

BEST PRACTICE TOOLKIT

A Client-Centered Approach to Hoarding Clean-Outs

Centre for Collaborative Research on Hoarding
The University of British Columbia



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FINANCIAL SUPPORT

*UBC's Public Scholars Initiative
Social Sciences and Humanities Research Council*



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Included in this **Best Practice Toolkit**

- 1** Key Terms
- 2** How to Decide if a Clean-Out is the Right Intervention
- 3** Guiding Principles for a Client-Centered Clean-out
- 4** Who Should be Involved
- 5** Steps to Consider When Conducting a Client-Centered Clean-Out
- 6** Overcoming Barriers to a Client-Centered Clean-Out

How was this best practice toolkit developed?

This best practice toolkit was developed by researchers at the Centre for Collaborative Research on Hoarding in consultation with hoarding service providers in various jurisdictions in North America (primarily Canada). The recommended strategies were informed by our research related to hoarding clean-outs, including interviews with service providers who use harm reduction approaches, careful review of the academic and nonpublished literature on clean-outs, and a recent interview-based survey about hoarding clean-outs.

Although we do not recommend clean-outs as a preferred or first-line approach in responding to hoarding, our research shows they are often an intervention of last-resort to prevent dire outcomes such as eviction, incidents of fire, relocation to a care home, or worsening physical and mental health. We offer this toolkit to draw upon our research to promote best practices for a clean-out intervention, still in the hopes that other, more gradual and voluntary, interventions will be prioritized and offered to clients in need.

1. Key Terms

HOARDING

Hoarding is characterized by difficulty discarding and intentional saving of items that most people would clear from their home. Accordingly, clutter accumulates in the home and prevents the person from using some or all parts of their home.

Hoarding can violate the terms of a tenant's lease and can be a public safety threat due to the risk of fire, pest infestations and health hazards.

CLEAN-OUT

A fast-paced intervention in which a large amount of clutter is removed from the living spaces of a client's home. A clean-out may last several days and is usually completed in a condensed time frame (e.g., under a month). The client may not be involved in every decision about which items are kept or discarded.

DECLUTTERING ASSISTANCE

A gradual intervention where clutter is sorted and then removed or organized within a home. Decluttering often occurs during periodic scheduled visits across several months. Due to the gradual nature of decluttering assistance, a client is typically responsible for — or a full partner in — decisions about which items are kept or discarded. Decluttering assistance may precede or follow a clean-out, but it is a separate intervention, distinct from a hoarding clean-out.

CLIENT-CENTERED

Interventions that generally focus on client engagement and prioritizing the client's individual needs and concerns are called client-centered. Related to hoarding clean-outs, this approach aims to maximize client involvement in the clean-out process. The client, rather than external stakeholders (e.g., the landlord, family members, fire department), is considered to be at the "center" of the intervention.

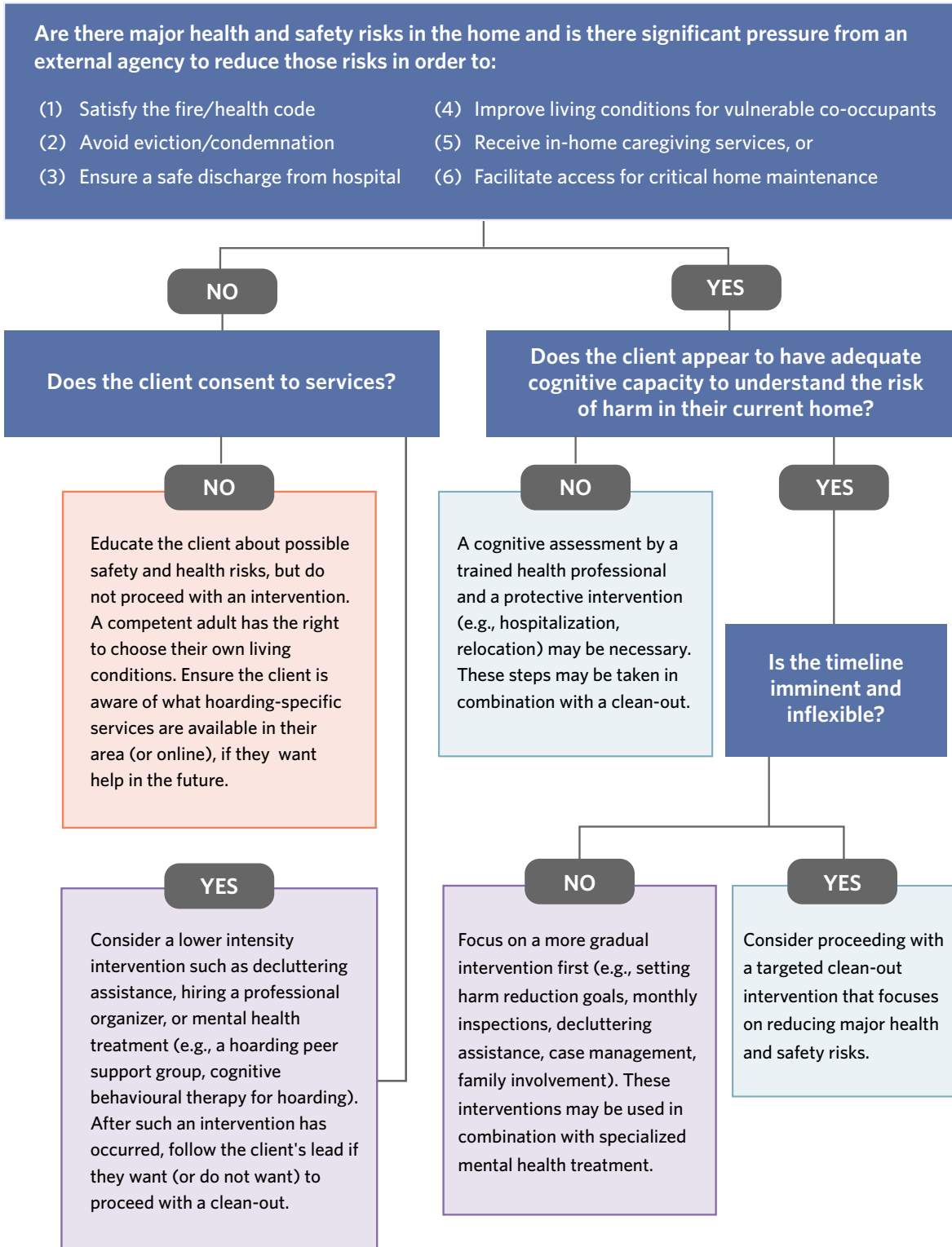
HARM REDUCTION

This approach involves first identifying the specific health and safety risks posed by the hoarding behaviour and then taking action to reduce those risks (e.g., removing items that block exit paths). Harm reduction does not require the individual to stop acquiring or to discard all of their possessions. This approach targets the potential harms rather than the hoarding itself.

TRAUMA-INFORMED PRACTICES

Trauma-informed approaches aim to provide services that prioritize safety, trustworthiness, collaboration, and personal choice. As many people with hoarding have a history of aversive or traumatic experiences, trauma-informed practices involve being mindful of these personal histories.

2. How to Decide if a Clean-Out is the Right Intervention



3. Guiding Principles for a Client-Centered Clean-Out

A client-centered clean-out starts with obtaining the client's *informed consent* and follows the principles of *harm reduction* and *trauma-informed practices*. The primary aim of a client-centered clean-out is to ensure the best possible experience for the client while acknowledging that a clean-out is most likely not the client's first choice for how to proceed.

Basic ethical principles of treating clients with respect and preserving their autonomy and dignity as much as possible are at the core of client-centered approaches. Although much more research needs to be done on this topic, our research so far suggests that prioritizing the client's decision-making in a clean-out intervention may lead to less client distress and may improve their ability to maintain changes after the clean-out. Forced or involuntary clean-outs can result in negative outcomes, such as strong negative emotional responses, risk of suicidal or non-suicidal self-injury, client refusal to engage with service providers in the future, or rapid clutter re-accumulation. The strategies suggested in this toolkit are designed to minimize the likelihood of such outcomes.



How to obtain informed consent for a clean-out:

1. Start by explaining the health and safety risks present in the home. Explain why certain conditions present a risk. Provide this information in a written format for the client.
2. Outline how a clean-out can reduce the health and safety risks.
3. Communicate your proposed plan to conduct a clean-out. Be open to collaborating and adjusting this proposed plan, if possible.
4. Acknowledge that a clean-out can be distressing, and discuss the client's preferences for emotional support.
5. Explain the likely consequences of not consenting to the clean-out. In certain situations, consequences may be quite severe, such as eviction, forced relocation to a care home, or condemnation of the home.
6. Address the client's questions and concerns.
7. Provide the opportunity for the client to consent or to refuse consent.
8. If the client consents, explain that they may withdraw their consent later in the process, although there may be consequences to such a decision.

3 | Guiding Principles for a Client-Centered Clean-Out

Incorporating harm reduction and trauma-informed practices into the clean-out:

1. Spend time establishing rapport and providing clear information (verbally and in a written format) about the clean-out process. You can build trust by being empathetic and communicating safety concerns openly.
2. Educate yourself on the mental health aspects of hoarding behaviour and be aware of the potential harm a clean-out may cause. Your client may be hesitant to engage based on their past experience with hoarding interventions that were forced, involuntary, and emotionally devastating.
3. Understand that most clients who are at the center of a clean-out are facing a complex array of problems, including housing instability, health issues, other mental health conditions, and/or a trauma history.
4. Building on the relationship you developed, collaborate with your client to plan the clean-out. The clean-out should proceed *with* them not *without* them. They are an essential member of the clean-out team.
5. Maximize the amount of control and choice the client has over clean-out decisions.
6. Establish very specific harm reduction goals to address the major imminent health and safety risks in the home. Examples of goals that would reduce these risks include: removing items from entryways, staircases, and hallways to allow rapid exit and permit emergency responders to enter; clearing items away from heat sources, such as the stove, furnace or heater, and other appliances that pose a fire risk; taking steps to ensure basic sanitation so home care staff can safely visit; ensuring bathroom (e.g., tub, sink, toilet) and kitchen appliances (e.g., fridge, oven) are accessible and useable.
7. **Aim to retain as many of the client's possessions as possible** while still addressing major health and safety risks. Once the harm reduction goals are met, follow the client's lead. They may want to continue removing items, or they may want to stop.
8. If the clean-out has taken place under collaborative conditions involving a trusting relationship with the provider, then the client may be interested in engaging in more gradual decluttering work following the clean-out.



Although community providers and family members may be tempted to avoid using the term "clean-out" in favor of a euphemism (e.g., "spring clean"), it is important to openly communicate your proposed intervention. Consent is not "informed" if the client does not know what intervention you are proposing. We recommend using one of the following terms:

Harm reduction clean-out

Supported clean-out

Safety clean-out

Client-centered clean-out

Trauma-informed clean-out

Targeted clean-out

These terms indicate an attempt on behalf of the provider to conduct a clean-out that prioritizes harm reduction and client involvement, rather than a clean-out that focuses on removing most or all possessions from the home and one that limits the client's involvement.

4. Who Should be Involved

Clean-outs often require an “all hands on deck” approach. A variety of professionals may be required to manage different aspects of the process (e.g., clutter removal, sanitation, pest control) and the client’s psychological and/or physical needs. Each clean-out team member may be responsible for several roles: logistics and planning, case management, emotional support, enforcement, clutter removal, cleaning, or organizing. It is often helpful for one professional to take on a leadership role with regard to planning and coordination. Additionally, it may be necessary for one (or several) providers to take on an advocacy role with regard to supporting the client and protecting their best interests in response to external pressures (e.g., a landlord who has posted an eviction notice).

| | | | | |
|--|--|--|---|--|
| <p>Cleaning, Organizing, and Removal*</p> <ul style="list-style-type: none"> Cleaning/removal company Hauling service Moving company Professional organizer Auctioneer | <p>Public Safety</p> <ul style="list-style-type: none"> Fire inspector Peace officer Police officer Bylaw officer Property use inspector | <p>Housing</p> <ul style="list-style-type: none"> Property manager Landlord Resident services coordinator Tenant support worker | <p>Public Health</p> <ul style="list-style-type: none"> Environmental health officer Public health inspector | <p>Social Services</p> <ul style="list-style-type: none"> Protective services Elder services Public guardian |
| <p>Case Manager</p> | <p>Mental Health</p> <ul style="list-style-type: none"> Social worker Counsellor Psychologist Psychiatrist Occupational therapist | <p>Client</p> | <p>Support Workers</p> <ul style="list-style-type: none"> Outreach worker Community support worker Personal caregiver | <p>Medical Professionals</p> <ul style="list-style-type: none"> Physician Nurse practitioner Home care nurse Psychiatric nurse Paramedic |
| <p>Pest Control</p> | <p>Utilities/Maintenance</p> <ul style="list-style-type: none"> Electrical Plumbing Handyperson/ Carpenter HVAC technician (heating, ventilation, and air conditioning systems) | <p>Social Network</p> <ul style="list-style-type: none"> Family Friends Neighbours Volunteers | <p>Faith-based Organizations</p> | <p>Animal Control</p> |

*If you are hiring a cleaning/removal company, ensure they are experienced in hoarding situations and have credible references.

5. Steps to Consider When Conducting a Client-Centered Clean-Out

Each clean-out has four stages: 1) **rapport building and planning**, 2) **pre-sorting**, 3) **the clean-out**, and 4) **post clean-out**. The steps outlined here are suggestions for how to complete each stage from a client-centered approach. Depending on the clean-out situation, not all steps may be required or possible due to limited funds, client engagement, or situational factors.

As can be observed from the number of steps below, clean-outs require a great deal of time and energy. They are often a challenging intervention for all stakeholders involved, including the client, family members, professionals, and volunteers.

Funding the costs of a clean-out

CLEAN-OUT COSTS VARY BY:

- Number of days or hours the cleaning/removal company is onsite
- Number of paid staff involved
- Size of the home
- Amount of clutter removed
- Resources required (e.g., dumpster rental)
- Additional services involved (e.g., pest control, professional organizing, housekeeping)
- Use of a cleaning/removal company

The costs of a clean-out are usually paid by: the client, family members, housing officials (e.g., landlord, condominium board), or grants or crisis stabilization funds through seniors' agencies, social services, faith-based organizations, eviction prevention initiatives, or hoarding advocacy groups.



5 | Steps to Consider When Conducting a Client-Centered Clean-Out

1.

BEFORE THE CLEAN-OUT: RAPPORT BUILDING AND PLANNING

Please ensure that the clean-out is an intervention of last resort and all other options are exhausted.

Meet with Client

- Establish rapport.
- Discuss the client’s personal goals (e.g., eviction prevention) as well as their concerns and fears related to the clean-out.
- Ensure the client knows why the clean-out is necessary.
- Provide accurate information (verbally and in a written format) and obtain the client’s informed consent.
- Determine the client’s preferences for the clean-out (e.g., Do they want to be present?, Who would they like as a support person?).
- Review coping strategies to use on the clean-out day(s).
- If the client consents, refer for mental health services.

Health and Safety Risk Assessment

- Review the health and safety reasons for the clean-out (e.g., blocked entrances and exits, difficulty navigating through the home, poor sanitation, pests).
- Assess other concerns (e.g., eviction risk, physical health or mental health concerns, cognitive functioning concerns).
- Determine harm reduction goals based on the concerns and the client’s personal goals.
- Communicate these harm reduction goals to whoever is the source of external pressure (e.g., landlord, fire inspector)

Assemble Clean-Out Team

- Contact relevant service providers, family/friends, and volunteers to enlist their help.
- Hire a cleaning/removal company (or a professional organizer).
- Designate someone to be the client’s support person on the day (e.g., a mental health professional or a loved one who can remain non-judgmental and prioritize the client’s needs).
- Educate/train team members to use respectful language at all times whether the client is present or not.

Logistics

- Determine clean-out time frame.
- Schedule clean-out day(s).
- Assemble required tools (e.g., PPE, dumpster rental).
- Determine budget and arrange payment for cleaning/removal company.
- Determine plans for final location of items removed from the home (e.g., thrift store donations, garbage and recycling arrangements, storage facility).

5 | Steps to Consider When Conducting a Client-Centered Clean-Out

2.

GETTING READY FOR THE CLEAN-OUT DAY: PRE-SORTING

Create Plans for Sorting/ Discarding

- Based on the clean-out harm reduction goals, set guidelines around the percentage of items to be removed or the areas where a reduction is required (e.g., in the bedroom).
- Let the client make decisions about which particular possessions will be removed.
- Ask which categories of items are of significant value to the client (e.g., jewelry, photographs, tools) and if there are any items that need to be found.
- Collaborate with the client to create rules for what can be discarded or saved.
- Help the client to understand that soiled, rotten, or infested items cannot be saved due to health concerns.
- Identify the client's level of involvement for various categories of items (e.g., the clean-out team can make decisions about food items, but the client wants to make all decisions about which books to keep).

Communicate Plans to Team

All of the following steps may take place during a clean-out team meeting at an offsite location prior to the intervention day(s).

- Provide the clean-out team (and the client) with the list of rules collaboratively developed with the client.
- Alert the clean-out team to items of significant value and obtain agreement that they will locate and preserve these items to the best of their ability.
- Explain to client and team that mistakes can and will likely be made. Plan how mistakes will be addressed.
- Brief the team on what to expect, pictures may be helpful.
- Review roles that each member of the team will take.
- Introduce the client to team members.

Spend Time Decluttering Prior to the Clean-Out

- Meet with the client in their home at least once (although multiple times is preferable) to practice sorting possessions into categories of keep, donate, or discard.
- Do any pre-sorting work that will facilitate how efficient the clean-out day(s) will be (e.g., identifying categories of items that the clean-out team can take away without consulting the client).
- Set up the home to facilitate the clean-out (e.g., label items to be kept).
- For continuity of care, the same person who assisted with decluttering should be involved in the clean-out.

5 | Steps to Consider When Conducting a Client-Centered Clean-Out

3.

DURING THE CLEAN-OUT

Follow the Clean-Out Plan

- Start the day with an onsite team meeting to review the plan.
- Stick to the plan to achieve the harm reduction clean-out goals.
 - » Only discard items that pose a health/safety risk, and leave the rest; focus on reducing clutter only in areas of concern.
 - » For items that are not represented in the plan, ask client or established decision-maker what to do.
 - » Follow donation and disposal plans for discarded possessions.
- Depending on the situation, some options for sorting and removal include:
 - » Bringing items outside to sort on the lawn or in the driveway (although be prepared for all weather conditions)
 - » Assigning a dedicated team member to different rooms
 - » Following professional recommendations from the cleaning/removal company (or professional organizer)
- Ensure the client retains some of their items.
- Check in with team members throughout the day, make sure to allow for rest and refreshment.

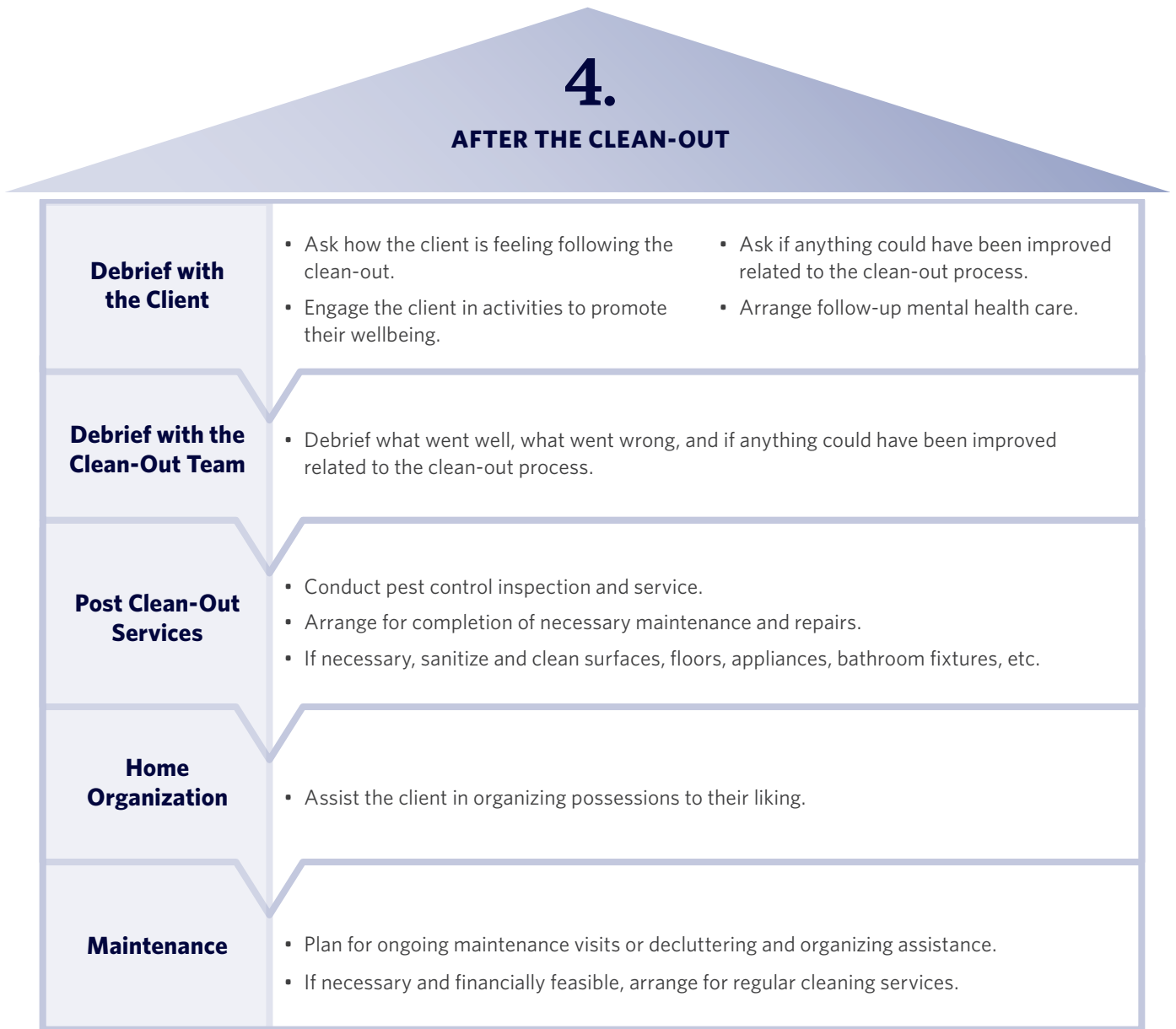
Engage Client in Decisions

- Support the client in being onsite for the entire intervention, or as much as possible (if the client wishes to be present).
- Ensure that the client has a role (e.g., sorting items in the living room, being stationed outside and making decisions as team members bring out items).
- Involve the client in as many decisions and as much of the process as possible.

Emotional Check-In

- Check on the client regularly and provide comfort as needed.
- Offer praise and encouragement abundantly.
- Ask the client if anything would make the experience easier (e.g., playing music, getting coffee on a break)
- Acknowledge progress towards meeting harm reduction goals.
- With input from the client, decide when to take break(s) in the clean-out work and when to stop for the day.

5 | Steps to Consider When Conducting a Client-Centered Clean-Out



6. Overcoming Barriers to a Client-Centered Clean-Out

BARRIER #1 TO A CLIENT-CENTERED CLEAN-OUT

Your client has consented to the clean-out, but they refuse or are resistant to engage in the clean-out process.

Case Example:

Over the past year, Melody has received numerous neighbour and bylaw complaints due to the condition of her backyard. The buildup of recycling containers, garbage bins, and boxes, along with an accompanying odour, has attracted unwanted animals into the neighbourhood. Melody reluctantly agrees to an outside clean-out to stop what she describes as “harassment”. Her social worker begins to plan for the clean-out, but cannot seem to engage Melody in any discussions about the upcoming intervention. Melody brushes off her social worker’s inquiries about her concerns or fears and refuses to discuss her personal goals for the clean-out. She is also reluctant to identify anything she wants to keep and says she plans to remain inside until the clean-out team is finished and off her property.

STRATEGIES TO OVERCOME BARRIER #1

- Remember that few clients actually want a clean-out, so resistance is very common.
- Attempt to empathize and understand what is driving your client’s behaviour.
- Talk with the client outside of their home about their concerns.
- Patiently and calmly reiterate the reasons for the clean-out.
- Emphasize it is your personal goal to involve them in the clean-out, but it is their choice to participate.
- Ask what you can do to help them retain some degree of control over the situation.
- If required, explain the consequences of their decision not to engage in the process. That is, the clean-out will proceed without their involvement, and the team will not be aware of their wishes regarding which items are to be removed or retained.



6 | Overcoming Barriers to a Client-Centered Clean-Out

BARRIER #2 TO A CLIENT-CENTERED CLEAN-OUT

Your client stops the clean-out prematurely.

Case Example:

Raj lives in a housing co-operative. Due to the amount of possessions in his unit, it has been challenging to treat a persistent bedbug infestation. His co-op association is threatening to fine him, or potentially evict him, for bylaw infractions (e.g., untreated pest infestation, excessive combustibles, unkempt balcony and entryways). Raj initially agrees to a clean-out to appease his fellow co-op members. However, on the second day he withdraws his consent and stops the clean-out before it is completed. He is angry and believes various items have been stolen by the clean-out team.



STRATEGIES TO OVERCOME BARRIER #2

- If the client is willing to have a conversation, attempt to empathize and understand what is driving the client’s behaviour.
- Ask if there is anything you can do to help.
- Remain calm. Avoid appearing confrontational.
- Reiterate the clean-out rationale (emphasizing safety concerns especially).
- Ensure the clean-out is addressing harm reduction goals only. Emphasize any progress that has already been made towards meeting harm reduction goals.
- Agree to follow-up with the clean-out team regarding possibly stolen items, but emphasize that the clean-out team had agreed to follow the rules to the best of their abilities (i.e., in certain situations an item may have been discarded that was not on the discard list because it was heavily soiled or water damaged).
- Offer choices to help the client regain a sense of control (e.g., pause the clean-out for an hour, stop removal of possessions in certain areas, slow the pace down).
- If required, explain the consequences of the clean-out ending prematurely and harm reduction goals not having been met (e.g., the client may be evicted or forced to relocate).
- Allow the client to weigh the pros and cons of continuing or terminating the clean-out and to make a decision for themselves, understanding the likely consequences of either choice.
- After a decision has been made, debrief with the clean-out team and client (possibly 1-2 days later) about what went wrong and what could have been improved during the intervention.

6 | Overcoming Barriers to a Client-Centered Clean-Out

BARRIER #3 TO A CLIENT-CENTERED CLEAN-OUT

Your client is in hospital and cannot participate in the clean-out.

Case Example:

Amelia falls in her home and is unable to get up by herself. She calls 911 for assistance. Upon arrival, the paramedics discover narrow pathways and conditions of poor sanitation. Based on these conditions and Amelia's mobility limitations, her care team decides her discharge from hospital is contingent on a safe and sanitary home environment. Amelia's daughter hires a removal company to complete the clean-out quickly while her mother remains in hospital.

STRATEGIES TO OVERCOME BARRIER #3

- Facilitate client decision-making by visiting the client in hospital.
- If you cannot visit the hospital, set up a phone or video call OR have a family member or friend do the following:
 - Ensure the client is aware the clean-out is happening and understands why such an intervention is necessary.
 - Show them photos of their items. Make lists detailing what they want to keep.
 - Prioritize their attention on bigger categories of items, rather than decisions about individual items or items that are unsanitary or rotten (e.g., food).
- Act as an intermediary between the client and the clean-out team (e.g., cleaning company, contractors).
- Communicate client preferences to the larger clean-out team.
- Stay in communication with the client through text messages or phone calls during the clean-out.
- During the clean-out, prioritize harm reduction goals only.
- Have a meeting with the client once they are out of hospital. Review the changes that you made in their home. Give the client an opportunity to ask questions and to express their feelings regarding the clean-out. Explore options for follow-up support.



6 | Overcoming Barriers to a Client-Centered Clean-Out

BARRIER #4 TO A CLIENT-CENTERED CLEAN-OUT

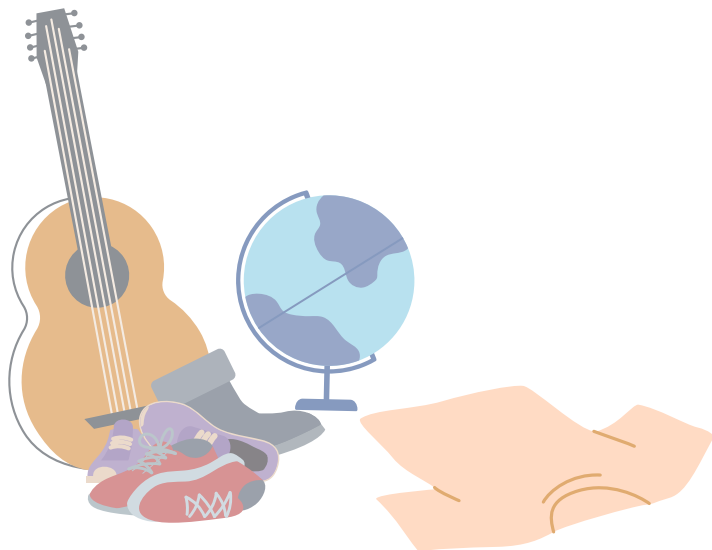
A change in risk has created an urgent push to complete the clean-out quickly.

Case Example:

Aaliyah is very concerned for her elderly father’s safety. Her father likes to frequent the local thrift stores and flea markets, but has limited space to store his items. Aaliyah offers to visit her father once a week to help with the decluttering process. During these visits, Aaliyah starts to notice changes in her father’s behaviour. He has become more irritable and confused regarding his surroundings. Aaliyah contacts his family doctor for assistance. As her father’s cognitive abilities decline rapidly, a more gradual decluttering approach no longer appears feasible. Aaliyah’s priorities shift to completing a clean-out as quickly as possible, as her father may be required to move into a care home.

STRATEGIES TO OVERCOME BARRIER #4

- If the situation allows, communicate this change in risk to the client and explain the reasons for a change in the team’s approach.
- Re-assess the harm reduction targets and revise the clean-out goals.
- If possible, create an opportunity for the client to state their wishes for the clean-out under these new circumstances. If this is not possible, as a clean-out team, agree to continue prioritizing the client’s previous goals for the clean-out.
- Continue to involve the client as much as possible and stay in communication throughout the clean-out process.
- Communicate with the client’s healthcare team to ensure everyone is aware and in agreement with the clean-out plan.
- Although there may be increased pressure to remove more possessions from the home, continue to prioritize harm reduction goals and reduce clutter only in areas of concern.



6 | Overcoming Barriers to a Client-Centered Clean-Out

BARRIER #5 TO A CLIENT-CENTERED CLEAN-OUT

Goals of external stakeholders (e.g., the fire department, building officials, family members) are prioritized over your client's.

Case Example:

Asher lives in a social housing building and is at risk of eviction. Their home is in violation of the fire code and they have received numerous warnings from their landlord, but they struggle to discard possessions on their own. Their landlord offers to pay for a clean-out to ensure the unit satisfies fire safety requirements. Asher agrees to the clean-out with the condition that they will have a say in which possessions are removed. However, on the clean-out day, the landlord takes charge and tells the clean-out team which items need to be removed without any input from Asher. Asher feels blindsided and as if they have lost control over their home.

STRATEGIES TO OVERCOME BARRIER #5

- Validate the client's emotions.
- Involve the client in the discard process, even if it takes longer or there is pushback from other members of the clean-out team.
- Ensure only the reduction of health and safety risks are prioritized.
- If necessary, ask staff or family members to take a break from making discard decisions or to slow down.
- In order to prevent the likelihood of such a situation:
 - Before the clean-out, have a conversation with the client on their own. Ask them about their personal goals, concerns, and fears for the clean-out independent of any external stakeholders.
 - Designate someone to be available and present for the client during the clean-out. This individual may be required to intervene on behalf of the client if there are unforeseen challenges or conflicts.
 - Educate external stakeholders and family members about the mental health aspects of hoarding disorder and about the importance of the client retaining some degree of control. The client's goals are still relevant, even if the clean-out is intended to meet the goals of an external agency (e.g., the fire department, condominium board, or building officials).





Clean-outs as a strategy for community agencies to address hoarding

RESEARCH REPORT

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Definitions

HOARDING

Hoarding is characterized by difficulty discarding and intentional saving of items that most people would remove from their home. Accordingly, clutter accumulates in the home and prevents the person from using some or all parts of their home. For example, a client with hoarding behaviour may have difficulty finding a place to prepare or cook food because of the amount of possessions in their kitchen.

Hoarding can violate the terms of a tenant's lease and can be a public safety threat due to the risk of fire, pest infestations and health hazards.

CLEAN-OUT

A fast-paced intervention in which a large amount of clutter is removed from the living spaces of a client's home. A clean-out may last several days and is usually completed in a condensed time frame (e.g., under a month). The client may not be involved in every decision about which items are kept or discarded.

DECLUTTERING ASSISTANCE

A gradual intervention where clutter is sorted and then removed or organized within a home. Decluttering often occurs during periodic scheduled visits across several months. Due to the gradual nature of decluttering assistance, a client is typically responsible for — or a full partner in — decisions about which items are kept or discarded. Decluttering assistance may precede or follow a clean-out, but it is a separate intervention, distinct from a hoarding clean-out.

About the Study

Why we did this study

Reality television shows have dramatized clean-outs as fast and effective interventions for hoarding. The shows portray a certain kind of clean-out, but almost no research has examined clean-outs that occur off-camera in other settings. The lack of research into how clean-outs are conducted and how they work leaves communities in the dark with regard to client responses to having a clean-out and best practices. We aimed to document how clean-outs unfold and discover the implications of conducting more client-centered clean-outs.

What we wanted to find out

- 1 what makes a clean-out necessary
- 2 how are clean-outs conducted
- 3 what are client responses to having a clean-out
- 4 which client-centered strategies are being used, and
- 5 what are the short-term outcomes

What we did

- We talked to frontline professionals who had actively participated in at least one clean-out intervention in the past three years.
- Individuals who identified an interest in participating in the study were scheduled for a preliminary phone screen. If participants met the inclusion criteria, a one-hour appointment was scheduled for them to complete the study virtually.
- Participants answered questions about the most recent clean-out they conducted including how long did it take, how much clutter was removed, and how involved was the client.

Who was involved

The final sample included **65 community providers, mostly from Canada or the US, although some were also from Australia or the UK.**

- 42%** were mental health professionals (including social workers and case managers)
- 21%** were organizing/cleaning professionals
- 11%** were support workers or family members
- 11%** were health and safety professionals (including fire inspectors)
- 8%** were housing professionals
- 7%** were from other occupations such as pest control or gerontology.

Each provider reported on one recent client who had a hoarding clean-out:

Most clients described were **female** (60%), most were **older than 65** (66%), and most **lived alone** (77%).

Approximately **50%** of clients lived in a rental apartment.

Most had **not had any previous hoarding-specific intervention** (e.g., peer support, cognitive behavioural therapy for hoarding, or decluttering assistance).

Client homes:

Homes of clients who had a clean-out were significantly hoarded. **The average initial clutter image rating** (CIR: Frost, Steketee, Tolin & Renaud, 2008) **was a 6 out of 9.**

Providers gave several descriptions that illustrated poor conditions in the home related to the level of clutter, including **narrow pathways, non-functional bathrooms, and limited places to sit** other than the toilet seat and the bed.

Results.

What we learned.

1. WHAT MADE A CLEAN-OUT NECESSARY

Providers described complicated and serious concerns that required immediate attention. They characterized the clean-out as an intervention of last-resort to prevent dire outcomes such as eviction, a forced move, incidents of fire, or worsening physical and mental health. Most cases had more than one serious problem from the list below.

Most Common Reasons for the Clean-Out

Total number of cases = 65

86% Unsafe conditions in the home

- blocked entrances and exits, difficulty navigating through the home due to limited pathways, combustibles near the stove and heat sources

63% Eviction risk

- an eviction notice had been posted, and clients were at risk of losing their housing

60% Poor sanitation

- rotting food, urine and or feces in the home, sewage, noxious odours

59% Physical health concerns

- poor conditions in the home intensified mobility difficulties and aggravated life-threatening or medically complex health conditions

51% Pest infestation

- bedbugs, cockroaches, ants, mice, rats, fruit flies

49% Client refusal to engage

- client did not want to accept assistance or was unwilling to change conditions in their home

31% Neighbour complaints

- concern about insect and rodent infestations, odours, water leaks, risk of fire, unkempt yard

25% Discharge from hospital

- safe discharge required a safe and sanitary home environment for medical reasons

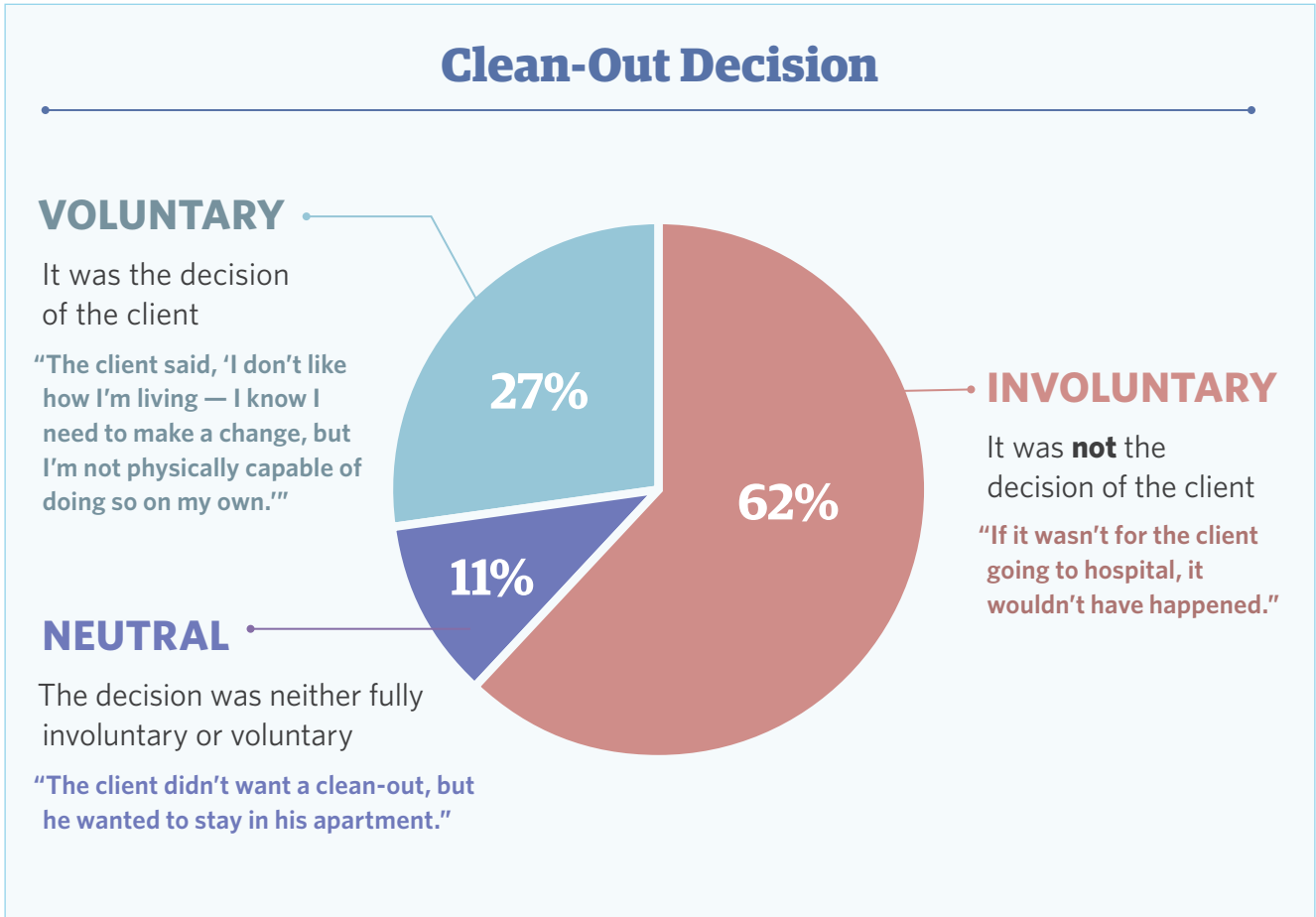
17% Cognitive functioning concerns

- concern about client capacity to continue living in the home due to possible dementia or cognitive decline

As a result of these conditions, most clients (62%) did not voluntarily choose to have a clean-out. Stakeholders, such as the fire department, property manager, family members, or hospital staff made the decision instead.

Even clients who had a voluntary clean-out may have felt coerced into agreeing to a clean-out to prevent eviction, qualify for in-home caregiving services, or to pass a housing or fire inspection.

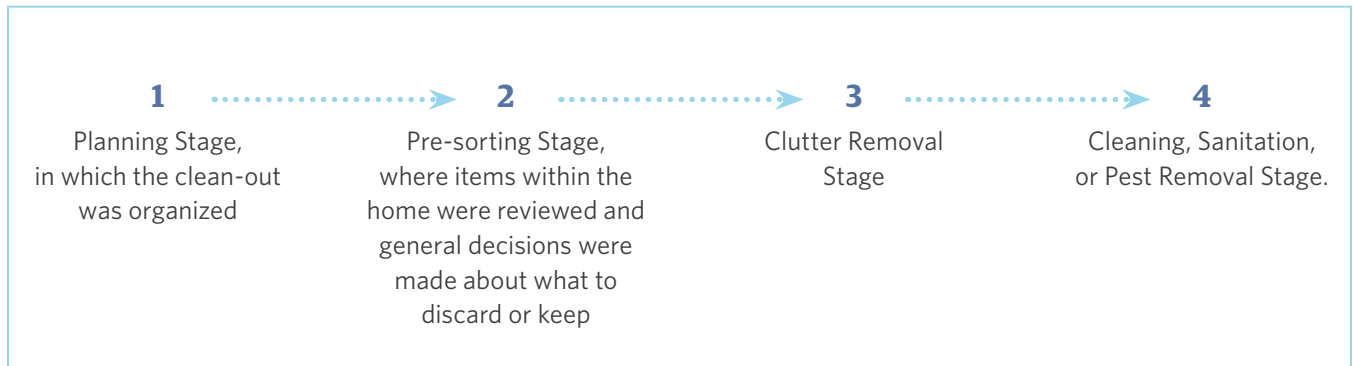
1 | WHAT MADE A CLEAN-OUT NECESSARY



RESULTS

2. HOW CLEAN-OUTS WERE CONDUCTED

Although each clean-out was unique, most followed certain stages:



Who participated in the clean-out

- The average clean-out involved about five people, such as a social worker, the property manager, two hired workers for clutter removal, and the client’s family member.
- A professional cleaning or removal service was hired in 79% of cases.
- Family members or partners were involved in 32% of cases.

How long the clean-out took to complete

- On average, clutter removal took a total of 16 hours (across three workdays).
- Approximately 40 person-hours were required for clutter removal per clean-out.
- These durations did not include time spent planning the clean-out, getting the client ready for the clean-out day (e.g., rapport building, preparatory sorting), or completing any post clean-out services (e.g., sanitation, pest control).

Where the client was during the clean-out

- 51% were at home
- 15% were at home for a portion of the intervention
- 34% were not at home for any part of the intervention (e.g., they were in hospital)

2 | HOW CLEAN-OUTS WERE CONDUCTED

How much clutter was removed

- On average, clean-outs reduced clutter volume by more than 50%.

Average Room *Before* the Clean-Out



Clutter Image Rating: **6 out of 9**

Average Room *After* the Clean-Out



Clutter Image Rating: **3 out of 9**

Photos are taken from the *Studio CIRS: Community Supplement* by Rebecca Heller, LCSW, and Allie Kirchhoff Corrie, Esq.

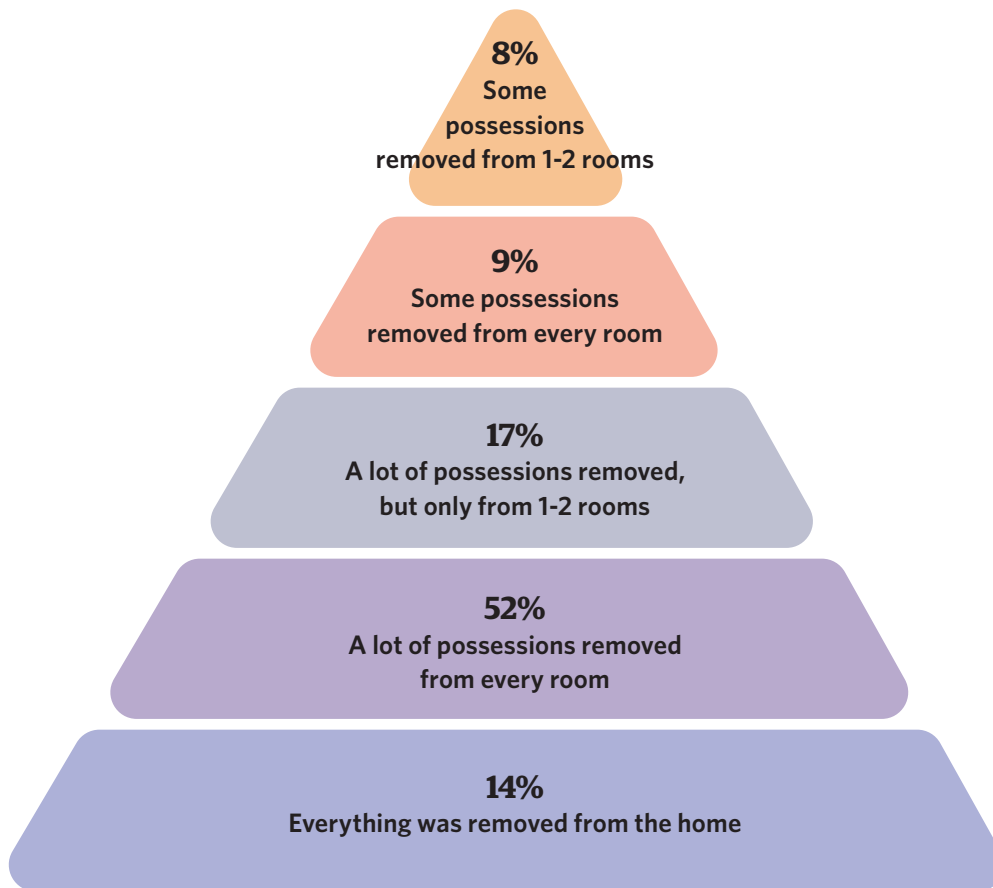
Most clean-outs focused on reducing clutter in areas of concern.

- Several providers emphasized that clean-outs had specific harm reduction targets, e.g., removing items from entryways, staircases, hallways for egress purposes; clearing away items near heat sources and gas appliances to reduce the fire risk; clearing away wet and soiled items to enable home care to gain access; and ensuring bathroom appliances (e.g., tub, sink, toilet) were useable.

RESULTS

2 | HOW CLEAN-OUTS WERE CONDUCTED

Amount of Possessions Removed from Each Room During the Clean-Out



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- Even though many possessions were removed during the clean-out, most clients still retained some of their belongings.
 - The removal of clutter facilitated several other interventions, including pest control, electrical and plumbing maintenance, renovations, and repairs.

3. CLIENT RESPONSES TO HAVING A CLEAN-OUT

In this study, providers reported on their perceptions of the client’s emotional response to a clean-out. By its nature, a clean-out involves losing a large number of possessions — often a hoarding client’s worst fear.

- In almost 70% of cases, clients seemed at least “somewhat” distressed about having a clean-out on a scale from “not at all” to “extremely” distressed.
- Clients were less distressed about having a clean-out when they were more involved in the decision-making process (i.e., when it was more of a voluntary decision).



Provider Quotes about Client Distress

“The client was very laid-back, he kept saying ‘doesn’t matter.’”

“She wasn’t sad about having a clean-out...but she was sad things weren’t able to be donated [because of COVID-19].”

“I never really saw the client’s fear, but [I] assumed it was there.”

“The client was afraid of the unknown; ‘What else is [the clean-out team] going to take?’ and ‘What will be left?’”

“She felt like we were throwing her whole life away.”

“The client was sad that her home got to that point and that [the clean-out team] had to be there. She was extremely sad and embarrassed.”

“Since the move/clean-out, the client has become increasingly angry and is talking about suing the city.”

4. CLIENT-CENTERED STRATEGIES THAT WERE USED

As researchers, we were interested in client degree of involvement in the clean-out process, what emotional support they received, and how often providers used shared decision making practices (i.e., how often they incorporated the client's preferences).

Client Role During the Clean-Out

- Most clients (75%) were directly involved in sorting their possessions, and some of these clients also assisted in the physical removal of items.
- The remaining 25% of clients had no role in sorting or removal. In most of these cases, the client was in hospital. In the client's absence, family members, friends, or service providers were primarily responsible for decision-making about the client's possessions.

Emotional Support

- In almost all cases (91%), emotional support was offered to the client during the clean-out. This support was offered by the service provider who participated in our study, other service providers involved in the clean-out, or the client's family or friends.
- Providers explained how they offered emotional support:

"I get involved and keep an eye on the client. I decide if we need to pause for a bit."

"My role was to calm down the client, while my supervisor was in the front hall trying to get as much out as she could."

"I went in and reassured her we were not evicting her — we just needed clear pathways."

Shared Decision Making

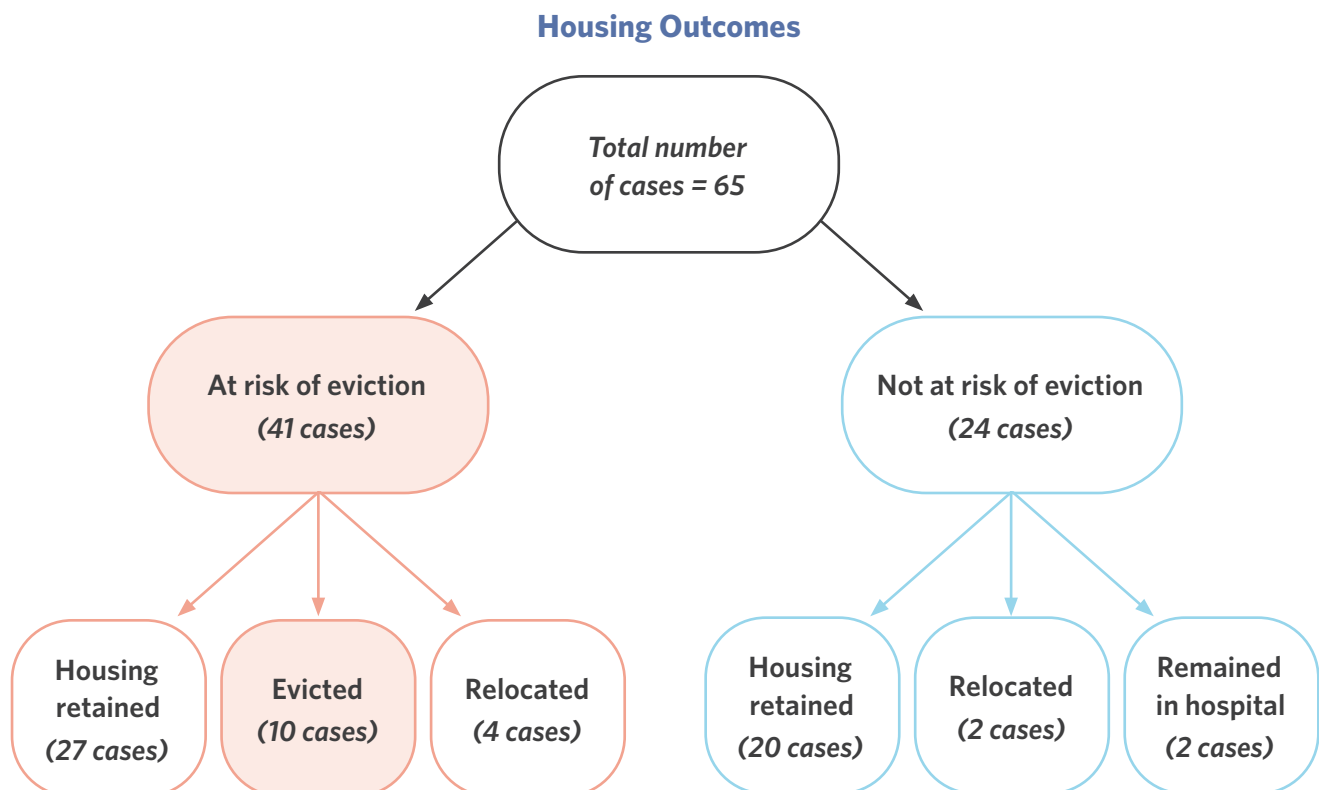
- Shared decision making is a process in which clients and providers make healthcare decisions together.
- Most providers (67%) put considerable effort into conducting a collaborative clean-out that maximized the client's influence and control over the process.
- Examples of collaborative practices included having multiple conversations about the upcoming clean-out, working with the client to develop guidelines about which items should be saved (versus removed), and listening to the client's concerns, including fears that too many items would be discarded and worry about who was in control of the clean-out.
- Highly experienced providers — those who had more experience working with hoarding clients and had more experience conducting clean-outs — tended to use more shared decision making practices.
- Client hospitalization was a barrier to shared decision making because clients were unable to be onsite to participate alongside the clean-out team. In response, several providers visited clients in hospital to show them photos of their items and to make lists detailing what they wanted to keep.

5. SHORT-TERM OUTCOMES

This study focused on short-term outcomes, including preventing eviction, addressing health and safety risks, and immediate improvements in the client’s hoarding behaviour. The long-term outcomes of clean-out interventions are difficult to track, as the provider’s professional commitment to the client usually does not persist beyond the clean-out. For example, a hauling company only works with a client until the job is complete and a fire inspector does not return to a home unless there is a new complaint.

Eviction Prevention

- Housing was preserved for two-thirds of clients who had been facing eviction prior to the clean-out.
- Most of the clients who were relocated were forced to move because of significant health issues. They were relocated to long-term care homes or assisted living facilities.



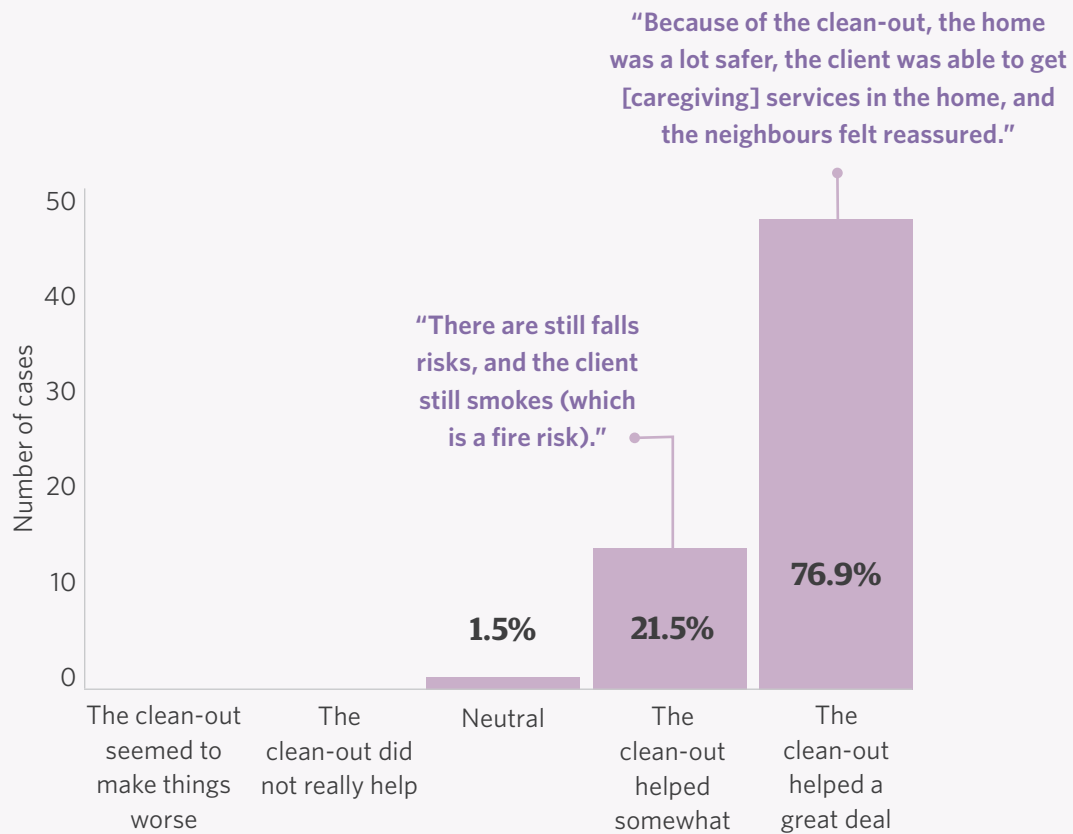
RESULTS

5 | SHORT-TERM OUTCOMES

Addressing Health and Safety Risks

- Almost all clean-outs reduced unsafe and unsanitary conditions in the short-term.
- Clean-outs were successful in ensuring entrance/exit doors could open completely, improving mobility throughout the home, and reducing the risk of falling. Providers also stated there were fewer complaints from neighbours and a reduction in noxious odours.

How much the clean-out helped to resolve health and safety issues in the home

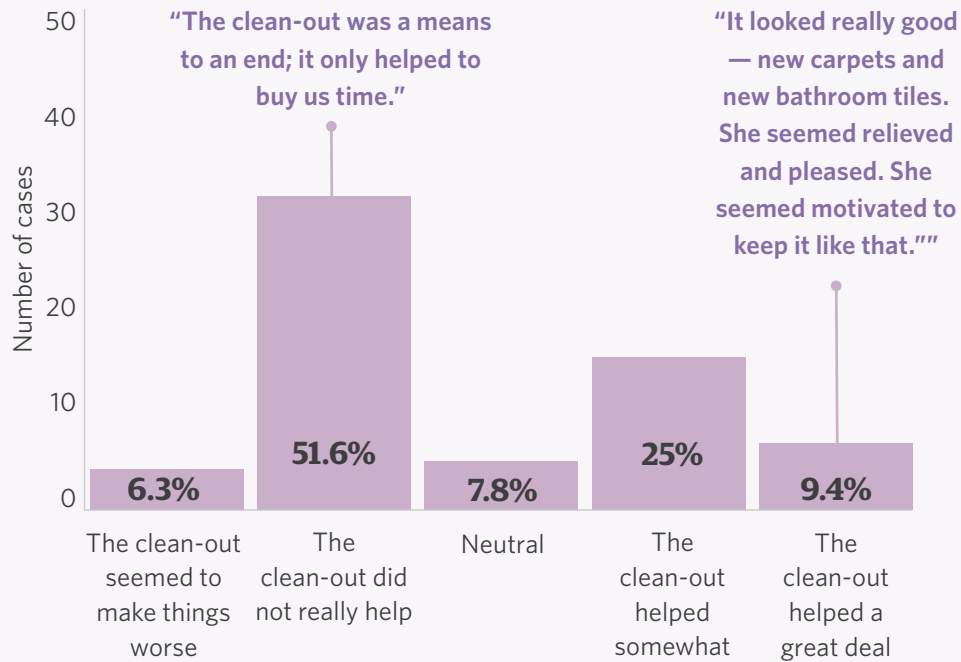


5 | SHORT-TERM OUTCOMES

Addressing Hoarding Behaviour

- Most providers said the clean-out did not really help to resolve their client's difficulties with discarding and intentional saving.
- Clean-outs had a better resolution when clients were more involved in the decision-making process (e.g., they had a role in sorting, it was a voluntary clean-out).
- In 28 cases (43%), clients were provided with in-home decluttering assistance or cleaning services following the clean-out to help with maintenance or to teach clients decluttering skills. Several providers noted these ongoing visits were helpful in preventing the re-accumulation of items following the clean-out.

How much the clean-out helped to address the client's hoarding behaviour



Conclusion

1. WHAT MADE A CLEAN-OUT NECESSARY.

- Most clients did not voluntarily decide to have a clean-out. Rather, clean-outs were conducted due to a complex set of risks (e.g., unsafe conditions, eviction threat, poor sanitation).

2. HOW CLEAN-OUTS WERE CONDUCTED.

- On average, five individuals formed the clean-out team and clutter was reduced by more than 50% over an average of three days.

3 & 4. WHAT WERE CLIENT RESPONSES TO HAVING A CLEAN-OUT AND WHICH CLIENT-CENTERED STRATEGIES WERE USED.

- Clean-outs were distressing for most clients. Many providers responded to this distress by using a more client-centered approach: providing emotional support, involving the client in sorting and discarding decisions, and listening to their concerns and fears.
- Clients seemed less distressed about having a clean-out when they were more involved in the decision-making process. Additionally, providers reported a better clean-out resolution when clients were more involved in the decision-making process.

5. SHORT-TERM OUTCOMES.

- Providers were largely in agreement that clean-outs helped to resolve health and safety issues in the home in the short-term, but the long-term outcomes are unknown. Unlike mental health interventions, clean-outs did not target difficulty discarding or excessive acquisition.

Future Research Directions

- A primary limitation of this study was that the client's perspective was not taken into consideration. Although we attempted to recruit clients who had experienced a clean-out intervention, we encountered several challenges recruiting a sample of interested research participants.
- Future studies need to focus on the client perspective of a hoarding clean-out. Most importantly, interviews should be tailored towards understanding their emotional experience, what went well during the intervention, and what they would have liked the clean-out team to have done differently.
- Future research should also focus on documenting the long-term outcomes of clean-out interventions (e.g., how long is clutter reduction maintained?)
- It would also be helpful to learn what contributes to a client being able to maintain health and safety changes following a clean-out (e.g., is there evidence regular monitoring or participation in a peer support group helps to maintain gains over time?)

Recommendations for a More Client-Centered Approach

Providers recommended taking a client-centered approach to clean-out interventions. This approach focused on client engagement and prioritizing the individual needs of the client. Based on our research, prioritizing the client's involvement in a clean-out intervention may lead to less client distress and may improve their ability to maintain changes once the clean-out is completed. Here are some of their recommendations:

- Discuss the client's personal goals related to their clutter (e.g., preserving their tenancy, being able to have family or friends visit, improving living conditions for pets).
- Ensure the client knows why the clean-out is necessary. Have a fire inspector (or another professional) explain the safety risks to the client.
- Discuss client concerns and fears and help to prepare the client emotionally for the clean-out.
- Plan for the client's role during the clean-out (e.g., does the client want to be onsite or offsite?)
- When possible, provide decluttering assistance at a more gradual pace prior to the clean-out.
- During the clean-out, actively involve clients in decisions about what is removed from the home by setting guidelines around the percentage of items to be removed. Allow the client to make decisions about which particular possessions will be removed.
- Donate items instead of discarding them.
- Minimize the number of people onsite.
- Use a slower approach when possible.
- Remove as little as possible. For example, leave rooms alone that do not pose a safety risk.
- Support the client emotionally.
 - » Have someone onsite whose entire role is emotional support.
 - » Debrief how the client feels before, during, and after the clean-out.
 - » Connect the client to ongoing mental health support.
- Organize resources to help with maintenance (e.g., make follow-up visits or arrange for regular cleaning services).



