



# THE COMMUNITY CLUTTER & HOARDING TOOLKIT



Creating More Independence

## The Stages of Change [Prochaska, Norcross & DiClemente, 1994]

It is possible you may never want to work on your clutter.

If you did want to work on it though, **when do you think you would want to do something about it?** Answering this question will help determine what kinds of things you are ready to do now (if any) about the clutter. Doing the right things at the right time to improve your clutter situation will help you set achievable goals, and motivate you to do more. So, **which statement makes the most sense for you?**

(Remember, there is no correct answer. The diagram and examples at the bottom may help you choose.)

I haven't decided if or when I might make this change.

I have no intention to change this in the next six months.

Not thinking about it



I am seriously thinking about making this change within the next six months.

Thinking about it



I am planning to make this change in the next month.

I have tried making this change in the last year.

Preparing for it



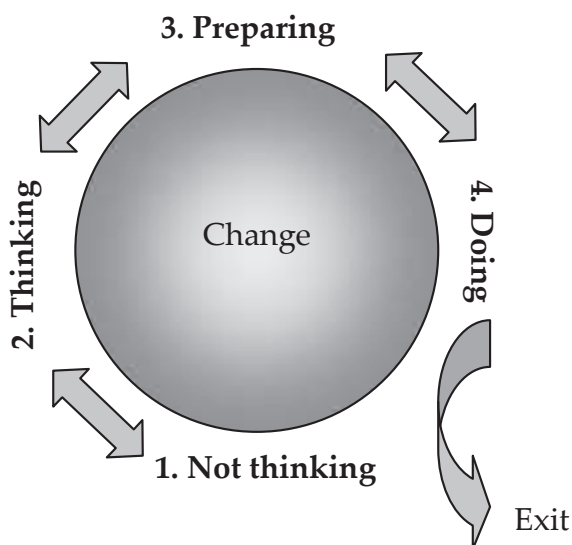
I am actively changing this now.

I have been actively changing this regularly (for as long as six months).

Doing it



These are the *Stages of Change*. If you think about the different things you want to change about your clutter, you may discover that you are at different stages for each change you want to make.



For example: You may be thinking about changing your shopping habits (*Thinking about it* phase). But you may not be thinking about letting go of the things you already own (*Not thinking about it* phase).

To assist you and your helper understand *what* to do *when*, take a look at the following descriptions of each stage and the suggested strategies [adapted from Prochaska, Norcross & DiClemente, 1994].

## Not thinking about it



You haven't decided if or when you might make this change.  
You don't intend to change this in the next six months.

Someone at this stage is:	Things that help someone at this stage:
<ul style="list-style-type: none"> <li>• Aware they aren't ready to make a change.</li> <li>• Possibly willing to look at information about clutter / hoarding, even though they are not going to do anything about it now.</li> </ul>	<ul style="list-style-type: none"> <li>• Talking with others about their concerns; people they know will not put any pressure on them to do anything about it.</li> <li>• Looking at information or resources about clutter and hoarding for possible future reference.</li> </ul>

## Thinking about it



You are seriously considering making this change within the next six months.

Someone at this stage is:	Things that help someone at this stage:
<ul style="list-style-type: none"> <li>• Deciding whether or not it's in their best interest to make a change.</li> <li>• Deciding whether or not they are able to undertake a change.</li> <li>• Possibly committing to themselves or others to make a change.</li> </ul>	<ul style="list-style-type: none"> <li>• Learning more about why people have clutter by reading, talking or watching a program about it.</li> <li>• Taking stock of their own clutter beliefs and behaviours.</li> <li>• Thinking about what's important to them, how a change would affect them, and if they have the skills to do it.</li> </ul>

## Preparing for it



You've decided to make this change and you want to start in the next month. (You may have tried in the last year or so to make this change.) Now you're working on a plan for how you can do it.

Someone at this stage is:	Things that help someone at this stage:
<ul style="list-style-type: none"> <li>• Wondering how to tackle this change in an organized and achievable way.</li> <li>• Interested in learning tools, tips and strategies that will help them cut down on what they bring in and increase what they get rid of.</li> <li>• Considering how they or others can help them in the long run.</li> </ul>	<ul style="list-style-type: none"> <li>• Learning clutter management strategies, such as goal setting, time management and organization.</li> <li>• Learning strategies to manage clutter-causing thoughts and feelings.</li> <li>• Identifying people who may help and how; providing those individuals with information to assist them.</li> </ul>

## Doing it



You're already working on your clutter problem in ways that are most visible to others. You are likely doing the following things on a regular basis.

Someone at this stage is:	Things that help someone at this stage:
<ul style="list-style-type: none"> <li>• Not bringing items home or seriously reducing what they bring home on a planned and regular basis.</li> <li>• Getting rid of things in an organized fashion and using a routine.</li> <li>• Re-evaluating the way they think about their possessions.</li> <li>• Experimenting with what works and what doesn't. Probably having the occasional relapse, bouncing back, and engaging in their routines again.</li> </ul>	<ul style="list-style-type: none"> <li>• Applying strategies learned in the <i>Preparing for it</i> stage. Adjusting habits and routines.</li> <li>• Practicing organized decluttering sessions.</li> <li>• Learning and regularly practicing additional strategies, such as managing thoughts and emotions.</li> <li>• Regularly dealing with triggers, pitfalls and obstacles. Using strategies to stay resilient, such as "seeing the glass as half full."</li> </ul>

## Clutter Beliefs Checklist



This checklist is used to (1) Identify beliefs that may be creating clutter; (2) Measure a change in clutter-creating beliefs over time. This tool is intended to highlight thoughts that can be addressed through clutter intervention strategies such as the Clutter Thought Worksheet (see: *Addressing Clutter Thoughts*). **For use by: Helpers, Therapists**

Clutter accumulates because of how we think about, feel towards and manage our possessions. Identify the clutter pitfalls that are holding you back from a clutter-free life. Rate how much you agree with the statements below.

0 - No	1 - Slightly agree	2 - Somewhat agree	3 - Moderately agree	4 - Completely agree
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REASONS FOR KEEPING & ACQUIRING	
<b>Rating</b>	<b>Sentimental Beliefs</b>
	1. My things are an important part of me
	2. Having my things around me makes me feel comforted
	3. My things show who I want to be or who I am
	4. My things express my interests and personality
	5. My things remind me of someone I care about
	6. My things connect me to important times in my life
Total = _____	Divide by 6 = _____ (Section Subscore)
<b>Rating</b>	<b>Instrumental Beliefs</b>
	7. I dislike wasting things
	8. I can always find a use for something
	9. It's important to find a use for my things
	10. I should always have the things I need, to be prepared for unplanned situations
	11. It's important to keep things that may have some use
	12. Having things means that I am more able to handle unexpected situations
	13. If I don't keep something, I should find someone who can use it properly
	14. I feel good when I take care of my things
Total = _____	Divide by 8 = _____ (Section Subscore)
COGNITIVE SKILLS	
<b>Rating</b>	<b>Categorization</b>
	15. All my things are valuable in their own way, so it's difficult to decide what to keep or discard

	16. I have difficulty figuring out what to do with things I'm not keeping
	17. I'm worried I'll make the wrong decision about discarding something and will regret it later
	18. Putting my things together in categories is difficult
	19. The things I have are all unique and cannot be categorized easily
	20. Each item in my collection has its own place
	21. I must go through each item before discarding it in case something important is there
Total = _____	
Divide by 7 = _____ (Section Subscore)	
<b>Rating</b>	<b>Memory</b>
	22. I have a poor memory
	23. I need to keep things in plain view so I remember them
	24. If I put something away, I will forget about it
	25. It's important for me to remember all the information I have
	26. I'm afraid of what might happen if I throw away information
Total = _____	
Divide by 5 = _____ (Section Subscore)	
<b>Rating</b>	<b>Attention/Concentration</b>
	27. I can't force myself to do things I don't enjoy, even if it's for my own good
	28. If I can't reach a goal, I become easily frustrated and give up
	29. It's hard for me to focus on something
	30. I often feel scattered
	31. I have difficulty staying with things long enough to complete a task
Total = _____	
Divide by 5 = _____ (Section Subscore)	
<b>OTHER BARRIERS</b>	
<b>Rating</b>	<b>Control</b>
	I feel better when I have my things around me
	I feel more in control when I can arrange my things exactly as I like them
Total = _____	
Divide by 2 = _____ (Section Subscore)	
<b>Rating</b>	<b>Depressive</b>
	I don't have the energy to deal with my clutter
	I'll never have what it takes to sort through my things
	It's too big of a job to deal with my clutter – there's no point even starting
Total = _____	
Divide by 3 = _____ (Section Subscore)	
<b>Scoring:</b> Sections or single items rated 3-4 suggest a strong belief or belief system that may be creating the clutter problem. Targeting these beliefs and learning strategies to ease them can help to reduce the clutter. Addressing the root causes of clutter can take time and effort, but can help you better manage clutter over the long term.	

[Steketee, Frost & Kyrios, 2003; Tolin, Frost, Steketee, 2007; Steketee & Frost, 2007; Frost, Steketee & Grisham, 2004; Schmidt et al, 1995; Steketee & Frost, 2008]

# Health and Safety Checklist



Use this checklist to (1) Measure the degree to which clutter is creating unsafe or unhealthy conditions; (2) Compare how the person with clutter and an external observer or family member rates the impact of clutter. (Different perspectives can be helpful points of discussion.); (3) Measure change over time or as organization progresses; (4) Guide strategies and recommendations to improve the safety and conditions of the home. Areas that pose the greatest risk to self and others are useful starting points.

For use by: **Community Service Providers, Helpers, Therapists**

Clutter can have a significant impact on the safety and well-being of the people living in the home. Rate how much you agree with the statements below (or N/A if item is not applicable).

0 – No	1 – Somewhat	2 – Yes
<b>Fire Hazards</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupants couldn't exit the home in emergency		
Emergency personnel could not access home		
<b>Notes:</b>		
<ul style="list-style-type: none"> <li>• exits are free of clutter</li> <li>• interior windows can be accessed/opened</li> <li>• at least two emergency exits (doors or windows) are available</li> <li>• walkways provide unobstructed movement to each room and door in home</li> <li>• interior doors can be fully opened</li> </ul>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clutter, or conditions in the home, could easily start or spread a fire		
<b>Notes:</b>		
<ul style="list-style-type: none"> <li>• burn marks on pots, pans, clothes, carpets, bedding</li> <li>• electrical appliances, cords and outlets appear in poor condition or are frayed</li> <li>• fuels/flammable liquids (BBQ, generator, propane/oil lamp etc.) stored outside and in appropriate containers</li> <li>• occupants smoke; ashes disposed of appropriately (into toilet/non-combustible container)</li> </ul>		
<b>Health Concerns</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clutter in the home could injure occupants if a pile were to fall over		
Access to phone is obstructed		
<b>Notes:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing is not functioning		
<b>Notes:</b>		
<ul style="list-style-type: none"> <li>• access to drinking water</li> <li>• kitchen sink available for food preparation/cleaning</li> <li>• tub/shower accessible for personal hygiene</li> <li>• toilet is accessible and working</li> </ul>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating is not functioning		
<b>Notes:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food is stored inappropriately		
<b>Notes:</b>		
<ul style="list-style-type: none"> <li>• fridge and freezer are operational</li> <li>• presence of rotting food</li> <li>• dried goods are in sealed containers</li> <li>• perishables are stored in fridge</li> </ul>		

<input type="checkbox"/>	Garbage is unmanaged
Notes:	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>large volumes of trash in home</li> <li>garbage regularly put out for pickup</li> <li>garbage stored in bins</li> <li>garbage has odour</li> </ul>
<input type="checkbox"/>	Evidence of insect or rodent infestation
Notes:	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>visible signs of cockroaches, bed bugs, moths, ants etc.</li> <li>visible signs of rodents, bats, other</li> </ul>
<input type="checkbox"/>	Home appears notably unclean
Notes:	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>odour or presence of rot, feces, mould, mildew, urine</li> <li>accumulation of dust/dirt on floors/surfaces</li> <li>occupants experiencing respiratory problems, allergies, headaches</li> </ul>
Falls	
<input type="checkbox"/>	Clutter presents risk of falls
Notes:	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>occupants have mobility impairment</li> <li>occupants have a history of falls in home</li> <li>absence of clear walkways</li> <li>stairs are clear and have adequate handrails</li> <li>chair, bed, toilet, tub transfers are unobstructed</li> <li>environment can accommodate required adaptive equipment (walker, wheelchair, raised toilet seat, bath chair, etc.)</li> </ul>
Dependents in Home	
<input type="checkbox"/>	Children in home affected by clutter
Notes:	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Children have access to adequate plumbing facilities, heat, food, sleeping accommodations and opportunity for play or learning</li> <li>Children are provided with a clean and sanitary environment</li> </ul>
<input type="checkbox"/>	Older adult (if not the clutterer) is living in home affected by clutter
Notes:	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Senior has access to adequate plumbing facilities, heat, food, or sleeping accommodations</li> <li>Senior's health potentially at risk due to falls, unsanitary conditions, or inability to exit the home in emergency (or receive emergency services into the home)</li> </ul>
<input type="checkbox"/>	Animals are in poor condition
Notes:	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>presence of animal urine/feces</li> <li>pets have access to fresh water, food, exercise</li> <li>excess number of animals in home</li> <li>pets appear to be in poor health, matted fur, odorous etc.</li> </ul>
<p><b>Scoring:</b> Add up your total score and divide it by the number of responses you provided (do not include any N/A answers).</p> <p>Total _____ / _____ Number of answers _____ = <b>Average Health and Safety Score*</b></p> <p>* Potential risk to health and safety imposed by clutter: 0 – 1 Mild   1 – 1.5 Moderate   1.6 – 2 Significant</p> <p>Note that even if the average score is low, there may still be individual items identified as a significant concern. It is important to address these.</p>	

[Adapted from: Yearwood, S. et al, 2009; Tolin, Frost & Steketee, 2007]



# Function Checklist



Use this checklist to (1) Measure the degree to which clutter is impacting activities of daily living; (2) Compare how the person with clutter and an external observer or family member rates the impact of clutter on daily activities; (3) Measure change over time or as decluttering efforts progress. **For use by: Community Service Providers, Helpers, Therapists**

Clutter can have a significant impact on functioning and the intended use of a home’s living areas. Rate how much or little clutter interferes with the activities of daily living below (or N/A if item is not applicable).

0 – No interference	1 – Slight interference	2 – Some interference	3 – Moderate interference	4 – Complete interference
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<input type="checkbox"/>	Meal preparation
<input type="checkbox"/>	Toileting
<input type="checkbox"/>	Bathing
<input type="checkbox"/>	Sleeping
<input type="checkbox"/>	Dressing (include access to clothes)
<input type="checkbox"/>	Eating
<input type="checkbox"/>	Sitting down
<input type="checkbox"/>	Using computer
<input type="checkbox"/>	Using phone
<input type="checkbox"/>	Watching TV
<input type="checkbox"/>	Paying bills/ managing finances
<input type="checkbox"/>	Socializing in home
<input type="checkbox"/>	Climbing stairs
<input type="checkbox"/>	Walking around home

**Scoring:** Add up your total score and divide it by the number of responses you provided (do not include any N/A answers).

Total \_\_\_\_\_ / \_\_\_\_\_ Number of answers \_\_\_\_\_ = **Average Functional Score\***

\* Extent daily activities are being affected: 0 – 2.5 Mild | 2.6 – 3 Moderate | 3 – 4 Significant

Note that even if the average score is low, there may still be individual items identified as a significant concern. It is important to address these.

[Adapted from: Cavanagh, J. et al, 2009; Tolin, Frost & Steketee, 2007]

## Saving Inventory – Revised



With the assistance of a therapist, this assessment can help:

- (1) Evaluate the intensity of clutter habits and their effects;
- (2) Monitor change over time.

**For use by: Therapists**

The *Saving Inventory-Revised* by Frost, Steketee and Grisham (2004) is a 23-item scale with three subscales. It is designed to measure compulsive hoarding. It can be completed by an individual with or without their therapist, to be discussed with their therapist. Research shows it is a valid and reliable measure. This measure can be completed *before and after* treatment to determine if changes have occurred [Tolin, Frost, & Steketee, 2007; Tortella-Feliu et al., 2006]. Scoring and interpretation instructions are below.

**Scoring:** (1) Add up your total score for each subscale.

### Clutter Subscale

Question	3	6	7	12	13	14	18	20	21	Total
Your score										

### Difficulty Discarding / Saving Subscale

Question	1	2	4	11	16	17	23	Total
Your score								

### Acquisition Subscale

Question	5	8	9	10	15	19	22	Total
Your score								

(2) Add each subscale for your total Saving Inventory Score: \_\_\_\_\_

People who have compulsive hoarding problems typically have total scores greater than 50, and an average score of 62. The average score of people without clutter problems is about 24 and usually ranges from 15-35. Average scores are also available for the three subscales:

	Total Score	Clutter	Discarding	Acquiring
Compulsive hoarders	62 (+/- 12) *	27 (+/- 7)	15 (+/- 5)	20 (+/- 5)
Non-hoarders	24 (+/- 13)	8 (+/- 7)	6 (+/- 4)	9 (+/- 5)

\* Standard Deviation in parentheses

## Saving Inventory – Revised

[Frost, Steketee & Grisham,2004)]

Please circle the response that is most appropriate.

1. To what extent do you have difficulty throwing things away?

0 – Not at all	1 – Mild	2 – Moderate	3 – Considerable / Severe	4 – Extreme

2. How distressing do you find the task of throwing things away?

0 – Not at all	1 – Mild	2 – Moderate	3 – Considerable / Severe	4 – Extreme

3. To what extent do you have so many things that your rooms are cluttered?

0 – Not at all	1 – Mild	2 – Moderate	3 – Considerable / Severe	4 – Extreme

4. How often do you avoid discarding possessions because it is too stressful or time-consuming?

0 – Never	1 – Rarely	2 – Sometimes / Occasionally	3 – Frequently / Often	4 – Very often

5. How distressed or uncomfortable would you feel if you could not acquire something you wanted?

0 – Not at all	1 – Mild	2 – Moderate	3 – Considerable / Severe	4 – Extreme

6. How much of the living area in your home is cluttered with possessions? (Consider the amount of clutter in your kitchen, living room, dining room, hallways, bedrooms, bathrooms or other rooms.)

0 – None	1 – A little	2 – A moderate amount	3 – Most / Much	4 – Almost all / Complete

7. How much does the clutter in your home interfere with your social, work or everyday functioning? Think about things that you don't do because of clutter.

0 – Not at all	1 – Mild	2 – Moderate	3 – Considerable / Severe	4 – Extreme

8. How often do you feel compelled to acquire something you see (e.g., when shopping or offered free things)?

0 – Never	1 – Rarely	2 – Sometimes / Occasionally	3 – Frequently / Often	4 – Very often

9. How strong is your urge to buy or acquire free things for which you have no immediate use?

0 – Not at all	1 – Mild	2 – Moderate	3 – Considerable / Severe	4 – Extreme

10. How much control do you have over your urges to acquire possessions?

0 – Almost all / Complete	1 – Most / Much	2 – A moderate amount	3 – A Little	4 – None

11. How often do you decide to keep things you do not need and have little space for?

0 – Never	1 – Rarely	2 – Sometimes / Occasionally	3 – Frequently / Often	4 – Very often

12. To what extent does clutter prevent you from using parts of your home?

0 - None	1 - A little	2 - A moderate amount	3 - Most / Much	4 - Almost all / Complete
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13. To what extent does the clutter in your home cause you distress?

0 - Not at all	1 - Mild	2 - Moderate	3 - Considerable / Severe	4 - Extreme
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14. How frequently does the clutter in your home prevent you from inviting people to visit?

0 - Never	1 - Rarely	2 - Sometimes / Occasionally	3 - Frequently / Often	4 - Very often
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15. How often do you actually buy (or acquire for free) things for which you have no immediate use or need?

0 - Never	1 - Rarely	2 - Sometimes / Occasionally	3 - Frequently / Often	4 - Very often
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16. How strong is your urge to save something you know you may never use?

0 - Not at all	1 - Mild	2 - Moderate	3 - Considerable / Severe	4 - Extreme
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17. How much control do you have over your urges to save possessions?

0 - None	1 - A little	2 - A moderate amount	3 - Most / Much	4 - Almost all / Complete
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18. How much of your home is difficult to walk through because of clutter?

0 - None	1 - A little	2 - A moderate amount	3 - Most / Much	4 - Almost all / Complete
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19. How upset or distressed do you feel about your acquiring habits?

0 - Not at all	1 - Mild	2 - Moderate	3 - Considerable / Severe	4 - Extreme
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20. To what extent does the clutter in your home prevent you from using parts of your home for their intended purpose? (For example, cooking, using furniture, washing dishes, cleaning, etc.)

0 - Never	1 - Rarely	2 - Sometimes / Occasionally	3 - Frequently / Often	4 - Very often
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21. To what extent do you feel unable to control the clutter in your home?

0 - Not at all	1 - Mild	2 - Moderate	3 - Considerable / Severe	4 - Extreme
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22. To what extent has your saving or compulsive buying resulted in financial difficulties for you?

0 - Not at all	1 - Mild	2 - Moderate	3 - Considerable / Severe	4 - Extreme
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23. How often are you unable to discard a possession you would like to get rid of?

0 - Never	1 - Rarely	2 - Sometimes / Occasionally	3 - Frequently / Often	4 - Very often
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# Thinking about Change



Use this handout to help decide if this is the right time (or not) to address your clutter. Consider the options and weigh the pros and cons.

For use by: **Helpers, Therapists**

**Pros and Cons** - List the pros and cons of not changing anything about your home or clutter habits:

Pros	Cons
<i>Example: "I do not have to face the thought of discarding anything..."</i>	<i>Example: "I'm not comfortable inviting people over..."</i>

**Benefits and Costs** – List the benefits and costs of making a change to address the clutter:

Benefits	Costs
<i>Example: "I can try something new..."</i>	<i>Example: "This will take a lot of time..."</i>

**Strengths** – List the strengths in yourself and the situation that would help you make a change:

Strengths in Myself	Strengths in the Situation
<i>Example: "I have a sense of humour..."</i>	<i>Example: "There are large recycling bins downstairs..."</i>

# How to Set and Achieve Goals



Use this handout to identify your clutter-related goals and to create realistic plans to achieve them.

**For use by: Helpers, Therapists**

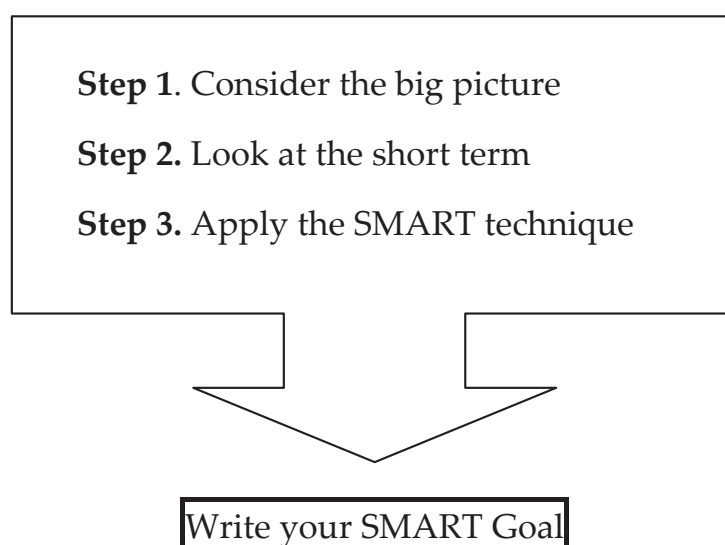
## Setting Your Goal

Goals are personal plans that guide you into a richer, more fulfilling and enjoyable life. Every one will have different goals related to their clutter.

Here are some examples:

- Understand the reasons why I have so much clutter
- Create a home that is comfortable and safe for myself and my neighbours
- Create safe access to my home for others (personal support workers, elderly parents, etc.)
- Meet property or tenancy standards to prevent eviction
- Eliminate rodents, bed bugs or other pests
- Reduce clutter
- Become more organized

You may already know what you want for yourself and your home when it comes to addressing the clutter. If you aren't sure, or if you're looking for a bit more clarity, take a few moments to explore your vision and how you can make it happen. Follow these three steps to consider and plan your goals.



**1. Consider the big picture:**

What do you want your home to be? What do you need to feel good?  
What inspires you? How would you use this space without the clutter?  
Who do you want to be?

**2. Look at the short term:**

What changes do you want to make in the next three months?  
What changes will move you closer to your “big picture” vision?  
What does this look like? What actions could you take?

**3. Apply the SMART technique:**

Goals are easier to reach when clearly defined.

Use the SMART criteria below to help you do this [Schut & Stam, 1994].

- S** Specific.
- M** Measurable. (Involving an observable action, behaviour or result.)
- A** Achievable. Pick something that is within your control to change.
- R** Realistic. Change takes time. Choose goals that are within your reach.
- T** Timely. Choose a goal that makes sense right now. Create a timeframe or a deadline for completing it.

Your SMART goal: \_\_\_\_\_

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**Implementing Your SMART Goal: The Action Plan**

[Adapted from Nezu, Nezu & D’Zurilla, 2007]

Your SMART goal:			
Break your goal down into even smaller steps. (Include the people, places and things you might need to take these steps.) Add a time frame. Consider potential obstacles and solutions. You might need to change your plan over time, but having one gives you a roadmap with a clear direction to take.			
Steps	Time frame	Potential obstacles	Potential solutions
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			





Use this handout to plan the dates and times you want to dedicate to working on your goal. It can be easy to lose track of time, so be specific about what activity you will do and stick to it. Consider scheduling rest breaks and activities which also reward and nourish you. For use by: **Helpers, Therapists**



# Weekly Activity Schedule

	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:	Sunday Date:
8 - 9							
9 - 10							
10 - 11							
11 - 12							
12 - 1							
1 - 2							
2 - 3							
3 - 4							
4 - 5							
5 - 6							
6 - 7							
7 - 8							

## How to Organize: Setup-Sort-Store (Quick Reference)

### 1. Setup

- A. Pick a place to start
- B. Gather the things you will need

### 2. Sort

- A. Decide whether the item is *Keep* or *Out*
- B. Place your possessions into these two groups
  - Use the **Only Handle It Once (OHIO)** rule
- C. Create categories for the *Keep* and *Out* piles (for storage and removal)

### 3. Store

- A. Take out garbage and recycling immediately
- B. Put away your *Keep* possessions immediately
- C. Arrange for pickup or delivery of your give away items as soon as possible

## Weighing the Pros and Cons



Use this handout when you are having a particularly difficult time deciding whether you should keep or let go of an item. You can also experiment using it with items you have already decided to keep, to verify that you made the best decision. **For use by: Helpers, Therapists**

Think about the advantages (benefits) and disadvantages (costs) of keeping or letting go of this particular item.

Costs to keeping item	Benefits of keeping item

Costs of letting go of item	Benefits of letting go of item

**What did you learn from this?**

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**CLUTTER THOUGHT WORKSHEET** [Adapted from Greenberger & Padesky, 1995]

Step 1	<b>Situation</b>	
Step 2	<b>Feelings</b> (0-10)	
	<b>Physical Sensations</b>	
Step 3	<b>Automatic Thoughts</b> (Circle or underline hot thought) (Rate belief in hot thought: 0 – 10)	
	<b>Behaviours</b>	
Step 4	<b>Evaluate the Evidence</b>	
Step 5	Evidence that supports the hot thought	Evidence that does not support the hot thought
Step 6	<b>Balanced Thought</b> (Belief: 0 – 10)	
Step 7	<b>New Feelings</b> (0 – 10)	
	<b>Identify Action</b>	
Step 8	<b>Thinking Patterns</b>	

### Discarding / Non-Acquiring Hierarchy

List 10 items and/or ways to discard items that cause distress. Or, list 10 items that are difficult for you to avoid acquiring.

For each item on the list, rate how distressed you think you'll be:



Distressing Item / Sorting Procedure	Distress 0-10 Date: _____	Distress 0-10 Date: _____
Most distressing:		
2 <sup>nd</sup> most distressing:		
3 <sup>rd</sup> most distressing:		
4 <sup>th</sup> most distressing:		
5 <sup>th</sup> most distressing:		
6 <sup>th</sup> most distressing:		
7 <sup>th</sup> most distressing:		
8 <sup>th</sup> most distressing:		
9 <sup>th</sup> most distressing:		
10 <sup>th</sup> most distressing:		

**EXPERIMENT RECORD**

Date: \_\_\_\_\_

Item to Let Go or Not Acquire:	
1 - BEFORE Letting Item Go / Not Acquiring Item	2 - AFTER Letting Item Go / Not Acquiring Item
<p>What emotions do I feel? Rate intensity from 1 – 10 (10 = most intense)</p>	<p>What thoughts, predictions, or assumptions do I have about this? What do I think will happen?</p>
<p>What actually happened? How accurate were my thoughts? What did I learn from this?</p>	<p><b>3 - ONGOING</b> – Rate the intensity of your emotions again: At day 1: _____ / 10 After a week: _____ / 10 After 2 weeks: _____ / 10 After 3 weeks: _____ / 10</p>
<p><b>Based on this experience, what have I learned?</b></p>	

[Adapted from Bieling & Antony, 2003]



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