

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

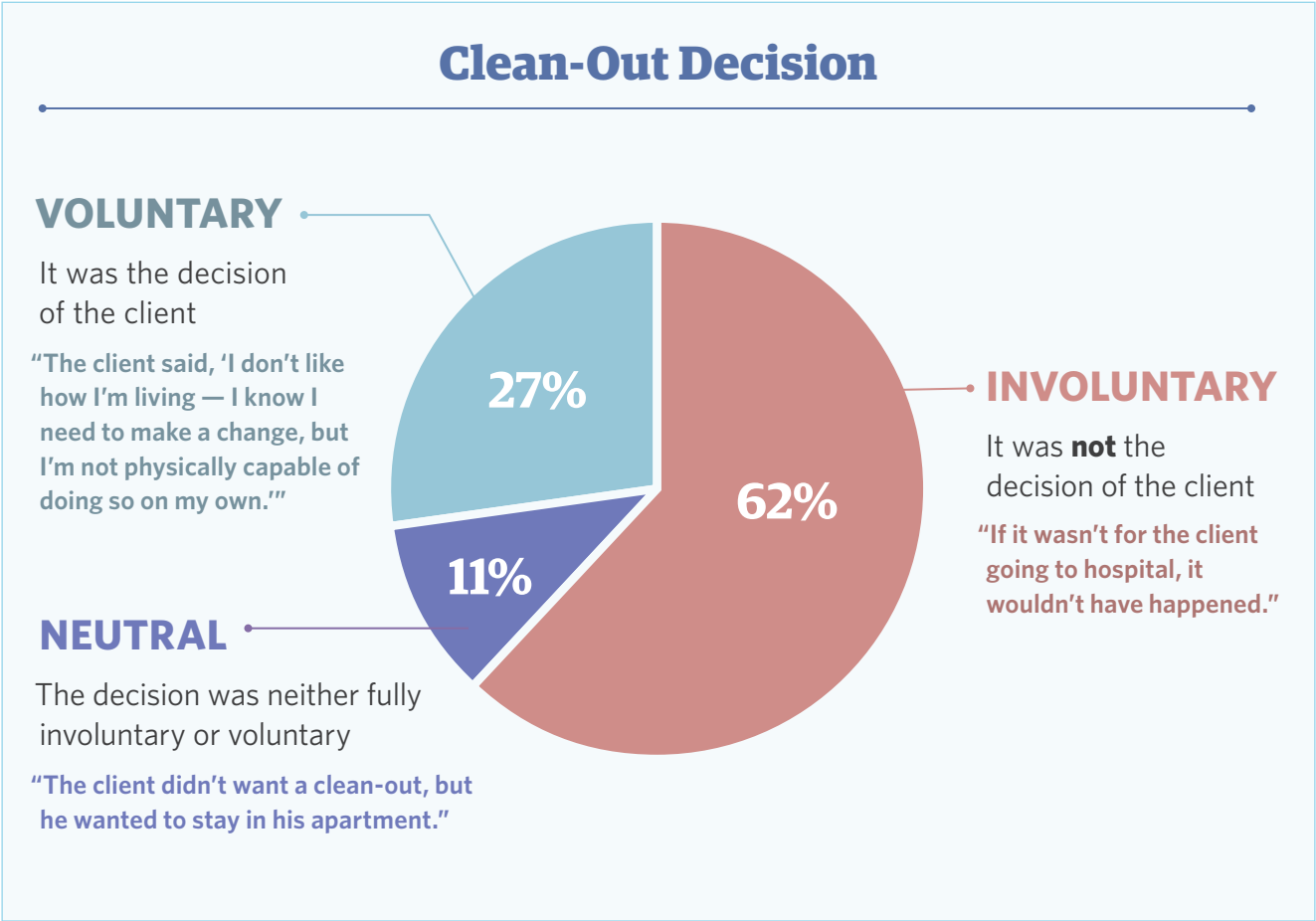
17% Cognitive functioning concerns

- 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.

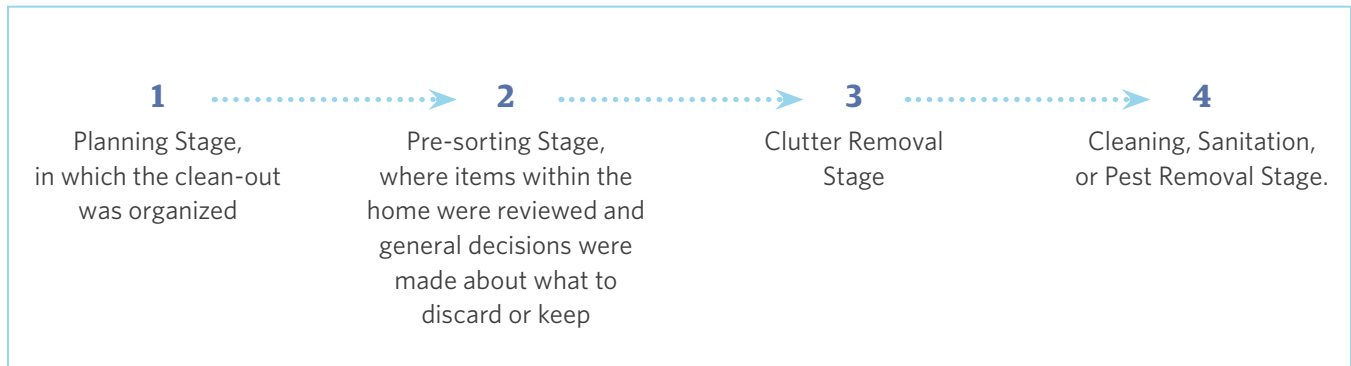
1 | WHAT MADE A CLEAN-OUT NECESSARY



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.

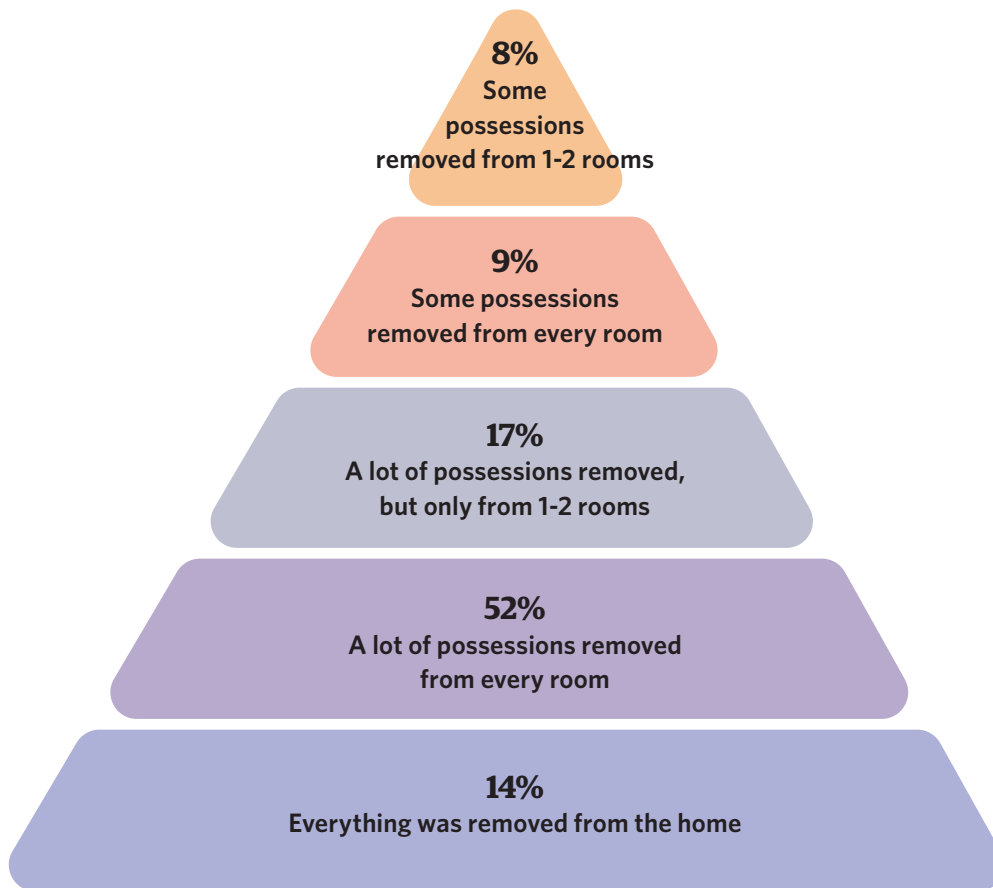
Most clean-outs focused on reducing clutter in areas of concern.

- 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

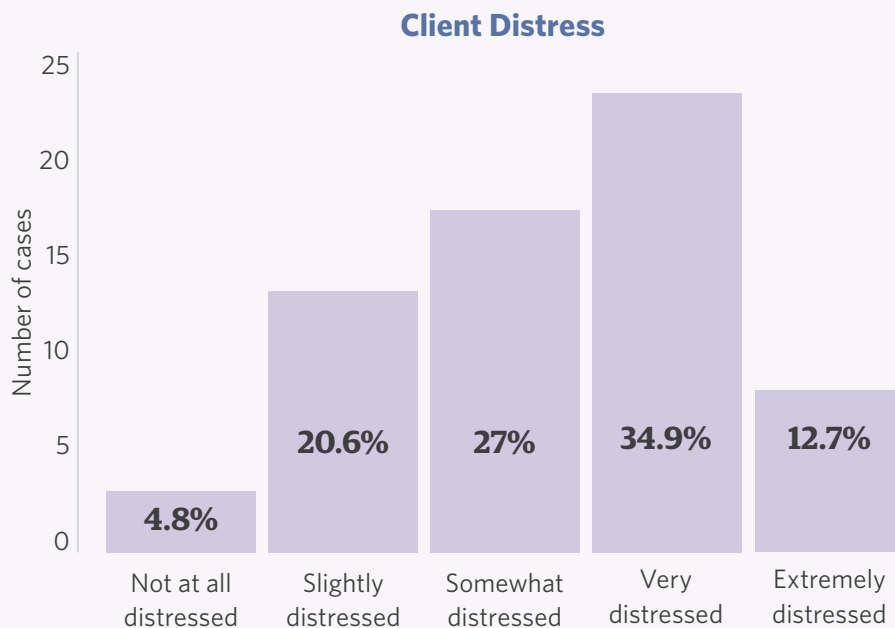


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- Even though many possessions were removed during the clean-out, most clients still retained some of their belongings.
 - The removal of clutter facilitated several other interventions, including pest control, electrical and plumbing maintenance,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

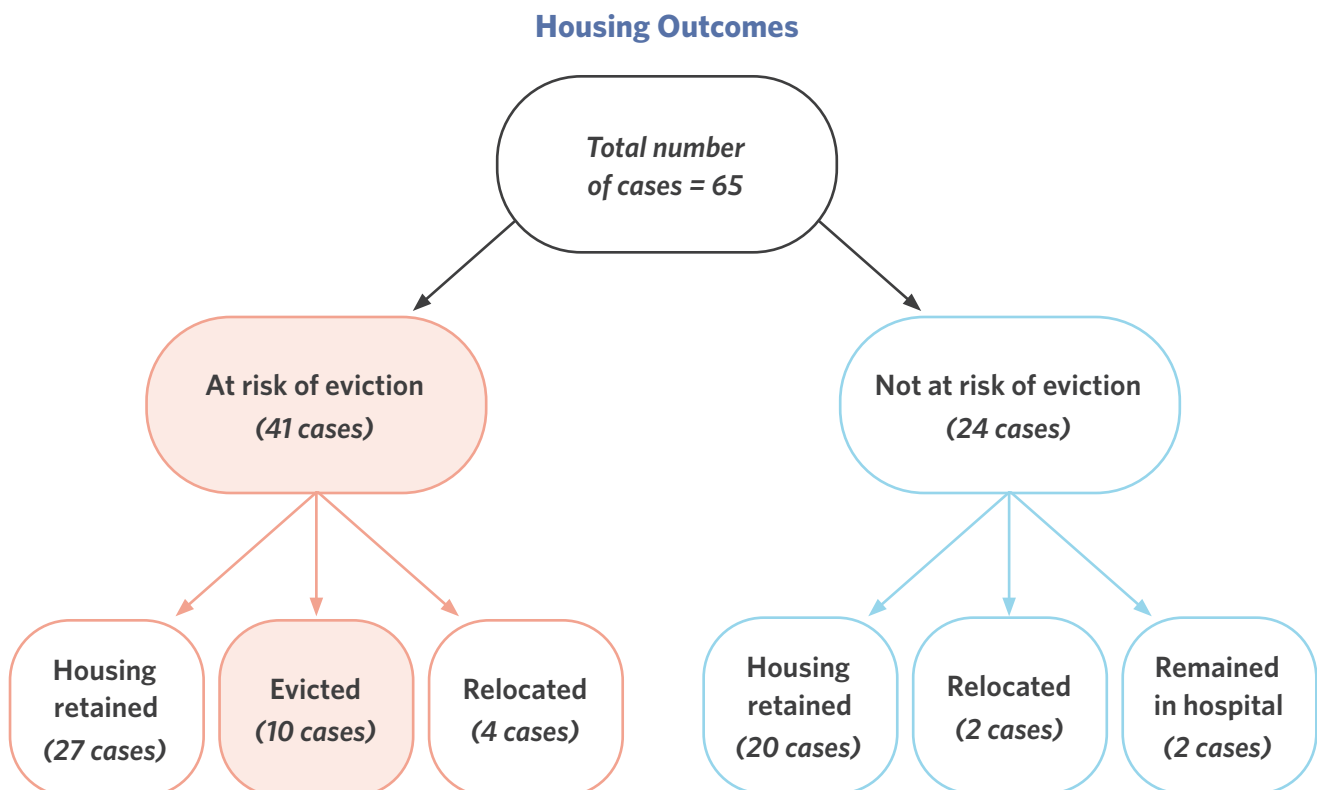
- Shared decision making is a process in which clients and providers make healthcare decisions together.
- Most providers (67%) put considerable effort into conducting a collaborative clean-out that maximized the client's influence and control over the process.
- Examples of collaborative practices included 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.



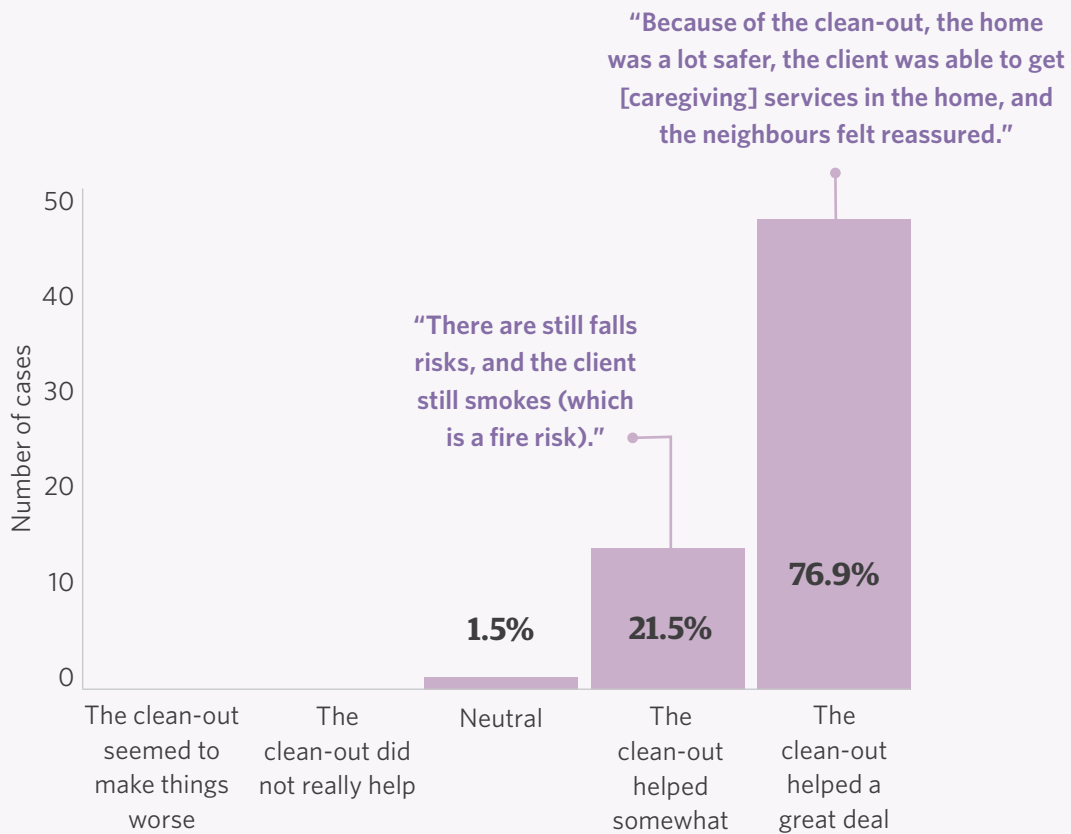
RESULTS

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

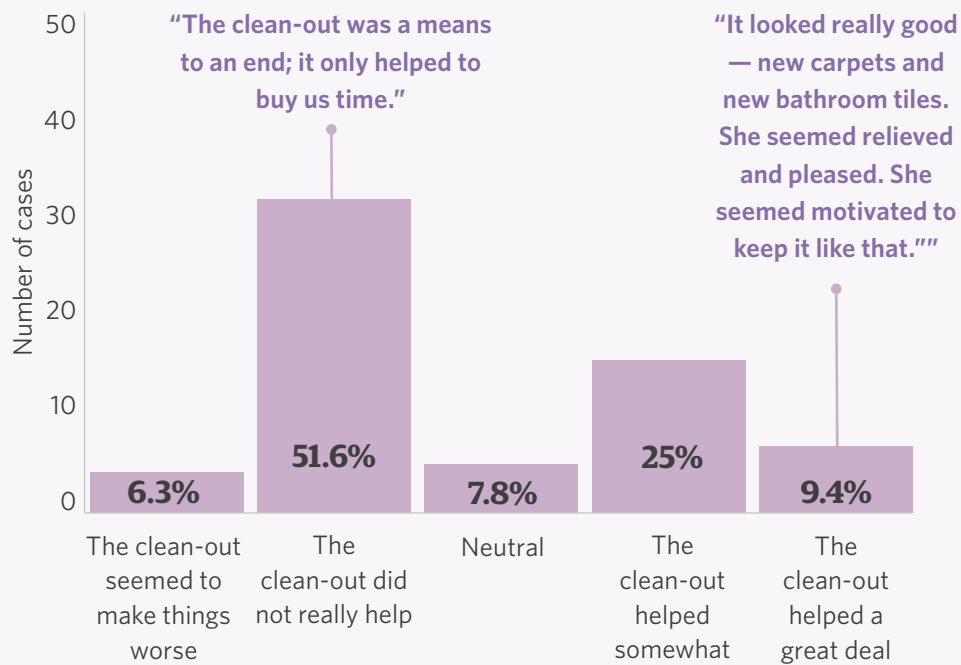


5 | SHORT-TERM OUTCOMES

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).



