living with is animal hoarding?

Animal hoarding is defined as

- the failure to provide minimal nutrition, sanitation, and veterinary care;
- the failure to act on the deteriorating condition of the animals or the environment; and
- the failure to act on, or recognize, the negative impact of the collection on the person's own health and well-being.

Minimal Nutrition

Minimal nutrition, in real terms, means the following:

- An animal should be within normal body weight.
- An animal should have access to clean water regularly throughout the day and night.
- An animal should be able to eat in peace without having to compete with other animals and should not be pushed aside or intimidated when accessing food and water by more aggressive animals.
- Food should be wholesome, fresh, and nutritious.

This standard is not very different from what we would want for our own nutritional requirements and, by extension, what we would want to provide for our own pets.

Minimal Sanitation

Although there is a range for acceptable levels of individual cleanliness in personal living environments, animal hoarding situations can easily deteriorate and reach extreme levels of squalor and contamination quickly. If we periodically assess the environment using the criteria in the definition above, long before it reaches its worst, we can recognize the downward trend before it becomes so deteriorated and overwhelming that a well-intentioned person can't turn it around.

Commonly, at some point, people hoarding animals lose insight about the actual condition of the animals and the environment, and they continue to acquire more animals while keeping all the animals they already have. They often resist any help to downsize or place animals for adoption, despite the deterioration. Generally, people hoarding animals do not see their environment in the same way others see it.

By the time law enforcement has to be called in, often the environment is unlivable because of the buildup of urine and fecal matter throughout. In extreme cases, houses have to be condemned because floorboards and walls are saturated.

Life happens, and standards slip from time to time, but most people would agree that there should not be urine and fecal matter remaining on surfaces. This would universally be considered below a minimal standard.

A good test for where on the continuum of deterioration the environment may be is whether

- you are still socializing and openly having people inside your home;
- you would be okay with someone you hadn't met before coming to your door and entering the house (providing you knew they were safe and there for a reason);
- you are part of a network and are not isolated, overwhelmed, and disconnected from your own life and state of well-being;
- the animals have become the main focus of your life to the exclusion of other things; and
- you are caring for all the animals you have and they are healthy, well-fed, well cared for, they are socialized, and getting lots of attention.

If any of these situations do *not* exist, matters may be beginning to lose a healthy balance.

Note that animal hoarding is a continuum and can range from dire conditions to something that approaches responsible pet ownership. If anyone is concerned that the threshold to animal hoarding is being reached, it probably is time to ask the tough questions. While there is no specific number of animals that constitutes too many, your capacity to care for each of them to the standards listed above is a safe guideline. Perhaps if you are feeling concerned, this may be a warning sign that you need to take some time to evaluate the situation.

Minimal Veterinary Care

What constitutes the minimum of care is complicated. Large numbers of animals have different needs than limited numbers of household pets. With household pets, seeing your vet once or twice a year for routine examinations and vaccinations may be sufficient.

With larger numbers of animals in a confined setting, there is a much greater risk of cross-contamination of infectious disease, particularly if new animals are entering the group from outside and you do not know much about the newcomers.

It is likely that you will need:

- to have a more careful and methodical vaccination strategy;
- to make use of appropriate quarantine and isolation areas;
- to have appropriate methods and knowledge to recognize infectious disease symptoms when they begin to set in;
- to be able to not only isolate those animals, but also to come up with a treatment plan moving forward;
- to consult your vet to help you to set up a home health care plan effective for larger numbers of animals; and
- to spay and neuter to prevent interbreeding.

Many communities and shelters in North America offer referrals and resources to help people unable to afford the associated cost. Some even have mobile vans that travel through neighborhoods to offer accessible services.

Question 3 What are the first steps people can take if they feel that their ability to care for their animals might be getting out of their control?

Start with these first steps:

- Recognize the emotional attachment you have with your animals.
- Acknowledge that you are starting to feel overwhelmed by the number of animals and your responsibility for them.
- Find a local veterinarian with a track record for approachability and start a conversation. Express your concerns. They may offer to do a home visit to determine whether a problem exists. Things may not turn out to be as bad as you feel they are.
- Keep an open mind that the veterinarian can help in various ways, including referring you to great people wanting another pet after losing one.
- Seek out rescue groups (if they are available in your area), which can also help find your animals good homes.
- Acknowledge if you have become isolated and do not have a good working relationship with a veterinarian. There may be someone else you can reach out to—a friend, a neighbor, or a relative who has these contacts.

Although the stated prevalence rate for animal hoarding has been estimated differently in various research studies, there really is insufficient reliable data.

Question 4 Is there any pattern to who is likely to hoard animals?

Whether self-referrals, referrals by others, or referrals by the courts, in all situations I have been asked to help with, irrespective of race, creed, age, socioeconomic status, or educational level, the occurrence of animal hoarding very much depends on and is driven by the vulnerabilities of the person.

As a social worker I specialize in treating all forms of hoarding behavior. When dealing with animal hoarding, I have found work done by Dr. Jeanne Lewis, outlining five psychiatric models for animal hoarding, is helpful in pointing me in the direction of expert resources about the other accompanying mental health issues the person may be dealing with. While the person is not defined in rigid clinical terms, it helps me to find expert resources on these other disorders, which allows me to offer a more holistic support network for those collecting animals. Each of us is more than the issues we are given in life.* It is critical not to use this work to pathologize individuals. Its helpfulness is in giving clinicians navigation tools to already existing expert bodies of knowledge and treatment protocols and strategies when behavioral symptoms are demonstrated. Animal hoarding can be overwhelming, not just for the people engaged in it but also for professionals trying to support them.

I would also add a sixth form of animal hoarding, although no research connects it to any medical or mental health model. These six models are outlined after Question 6 on page 5.

The reported relapse rate for individuals who hoard animals is very high. This rate might be influenced by how these cases have been approached through the criminal justice system, which may not understand or take into consideration the complexities of this disorder. A person might be prosecuted with no provision for badly needed mental health support, counseling, and monitoring. Punishment versus treatment rarely works. Punishment takes away the problem (the animals) temporarily, but it doesn't provide long-term sustainable solutions.

If we can start looking at this disorder as a mental health issue, we will go a long way to almost certainly significantly reducing the high recidivism (relapse) rate.

Question 5 *So what is the best standard or model for intervention?*

Across North America, community hoarding coalitions and task forces are being organized in response to hoarding being considered a mental health disorder in the

* Jeanne Lewis, " 'Crazy Cat Ladies' and Other Breeds of Animal Hoarders" (Psychiatry and Behavioral Sciences, East Tennessee State University, 2008).

DSM-5 and therefore, when sufficiently severe, a disability in its own right. Because hoarding can in some situations constitute a disability, people living with hoarding disorder can be eligible under human rights codes for reasonable accommodation and the right to expect access to service provision. Stakeholders for hoarding response come from a broad base of community groups: enforcement (police, fire, bylaw/code, Child Protective Services, animal control); all levels of government (federal, state/provincial, municipal); hospital and community-based physical, developmental, and mental health service providers; seniors' services; and nonprofit organizations (home care, meals on wheels, housing, day programs, outreach, homelessness prevention, etc.).

A universal way to find the help available near you is to check the internet for the equivalent legitimate organizations in your area.

Question 6 Is there a reason other than overpopulation to have shelters and impound facilities?

If you define overpopulation as an excessive number of puppies and kittens in an environment that cannot support them, then dealing with this problem is one function of a shelter. Shelters can provide many other functions in a community.

Often people find themselves in positions where, for completely understandable reasons, they are no longer able to keep their animals, and they need assistance to find new forever homes for them. Shelters in many communities provide a place where surrendered and other animals, such as strays, can be safely kept until they can be reunited with their owners or adopted. Shelters often play an important role in providing safe housing for animals that are abused.

Regardless of the reason people find themselves in need of help with their animals, it is important to adopt a compassionate and unprejudiced approach. An old but effective adage is to start where they are at, realistically, and without judgment. Having a solution-focused attitude to the barriers that prevent better outcomes will promote progress for all.

Models of Animal Hoarding

The following descriptions of models are clinical, so they may not seem sympathetic to the individuals who are caught in a far more complex dilemma than any theory or model of animal hoarding can encompass.* Please note that in five of the following six models (all but milling of animals), no one person or circumstance can be fairly described by the criteria listed for each mental health disorder. Using these descriptions can be useful only to the extent that an already existing, well-established body of knowledge and proven treatment protocols may aid practitioners to accelerate the

* The five models are from Jeanne Lewis, " 'Crazy Cat Ladies' and Other Breeds of Animal Hoarders" (Psychiatry and Behavioral Sciences, East Tennessee State University, 2008).

progress those in need are searching for when they come to us for effective intervention plans and support.

- 1** *Focal delusional model* may exist when individuals' beliefs are inconsistent with reality. The average person would not form the same beliefs about the severity of the situation the animals and sometimes the individuals themselves are in. Under this model, people who hoard animals insist that the animals are in good condition, despite concrete evidence to the contrary. They develop suspicion leading to paranoia regarding any offers of help. These individuals are isolated and alone, with an overwhelming situation that is deteriorating and increasingly out of control. They feel that they have special abilities to relate with animals, despite there being no evidence that this is factual. Other than the above characteristics, the person may appear to be normal. I prefer to phrase this as "the person may demonstrate behavior considered generally as typical."
- 2** *Addiction model* may exist when individuals are preoccupied and obsessed with animals that have become their "drug" of choice. Their addiction has deteriorated to the point where they also neglect themselves. The more self-neglected, unaware, and lacking insight individuals are, the less they can be available to meet the needs of the collection of animals. They are unaware of the animals' medical, mental health, and breed needs. These individuals are unable to control their impulses to acquire more animals; rescuing animals has become an obsession for them.
- 3** *Attachment model* may exist when individuals have experienced early deprivation or abuse as children. These people lack close adult human relationships. Animals are often their only stable relationship as an adult. They prefer animals to people, even when they do appear to have closely related people in their lives. Life is hallmarked by chaos, which prevents them from being available to attend to the animals' needs, even as the condition of the animals deteriorates. The desire for animals is to meet personal unmet needs for unconditional love and acceptance.
As humans, we all have a need for unconditional love and acceptance. Getting this need met in a balanced way keeps us mentally and emotionally healthy. With attachment model animal hoarding, the need is profound and is very different from the need the average person experiences.
- 4** *Obsessive-compulsive model* may exist when people have an overwhelming belief that they must be responsible for preventing all harm and providing all care to as many animals as they possibly can. Because there are irresponsible pet owners willing to relinquish or abandon their animals, the supply of animals needing new homes is plentiful. Individuals who meet the criteria for an obsessive-compulsive model feel a need to take responsibility for the abandoned animals of irresponsible pet owners, which may legitimize their choice to harbor unmanageable numbers of animals by claiming to be a shelter. In many jurisdictions, there is no accreditation required. Neither is there a definition of

what constitutes a shelter, haven, or impound. In these situations, anyone can call themselves a shelter without having to be licensed, accredited, or capable of meeting any actual requirements for sheltering large numbers of animals. They often hoard inanimate items as well.

- 5 *Zoophilia model* occurs when individuals keep animals as objects of sexual attraction and sexual gratification. This model is believed to have a very low prevalence rate.
- 6 *Milling of animals* may exist when animal breeding, care, and adoption attitudes and practices result in what has commonly come to be known as puppy or kitten mills. These individuals breed animals to get the maximum number of “units” to sell. This model may also include individuals who casually breed their own animals for sale with no thought for minimally sound breeding practices to protect against genetic afflictions and deformities. Unfortunately, this practice may also promote inadequate veterinary health checks of both the male and the female in the breeding pair. Milling of animals is often associated with inhumane treatment of the breeding animals and the offspring because the primary goal is yield and maximizing profit. This sixth situation has not been associated with mental health criteria or known disorders. In my opinion, it exists frequently enough to be included as a form of commercialization and hoarding of animals.

I know of this last form of animal abuse from personal experience in adopting Belle. She is a golden retriever, bred in a puppy mill to be no larger than a spaniel, in no way reflecting her breed’s conformation standards. Her breeding was catered to buyer appeal. That appeal was that she has the temperament of a golden retriever without the inconvenience of being a large dog. After birth she was kept as a breeding bitch, and after having numerous litters by the age of two, she was rescued by a legitimate rescue group. Belle is a sweet, gentle, trusting dog whose teeth we later discovered were all broken off. When I asked my vet how this would happen, she told me that she has seen this before among breeding stock rescued from puppy mills. These dogs are kept in small cages with insufficient space to give them enough exercise. Due to their living conditions and mistreatment, they experience intense anxiety and frustration. To release these stressors they bite and shake the bars of their cages, thereby systematically damaging their teeth. Because of that same anxiety, Belle needed many months after we brought her home to feel safe and confident enough to come out of her crate. Belle has been a cherished member of our family for the past nine years and is especially devoted to my husband. Despite our care and patience, she still can’t walk through narrow openings and prefers lounging in spots that give her a heightened sense of safety.

What loyalty would you offer your best friend, one that appreciates you on your best and worst days?

Why would we offer our pets less?

Resource B.

Building Your Conceptual Model of Hoarding

Use this qualitative resource to make note of any personal or family memories, stories, things you've been told, or things you have seen. Exploring these memories may help you to create a composite of all the factors that potentially are your constellation of vulnerabilities, revealing how your beliefs, thoughts, emotions, fears, and family patterns may have influenced you to form unhealthy relationships with things. If you attend counseling, bring this completed form with you for discussion and illumination. This exercise may help you to see patterns in your past and patterns among other family members that you never recognized before.

Personal and Family Vulnerabilities

Family history

- Mother/father
- Other family immediate
- Other family extended

Comorbid Problems

Depression

- Because of loss of life options
- For other reasons
- Family history of

Social anxiety

- In the past
- In the present

Obsessive-Compulsive Disorder Symptoms

Anxiety

- In the past
- In the present

Compulsivity

- In childhood
- In adolescence
- In adulthood

Compulsions

- Washing/cleaning
- Counting
- Checking
- Demanding reassurance
- Repeating actions numerous times
- Arranging and making objects appear orderly

Obsessive thoughts, images (repeated, unwanted, persistent)

- Contamination
- Dirt
- Repeated doubts
- Lack of symmetry
- Lack of orderliness
- Aggressive/horrific impulses of hurting someone close
- Sexual images
- Decision-making problems: considering too many facts
- Ambivalence
- Fear of making mistakes

Impulses

- Shouting obscenities or inappropriate words
- Avoiding situations that could trigger this shouting
- Replaying pornographic images in the mind
- Hand washing to the point of dermatitis
- Skin picking that leads to lesions
- Hair pulling that causes hair loss

Possible contributing factors

- Family history of OCD
- Stressful life events
- Past pregnancy

Parental Values and Behaviors

- Acquiring
- Difficulty discarding
- Clutter in home
 - *What was acquired?*
 - *What motivated the excessive acquiring?*
- Control over decisions

- Values about wasting
 - *What items?*
 - *What motivated these specific values?*
- Sentimentality
 - *About what?*
 - *What motivated?*
 - *What form did it take?*

Physical Constraints

Health

- Physical
- Psychological
- Spiritual
- Social

Time

- Scheduling constraints
- “Must” ways to spend time
- “Want” ways to spend time
- Sufficient for reflection?
- Sufficient for sleep?

Space

- What are the essential uses of your space?
- What are the criteria for how much of each type of space?

What Helps

Life easers

- What makes your life easier?
- What do you think would make your life easier that you haven’t tried?

Things you love

- What are they?
- What are the criteria for how much of each?

Things you want

- What are they?
- What are the criteria for how much of each?

Surplus

- What are they?
- Is there enough room?
- Is there a specific free spot?
- Other ideas for your surplus items?

Traumatic Events**Losses**

- Family
- Friends
- Pets
- Things
- Other, e.g., separation or divorce

Assault (nonsexual)

- Emotional
- Privacy
- Personal space
- Mental space
- Respect

Assault (sexual)

- Childhood
- Adolescent
- Adult
- Betrayal of trust

Deprivation

- Physical
- Emotional
- Privacy
- Personal space
- Mental space
- Respect
- Sexual
- Betrayal of trust

Moving

- Loss of home or a preferred place
- Other moving-related loss

Information-Processing Problems

- Attention*: difficulty sustaining attention on a challenging task
- Categorization*: problems with grouping and organizing objects
- Memory*: poor verbal or visual memory; reliance on visual cues
- Perception*: failure to notice clutter; strong visual attraction to objects
- Association*: tendency to generate many ideas about or uses for objects
- Complex thinking*: inability to separate important and unimportant details

Utility/uniqueness

- Seeing the usefulness of virtually anything
- Seeing opportunities (objects) others don't

Sentimental

- Attaching emotional significance to objects

Comfort

- Perceiving objects and related behaviors, such as shopping, as providing emotional comfort

Safety

- Seeing objects as a source of safety (i.e., possession signals safety)

Identity or Potential for Identity

- Beliefs: objects are part of the person; objects represent who the person can become
- Control: concerns that others will control one's possessions or behavior
- Mistakes: perfectionist concern with making mistakes
- Resourcefulness: perfectionist concern with the use or potential use of possessions

Responsibility/wastefulness

- Strong beliefs about
 - *not wasting*
 - *not polluting the environment*
 - *using possessions responsibly*

Completeness

- Postponing action until you feel right or complete

Validation

- Objects help validate your self-worth

Socializing

- Buying or collecting items provides social contact not available in other ways

Emotional Reactions to Objects**Positive**

- Joy
- Pleasure
- Comfort
- Satisfaction

Negative

- Anxiety
- Guilt
- Grief
- Sadness
- Anger

Learning Process**Positive reinforcement**

- Produces emotions that promote acquiring or saving

Negative reinforcement

- Promotes escape or avoidance of negative emotions

Hoarding Behavior

- Prevents the opportunity to test beliefs
- Prevents the opportunity to develop alternate beliefs
- Promotes escape and avoidance of negative emotions, further supporting indecisiveness and saving

Resource C.

Calculating Environmental Risk

The amount of accumulation, the types of items it includes, and how the items are stored determines the risk that the accumulation represents. When you rate the degree of accumulation you or a loved one are living with, think of what it represents as a risk. Think of the entire house as a box, and each room in the house as a smaller box.

Section A. Area-by-Area Risk

INSTRUCTIONS

- 1** Imagine each room or area in your environment listed in column 1 and ask yourself, How full is this area three-dimensionally? Imagine that all the contents in each area is piled up at one side of the room. What percentage (%) of the room (floor to ceiling) would be filled? Imagine the items as they are typically used in the room; for example, a table should remain upright, although chairs and boxes can be piled on and under the table.
- 2** In column 2, enter the percentage that the three-dimensional pattern of accumulation represents.
- 3** If you answer “no” to a question in column 3, add 2% in the “Risk” column.
- 4** Now add column 2 and column 3 together, and place the *total* percentage in column 4. Do this for each area in your home.
- 5** Add up all percentages in column 4 and place the total in the “Section A total” row.
- 6** *Note:* For any rooms not listed here, the test for problematic clutter is whether you can use the room for its intended purpose and not as a multipurpose space because of clutter in this or other rooms. This tool is based on the core areas where activities of daily living occur, such as sleeping, eating, preparing food, performing personal hygiene, and sitting/relaxing or socializing. There will also be a de facto route for entering and exiting the unit, whether it is marked by walls, stairs, or walkways; there must be a minimum path from the entrance to the exit for safety (whether the exit is a door or window).
- 7** Whichever rooms you might not have in your existing home, the ones you do have become increasingly important regarding safety and risk. For that reason, take the percentage of risk and three-dimensional accumulation in the room(s) you do not have, and add it to the space that you do have, where that activity of daily living occurs.

Use this as an *example*:

EXAMPLE:

I estimate that my entryway is 70 percent filled three-dimensionally, so I place 70 percent in column 2. Then I look at the questions in column 3. Because I can open the door completely, I put a 0% risk in the “Risk” box. I cannot walk through the entryway without having to step on or over things (2%), and I cannot get to the front door without having to move something (2%), so my score for additional risks is 4%. I add column 2 + column 3 (70 + 2 + 2), and place the *total* for this area (74%) in column 4.

1. AREA	2. THREE-DIMENSIONAL ACCUMULATION	3. ADDITIONAL RISKS (If you answer “no” to a question below, add 2% to the “Risk” column.)	RISK	4. TOTAL % (total of column 2 + all risks in column 3)
Entryway	70%	Can you open the door completely? If not, add 2%.	0%	74%
		Can you walk through the entryway without having to step on or over things to get to the front door? If not, add 2%.	2%	
		Can you get to the front door without having to move anything? If not, add 2%.	2%	

1. AREA	2. THREE-DIMENSIONAL ACCUMULATION	3. ADDITIONAL RISKS (If you answer “no” to a question below, add 2% to the “Risk” column.)	RISK	4. TOTAL % (total of column 2 + all risks in column 3)
Entryway	____%	Can you open the door completely? If not, add 2%.	____%	____%
		Can you walk through the entryway without having to step on or over something? If not, add 2%.	____%	
		Can you get to the front door without having to move anything? If not, add 2%.	____%	

1. AREA	2. THREE-DIMENSIONAL ACCUMULATION	3. ADDITIONAL RISKS (If you answer "no" to a question below, add 2% to the "Risk" column.)	RISK	4. TOTAL % (total of column 2 + all risks in column 3)
Living room	____%	Is there a place for you and one or more guests to sit? If not, add 2%	____%	____%
		Is the entrance to this room clear of clutter? If not, add 2%	____%	____%
		Are the majority of tabletops and other flat surfaces clear of clutter? If not, add 2%.	____%	____%
Kitchen	____%	Is the floor clear of clutter? If not, add 2%.	____%	____%
		Are foods in the fridge newer than their expiration date? If not, add 2%.	____%	
		Are the spaces on both sides of the stove clear, so that nothing can catch fire or topple onto the stove while it is hot or operational? If not, add 2%.	____%	
		Does the plumbing work? If not, add 2%.	____%	
		Is the water in the kitchen drinkable? If not, add 2%.	____%	
Dining room (if there is one)	____%	Are flat surfaces clear of clutter? If not, add 2%.	____%	____%
		Is the floor clear? If not, add 2%.	____%	
Main level hallway	____%	Are there two unobstructed approved ways to exit your home in case of emergency? (Check your local fire code for minimum path width, or use 33-36 inches.) If not, add 2%.	____%	____%

1. AREA	2. THREE-DIMENSIONAL ACCUMULATION	3. ADDITIONAL RISKS (If you answer "no" to a question below, add 2% to the "Risk" column.)	RISK	4. TOTAL % (total of column 2 + all risks in column 3)
Half bathroom	____%	Does the plumbing work in the bathroom? If not, add 2%.	____%	____%
		Are all fixtures (sink, toilet) working and uncluttered? If not, add 2%.	____%	
		Can you use the sink or toilet without having to move items? If not, add 2%.	____%	
Staircase to second level	____%	Are stairs entirely clear of obstruction? If not, add 2%.	____%	____%
		Are all landings at the top, midway, and bottom clear? If not, add 2%.	____%	
Master bedroom	____%	Is there a clear, unobstructed path into the room? (Check your local fire code for minimum path width, or use 33-36 inches.) If not, add 2%.	____%	____%
		Is the floor clear of tripping hazards? If not, add 2%.	____%	
		Is the bed entirely clear of clutter and available for sleeping? If not, add 2%.	____%	
		Can you access the bed from all sides that the placement of it would normally permit? If not, add 2%.	____%	
Bedroom 2 (if one exists)	____%	Is there a clear, unobstructed path into the room? (Check your local fire code for minimum path width, or use 33-36 inches.) If not, add 2%.	____%	____%

1. AREA	2. THREE-DIMENSIONAL ACCUMULATION	3. ADDITIONAL RISKS (If you answer "no" to a question below, add 2% to the "Risk" column.)	RISK	4. TOTAL % (total of column 2 + all risks in column 3)
Bedroom 2 (if one exists—cont.)		Is the floor clear of tripping hazards? If not, add 2%.	____%	
		Is the bed entirely clear of clutter and available for sleeping? If not, add 2%.	____%	
		Can you access the bed from all sides that the placement of it would normally permit? If not, add 2%.	____%	
Bedroom 3 (if one exists)	____%	Is there a clear, unobstructed path into the room? (Check your local fire code for minimum path width, or use 33–36 inches.) If not, add 2%.	____%	____%
		Is the floor clear of tripping hazards? If not, add 2%.	____%	
		Is the bed entirely clear of clutter and available for sleeping? If not, add 2%.	____%	
		Can you access the bed from all sides that the placement of it would normally permit? If not, add 2%.	____%	
For each additional bedroom above 3 , there is a possible increase to a maximum total of 106%. Ask yourself the same four questions as asked about other bedrooms, and calculate totals here.			____%	____%
Main bathroom (and each additional bathroom)	____%	Does the plumbing work? If not, add 2%.	____%	____%
		Are all fixtures (sink, toilet, bathtub, shower stall) working and uncluttered? If not, add 2%.	____%	
		Can you use the sink, bathtub, or shower without having to move items? If not, add 2%.	____%	

1. AREA	2. THREE-DIMENSIONAL ACCUMULATION	3. ADDITIONAL RISKS (If you answer "no" to a question below, add 2% to the "Risk" column.)	RISK	4. TOTAL % (total of column 2 + all risks in column 3)
Other room 1 (e.g., laundry room, TV room, den, exercise room, library, additional bedroom)	___%	Is there a clear, unobstructed path into this room? (Check your local fire code for minimum path width, or use 33-36 inches.) If not, add 2%.	___%	___%
		Is the floor clear of tripping hazards? If not, add 2%.	___%	
		Can this room be used for its intended purpose? If not, add 2%.	___%	
Upstairs hall	___%	Is there a clear, unobstructed path into each room? (Check your local fire code for minimum path width, or use 33-36 inches.) If not, add 2%.	___%	___%
		Can you walk down the entire hallway without having to step on or over anything? If not, add 2%.	___%	
Staircase to basement	___%	Are stairs entirely clear of obstruction? If not, add 2%.	___%	___%
Basement	___%	Does clutter block the entrance or exit to the basement? If not, add 2%.	___%	___%
		Is there a clear path through the basement? If not, add 2%.	___%	___%
Add up column 4 and put your total in the box to the right.				Section A total ___%

Section B. Risk from Heat Sources

INSTRUCTIONS

- 1 If you have an accumulation of combustible material (anything that can smolder, catch fire, and burn) *near* or *on* any of the heat sources listed below, check the “Yes” box beside the heat source.
- 2 Complete all areas in Section B that apply to your environment. If a heat source does not apply in your environment, check the “No” box beside the heat source.
- 3 Give yourself 5 points for every “Yes” answer and place the total in “Section B total” box at the bottom of the page.

Risks from heat sources

- 1 Is the accumulation within 33–36 inches of (or on) this heat source?
(Note: Check with your local fire code.)
- 2 Do you have to step *on* or *over* anything that is in your path to get to this heat source?

Hot water tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical panel	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireplace	<input type="checkbox"/> Yes <input type="checkbox"/> No	Baseboard heaters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Furnace	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clothes dryer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Woodstove	<input type="checkbox"/> Yes <input type="checkbox"/> No	Uncovered lightbulbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stove	<input type="checkbox"/> Yes <input type="checkbox"/> No	Toaster oven	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portable ceramic heater/space heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kettle or coffee maker without auto-shutoff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating pads	<input type="checkbox"/> Yes <input type="checkbox"/> No	BBQ	<input type="checkbox"/> Yes <input type="checkbox"/> No
Candles (normally used)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hot plate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curling or flattening iron	<input type="checkbox"/> Yes <input type="checkbox"/> No	Christmas tree (natural or synthetic)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other small appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Score 5 points for every “Yes” answer above and put your total in the box to the right.

Section B Total

____%

Section C: Risk from Other Sources

INSTRUCTIONS

- 1 Answer all questions in Section C.
- 2 For each “Yes” answer, *enter 2%* in column 2. Otherwise *enter 0%* in column 2.
- 3 Add up column 2 and place the total in the “Section C total” box.

1. OTHER RISKS	2. PERCENTAGE RISK
Is your accumulation combustible (i.e., will it catch fire or give off toxic gases when exposed to sufficient heat or flames)?	____%
Do you use extension cords on a permanent basis?	____%
Is there evidence of mice or other rodents in your environment (e.g., residual scat, chewing)?	____%
Add up column 2 and put your total in the box to the right.	Section C Total ____%

Section D. Bonus Points for Reducing Your Risk

INSTRUCTIONS

- 1 If you answer “yes” to any of the questions in column 1 below, *enter 2%* in column 2.
- 2 Add up column 2 and place the total in the “Section D total” box.

1. REDUCING YOUR RISK	2. TOTAL RISK REDUCTION
Do you have working smoke alarms, and are they installed in accordance with local fire regulations? If “yes,” enter 2% in column 2.	____%
Do you have carbon monoxide detectors installed according to local fire regulations if you have wood, gas, or propane as a fuel source? If “yes,” enter 2% in column 2.	____%
Add up column 2 and put your total in the box to the right.	Section D Total ____%

Your Final Risk Score

INSTRUCTIONS

- 1** Enter your totals from Sections A, B, and C, omitting the percentage symbol (%).
- 2** Add all three to get your subtotal.
- 3** Enter your total from Section D (omitting the percentage symbol).
- 4** Subtract the Section D total from your subtotal to get your “Final risk score.”
- 5** Find your score in the ranges given in the table that follows (based on the number of bedrooms in your home).

Enter your total from Section A _____

Add your total from Section B + _____

Add your total from Section C + _____

Subtotal _____

Subtract your total from Section D - _____

Final risk score _____

	YOUR FINAL RISK-LEVEL SCORE	YOUR HOARDING LEVEL	WHAT THIS HOARDING LEVEL MEANS
One-bedroom unit with <i>no</i> additional space	0-157	No issues (10% or less)	You probably have a mild clutter situation in your home. Welcome to the real world.
	158-313	Mild (11-20%)	You are probably in a normal range of accumulation and have to pay special attention from time to time to get back to uncluttered. It's time to have a closer look at why it keeps happening.
	314-611	Moderate (21-39%)	Unless you have moved in the past 3 to 4 months, the situation is getting serious. Before you get any more overwhelmed, ask someone you trust (see characteristics of a good clutter coach in chapter 1 of <i>Conquer the Clutter</i> for help to get out from under the piles and / or boxes). Be aware, the accumulation in your home is approaching a severe level. This is about more than being "messy" or "too busy." Would you agree that you are overwhelmed? Do you repeatedly start but get nowhere? It's time to get the help you need. Do it sooner rather than later. Overwhelmed is a destructive place to stay in.

	YOUR FINAL RISK-LEVEL SCORE	YOUR HOARDING LEVEL	WHAT THIS HOARDING LEVEL MEANS
	612-924	Severe (40-59%)	At this point, your situation is serious. Normally, people living in such severe conditions are very overwhelmed by the clutter, and they cope by blocking out their awareness, by just not seeing it, avoiding coming home except to sleep, denying the reality exists, and so forth. Almost certainly, you cannot remedy the situation alone. If you are telling yourself that you should be able to, or want to do it alone, try one last time for 2 weeks. If you have not been successful in that time, don't wait. Two weeks easily becomes a year. Find out where you can get the help you need.
	925-1,566	Extreme (60% or more)	The accumulation in your home has reached an extreme point. Make no mistake: The people (and animals) in or near your home may be in danger. If you live in attached housing, your neighbors share your risk. Without a doubt, it is time to get help before the situation gets worse and becomes an enforcement issue. If you delay until your situation is discovered, enforcement officials will have to apply regulations and deadlines that will add to your stress. <i>Please make the call for help now!</i>
Two-bedroom unit with no additional space	0-167	No issues (10% or less)	You probably have a mild clutter situation in your home. Welcome to the real world.
	168-334	Mild (11-20%)	You are probably in a normal range of accumulation and have to pay special attention from time to time to get back to uncluttered. It's time to have a closer look at why it keeps happening.
	335-652	Moderate (21-39%)	Unless you have moved in the past 3 to 4 months, the situation is getting serious. Before you get any more overwhelmed, ask someone you trust (see characteristics of a good clutter coach in chapter 1 of <i>Conquer the Clutter</i> for help to get out from under the piles and/or boxes). Be aware, the accumulation in your home is approaching a severe level. This is about more than being "messy" or "too busy." Would you agree that you are overwhelmed? Do you repeatedly start but get nowhere? It's time to get the help you need. Do it sooner rather than later. <i>Overwhelmed</i> is a destructive place to stay in.

	YOUR FINAL RISK-LEVEL SCORE	YOUR HOARDING LEVEL	WHAT THIS HOARDING LEVEL MEANS
	653-986	Severe (40-59%)	At this point, your situation is serious. Normally, people living in such severe conditions are very overwhelmed by the clutter, and they cope by blocking out their awareness, by just not seeing it, avoiding coming home except to sleep, denying the reality exists, and so forth. Almost certainly, you cannot remedy the situation alone. If you are telling yourself that you should be able to, or want to do it alone, try one last time for 2 weeks. If you have not been successful in that time, don't wait. Two weeks easily becomes a year. Find out where you can get the help you need.
	987-1,672	Extreme (60% or more)	The accumulation in your home has reached an extreme point. Make no mistake: The people (and animals) in or near your home may be in danger. If you live in attached housing, your neighbors share your risk. Without a doubt, it is time to get help before the situation gets worse and becomes an enforcement issue. If you delay until your situation is discovered, enforcement officials will have to apply regulations and deadlines that will add to your stress. <i>Please make the call for help now!</i>
Three-bedroom unit with no additional space Maximum accumulation possible: 1,778	0-178	No issues (10% or less)	You probably have a mild clutter situation in your home. Welcome to the real world.
	179-356	Mild (11-20%)	You are probably in a normal range of accumulation and have to pay special attention from time to time to get back to uncluttered. It's time to have a closer look at why it keeps happening.
	357-693	Moderate (21-39%)	Unless you have moved in the past 3 to 4 months, the situation is getting serious. Before you get any more overwhelmed, ask someone you trust (see characteristics of a good clutter coach in chapter 1 of <i>Conquer the Clutter</i> for help to get out from under the piles and or boxes). Be aware, the accumulation in your home is approaching a severe level. This is about more than being "messy" or "too busy." Would you agree that you are overwhelmed? Do you repeatedly start but get nowhere? It's time to get the help you need. Do it sooner rather than later. <i>Overwhelmed</i> is a destructive place to stay in.

	YOUR FINAL RISK-LEVEL SCORE	YOUR HOARDING LEVEL	WHAT THIS HOARDING LEVEL MEANS
	694-1,049	Severe (40-59%)	At this point, your situation is serious. Normally, people living in such severe conditions are very overwhelmed by the clutter, and they cope by blocking out their awareness, by just not seeing it, avoiding coming home except to sleep, denying the reality exists, and so forth. Almost certainly, you cannot remedy the situation alone. If you are telling yourself that you should be able to, or want to do it alone, try one last time for 2 weeks. If you have not been successful in that time, don't wait. Two weeks easily becomes a year. Find out where you can get the help you need.
	1,050-1,778	Extreme (60% or more)	The accumulation in your home has reached an extreme point. Make no mistake: The people (and animals) in or near your home may be in danger. If you live in attached housing, your neighbors share your risk. Without a doubt, it is time to get help before the situation gets worse and becomes an enforcement issue. If you delay until your situation is discovered, enforcement officials will have to apply regulations and deadlines that will add to your stress. <i>Please make the call for help now!</i>
Four-bedroom unit with no additional space Maximum accumulation possible: 1,884	0-188	No issues (10% or less)	You probably have a mild clutter situation in your home. Welcome to the real world.
	189-377	Mild (11-20%)	You are probably in a normal range of accumulation and have to pay special attention from time to time to get back to uncluttered. It's time to have a closer look at why it keeps happening.
	378-735	Moderate (21-39%)	Unless you have moved in the past 3 to 4 months, the situation is getting serious. Before you get any more overwhelmed, ask someone you trust (see characteristics of a good clutter coach in chapter 1 of <i>Conquer the Clutter</i> for help to get out from under the piles and or boxes). Be aware, the accumulation in your home is approaching a severe level. This is about more than being "messy" or "too busy." Would you agree that you are overwhelmed? Do you repeatedly start but get nowhere? It's time to get the help you need. Do it sooner rather than later. <i>Overwhelmed</i> is a destructive place to stay in

	YOUR FINAL RISK-LEVEL SCORE	YOUR HOARDING LEVEL	WHAT THIS HOARDING LEVEL MEANS
	736-1,112	Severe (40-59%)	At this point, your situation is serious. Normally, people living in such severe conditions are very overwhelmed by the clutter, and they cope by blocking out their awareness, by just not seeing it, avoiding coming home except to sleep, denying the reality exists, and so forth. Almost certainly, you cannot remedy the situation alone. If you are telling yourself that you should be able to, or want to do it alone, try one last time for 2 weeks. If you have not been successful in that time, don't wait. Two weeks easily becomes a year. Find out where you can get the help you need.
	1,113-1,884	Extreme (60% or more)	The accumulation in your home has reached an extreme point. Make no mistake: The people (and animals) in or near your home may be in danger. If you live in attached housing, your neighbors share your risk. Without a doubt, it is time to get help before the situation gets worse and becomes an enforcement issue. If you delay until your situation is discovered, enforcement officials will have to apply regulations and deadlines that will add to your stress. <i>Please make the call for help now!</i>
Five-bedroom unit with no additional space Maximum accumulation possible: 1,990	0-199	No issues (10% or less)	You probably have a mild clutter situation in your home. Welcome to the real world.
	200-398	Mild (11-20%)	You are probably in a normal range of accumulation and have to pay special attention from time to time to get back to uncluttered. It's time to have a closer look at why it keeps happening.
	399-776	Moderate (21-39%)	Unless you have moved in the past 3 to 4 months, the situation is getting serious. Before you get any more overwhelmed, ask someone you trust (see characteristics of a good clutter coach in chapter 1 of <i>Conquer the Clutter</i> for help to get out from under the piles and or boxes). Be aware, the accumulation in your home is approaching a severe level. This is about more than being "messy" or "too busy." Would you agree that you are overwhelmed? Do you repeatedly start but get nowhere? It's time to get the help you need. Do it sooner rather than later. <i>Overwhelmed</i> is a destructive place to stay in.

YOUR FINAL RISK-LEVEL SCORE	YOUR HOARDING LEVEL	WHAT THIS HOARDING LEVEL MEANS
777-1,174	Severe (40-59%)	At this point, your situation is serious. Normally, people living in such severe conditions are very overwhelmed by the clutter, and they cope by blocking out their awareness, by just not seeing it, avoiding coming home except to sleep, denying the reality exists, and so forth. Almost certainly, you cannot remedy the situation alone. If you are telling yourself that you should be able to, or want to do it alone, try one last time for 2 weeks. If you have not been successful in that time, don't wait. Two weeks easily becomes a year. Find out where you can get the help you need.
1,175-1,990	Extreme (60% or more)	The accumulation in your home has reached an extreme point. Make no mistake: The people (and animals) in or near your home may be in danger. If you live in attached housing, your neighbors share your risk. Without a doubt, it is time to get help before the situation gets worse and becomes an enforcement issue. If you delay until your situation is discovered, enforcement officials will have to apply regulations and deadlines that will add to your stress. <i>Please make the call for help now!</i>

Resource D. Hoarding Demographic Measurement Tools

Client Background Data

Client name: _____ Data collection date: _____

Sex (circle one): M / F / Unknown

CURRENT AGE	CHECK APPLICABLE BOX BELOW	COMPLETED EDUCATION/ TRAINING	CHECK BOX FOR EACH LEVEL COMPLETED	PRIMARY INCOME SOURCE	CHECK BOX FOR EACH SOURCE	COMMENTS INSERT WRITTEN COMMENTS AS NEEDED
Under age 20 (specify)		Grade school		Employment—public sector		
Age 20-24						
Age 25-29		High school		Employment—private sector		
Age 30-34						
Age 35-39		Apprenticeship program		Self-employment		
Age 40-44						
Age 45-49		Community college		Paid disability-related leave from employment		
Age 50-54						
Age 55-59		Professional designation program		Investments		
Age 60-64						
Age 65-69		University—undergraduate		Provincial or municipal support		
Age 70-74						
Age 75-79		University—master's		Pension(s) (specify)		
Age 80-84						
Age 85-89		University—doctorate		Other (specify)		
Age 90-94						
Age 95-99		Other (specify)				
Age 100 or Above (specify)						

Client Financial Overview

Client name: _____ Data collection date: _____

Client-identified last year of income tax filing: _____

INCOME, ASSET, DEBT OVERVIEW

	Estimated annual <i>income</i> <i>Check applicable box below.</i>	Estimated total <i>assets</i> <i>Check applicable box below.</i>	Estimated total <i>debt</i> <i>Check applicable box below.</i>
\$0-\$9,999			
\$10,000-\$19,999			
\$20,000-\$29,999			
\$30,000-\$39,999			
\$40,000-\$49,999			
\$50,000-\$59,999			
\$60,000-\$69,999			
\$70,000-\$79,999			
\$80,000-\$89,999			
\$90,000-\$99,999			
\$100,000-\$109,999			
\$110,000-\$119,999			
\$120,000-\$129,999			
\$130,000-\$139,999			
\$140,000-\$149,999			
\$150,000-\$159,999			
\$160,000-\$169,999			
\$170,000-\$179,999			
\$180,000-\$189,999			
\$190,000-\$199,999			
\$200,000 or over (specify)			

Client name: _____ Data collection date: _____

DEBT TYPES BY PERCENTAGE		COMMENTS	
Major debt type	Estimated percentage of total debt <i>Estimate % of total debt by type.</i>	<i>Insert written comments as needed.</i>	
Mortgage(s)		<i>Client comments:</i>	
Credit cards			
Line(s) of credit			
Tax arrears			<i>Interviewer comments:</i>
Other (specify)			

Client Dwelling Data

Client name: _____ Data collection date: _____

CURRENT DWELLING TYPE

(Check applicable box except where otherwise specified.)

COMMENTS

Single room		
If not single room, number of total rooms		
One-bedroom apt.		
Two-bedroom apt.		
Three-bedroom apt.		
Four-plus-bedroom apt.		
One-bedroom house		
Two-bedroom house		
Three-bedroom house		
Four-plus-bedroom house		
Other (specify)		

Deprivation History

Client name: _____ Data collection date: _____

DEPRIVATION HISTORY	COMMENTS	
Type (e.g., food, money, toys, clothes)		
Age at start of deprivation		
Duration (in years) of deprivation		

Add data sheets as needed.

Relationship Data

Client name: _____ Data collection date: _____

RELATIONSHIPS

Nature of relationship	Sex (M/F)	Age	Check box if resident with client	Usual contact:	Date of last contact	Check box if a listed person has clutter history
				1. Daily 2. Weekly 3. Monthly 4. Other (specify)		
Partner						
Child						
Child						
Parent						
Parent						
Sibling						
Sibling						
Grandparent						
Grandparent						
Roommate						
Friend						
Friend						
Support group/ other org. member						
Support group/ other org. member						
Additional (specify)						

COMMENTS

Add data sheets as needed.

Client Medical, Comorbidity, and Intervention History Overview

Client name: _____ Data collection date: _____

	DISORDERS	DIAGNOSED DISORDER <i>Check applicable boxes.</i>	DATE OF DIAGNOSIS (YEAR)	CLIENT VIEW <i>Do you agree with your diagnosis?</i>
AXIS I	Depression			
	Anxiety			
	Eating			
	Addictions			
	Tics, Tourette			
	Autism			
	Schizophrenia			
	Dementia			
	Social phobia			
AXIS II	Personality disorders*			
	Ego syntonic disorders†			
	Social isolation			
COMORBIDITY	Dementia or Alzheimer's			
	Aging with mobility issues			
	Traumatic life events			
	Biological factors			

*Obsessive-compulsive disorder, avoidance, dependency, paranoia

†Disorder of thoughts and behaviors in line with one's ideal self-image, rather than reality

INTERVENERS	<i>Check box for any applicable intervention made.</i>	DATE OF INTERVENTION (YEAR) <i>Note if ongoing</i>	INITIATOR <i>Was intervention voluntary or involuntary?</i>
Police			
Fire			
Child protection			
Adult protection			
Animal protection			
Housing/landlord			
Family			
Friends			
Other (specify)			

CLIENT COMMENTS:

INTERVIEWER COMMENTS:

Resource E. Hoarding Fact Sheet

What Is Hoarding?

- Hoarding is an excessive accumulation and failure to resolve the accumulation while keeping a safe and healthy balance in the environment. Accumulation can be things and/or animals.
- Activities of daily living are negatively affected because spaces cannot be used for the purpose they were intended.
- Someone is actively distressed or would have cause to be if they knew the truth about the condition of the environment (for example, fire department, bylaw or code enforcement officers, supervisors of property standards, children's services, mortgage company, property insurance company, landlord, neighbors).

Key Hoarding Messages

- Hoarding occurs in all cultures, income, and education levels, and for many different reasons.
- Hoarding interventions can be complicated, costly, and time consuming.
- Hoarding situations will continue to deteriorate until the health and safety of the individual and community are put at risk.

Key Message for Successful Solutions

- 1** Get people help for the *reasons* they hoard.
- 2** Clean up the property of accumulations caused by untreated behavior.

Hoarding Consequences

- Impaired activities of daily living
- Unhealthy living conditions
- Unsafe living conditions

Not Just a Mental Health Issue

Hoarding, while accepted as a mental health disorder, can also be a legal issue and a public health and safety problem. Hoarding situations often result in recurring unsafe conditions for both the individual and those living nearby.

How Prevalent Is Hoarding?

Conservative estimates* indicate that approximately 5–6 percent of the general population has hoarding problems. Animal hoarding unfortunately has less reliable data. People with hoarding disorder are likely to continue to deteriorate without treatment, and their living conditions will continue to deteriorate without supportive interventions.

* K. R. Timpano, C. Exner, H. Glaesmer, W. Rief, A. Keshaviah, E. Braehler, and S. Wilhelm, “The Epidemiology of the Proposed *DSM-5* Hoarding Disorder: Exploration of the Acquisition Specifier, Associated Features, and Distress.” *Journal of Clinical Psychiatry* 72, no. 6 (2011): 780–86, <http://dx.doi.org/10.4088/JCP.10m06380>.

Resource F. Onsite Clutter Coaching Toolkit

- A** By looking around the spaces, notice patterns:
- 1** *What is accumulated?*
 - 2** *Where are items kept, stored, left?*
 - 3** *What, from the clients' perspective, was the original plan for the items and spaces?*
 - 4** *How has the original plan or logic changed?*
 - 5** *What are the factors responsible for*
 - a** *the plan changing to its current condition?*
 - b** *the change happening in the first place?*
 - c** *the change being maintained?*
 - d** *the change not being resolved?*
 - 6** *Once you have more information on the*
 - a** *what;*
 - b** *where;*
 - c** *why; and*
 - d** *how maintained, go to B.*
- B** Begin the scaling process.
- 1** *Of the things visible, are there any "easy wins"?*
 - a** *things that your clients fully believe can go now, such as 7, 8, 9, 10s*
 - b** *things that have "extreme importance," that is, 1, 2, 3s*
 - 2** *Somewhere in the middle are these items:*
 - a** *absolute "needs" for daily life, even though there is no attachment to the particular item*
 - b** *"handy" but not needs*
 - c** *"likes" that your clients would keep as many as possible of if space allowed but if something has to go in a cleanup, many items will come from this group—it needs to be sorted and decided on one by one*
- C** Ask about the criteria pattern for the "easy wins."
- 1** *"Extreme importance" items, the 1, 2, 3s:*
 - a** *"I can't imagine life without it."*
 - b** *"If I let this go or anything happens to it, I would miss it forever."*
 - c** *"I absolutely love it."*
 - 2** *Ask your clients what makes these 1, 2, 3s. What characteristics or qualities of these items give them their importance?*
 - 3** *Repeat this exercise with "easy wins" that are 7, 8, 9, 10s. By reviewing the most important first and the least important next, your clients get a visceral emotional and intellectual experience of the difference between both personal extremes.*

D Now ask about the 4, 5, 6s.

- 1** *When deciding each grouping (1, 2, 3s / 7, 8, 9, 10s / 4, 5, 6s), ask them to really focus on and describe to you:*
 - a** what they are feeling about the items as a collective in each group;
 - b** what they are saying to themselves about the items; and
 - c** any inconsistencies, any “buts” they are aware of.
- 2** *Set a guideline to discard anything:*
 - a** contaminated by mold;
 - b** tainted by mouse scat/urine;
 - c** chewed by rodents or insects;
 - d** heavily soiled; or
 - e** seriously broken so that it can't be used.

E Scale items for decision making.

- 1** *Select an area that will give your clients the most satisfaction to resolve.*
- 2** *Start with the “easy wins” 7, 8, 9, 10.*
- 3** *Process the space by*
 - a** picking up each item at a time;
 - b** confirming it is a 7, 8, 9, 10;
 - c** giving the client an opportunity to “feel” the reasons that it is a 7, 8, 9, 10 and confirm it can be
 - *discarded (all contaminated and damaged items);*
 - *donated (take that day);*
 - *recycled (must go next scheduled day and, if possible, not be stored in living space);*
 - *possibly sold (realistically help research market and price expected and the likely time, effort, and probability of success);*
 - *regifted*
 - *to someone specific—set the time*
 - *for future gifting events—set a dedicated box or shelf*
- 4** *Review 1, 2, 3s.*
 - a** Confirm that each item has the characteristics necessary to be a 1, 2, 3.
 - b** If staging space is available, divide the possible 1, 2, 3s into categories by type, for example:
 - *paper*
 - *clothing*
 - *plastic bags*
 - c** As the tentative decision to keep the high value items is made, explore with clients where the “keep” items will be housed.
 - *Is that space available?*
 - *If not, what category does the item currently in the space qualify for?*

- 5 *Continue with the 4, 5, 6 category.*
 - a Have your clients remind themselves of the criteria and feelings associated with 1, 2, 3s and 7, 8, 9, 10s.
 - b Select the 4, 5, 6s closer to 7, 8, 9, 10s and ask if it is all right to put these items into the “let go” piles (discard, donate, etc.).
 - c For these 4, 5, 6s closer to a 3, place in a “keep as many as there is space for” area (in the spaces where those types of items are normally used).
 - d If possible, put the items in the correct area with other things belonging in the same area.
 - Put all “like” items together where they would normally be used, even if doing so increases clutter in that area (but *not* if it creates a safety hazard!).
 - The visual cues are strong when people see how much they are expecting each space to hold, and gradually they begin to realize the impossibility of it.
 - *This usually also generates a drive in people to identify the 1, 2, 3s of each pile, reducing the accumulation even further.*
 - e Create a “maybe” pile *only if absolutely necessary* to avoid significantly increasing client anxiety.

F Review problematic “keep” items.

- 1 *During the criteria setting and scaling exercises, you might encounter items that clients resolutely state they want to keep that are*
 - a contaminated;
 - b excessively soiled; or
 - c irrevocably broken.
- 2 *Gently discuss and identify what makes the item contaminated, soiled, or broken.*
- 3 *Listen carefully to the beliefs, values, fears, and feelings fueling your clients’ perspective.*
- 4 *Using common strategies learned in trainings, try to influence your clients to let the items go. (See Hoarding Level 1 and Level 2 workshops available on www.hoarding.ca.)*
- 5 *If unsuccessful, ask your clients if they would give you the items to hold for 6 weeks to see if their feelings remain as strong as in this moment. Agree to these terms (possibly in writing, initialed by your clients):*
 - a You will return the items if the clients wish (if contaminated, items must remain sealed even if returned).
 - b If they don’t ask for the items back, then they are agreeing that their feelings have changed, and the items will not be coming back.

Resource G. Bring Home or Let Go?

Should I Bring This Home?

- Do I need it now or in the near future?
- Do I have others I could use instead?
- What makes this item special and unlike anything I already have?
- How would my life change without it?
- If I'm acquiring an item for someone else, have I asked first if the person wants it?
- Have I previously gotten things for other people and not delivered them?
- Can I find and give those items as gifts instead of buying more?
- As I rediscover items "too good to discard or donate," could I create a gift box or shelf that I can choose from next time I need a gift for someone?
- Does acquiring this item today move me closer or further away from my goal of taking back my life when my things are taking over?
- What is the best decision I can make today?

Should I Let This Go?

- Do I love this? (If "yes" and you have an available permanent place where it would be used, keep it.)
- Is this item me going forward? Is this item me as I used to be? Am I better living in the present or staying in the past?
- Do I use this often? Could I get it elsewhere if I needed it, such as by borrowing, renting, sharing, or buying used?
- Am I keeping this because I miss someone and they liked it? Do I love it? If I donated it, would it comfort me if someone else who also loved it—as the person I miss did—had it, used it, and loved it?