

Hoarding Response: Public Health and Local Partnerships

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Deputy Director | Health and Environment

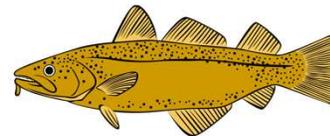
Barnstable County, Regional Government of Cape Cod

Chair: Cape Cod Hoarding Task Force (CCHTF)

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508-375-6620

MHOA-October 27, 2022



BARNSTABLE
COUNTY
HEALTH AND ENVIRONMENT

Today's Overview:

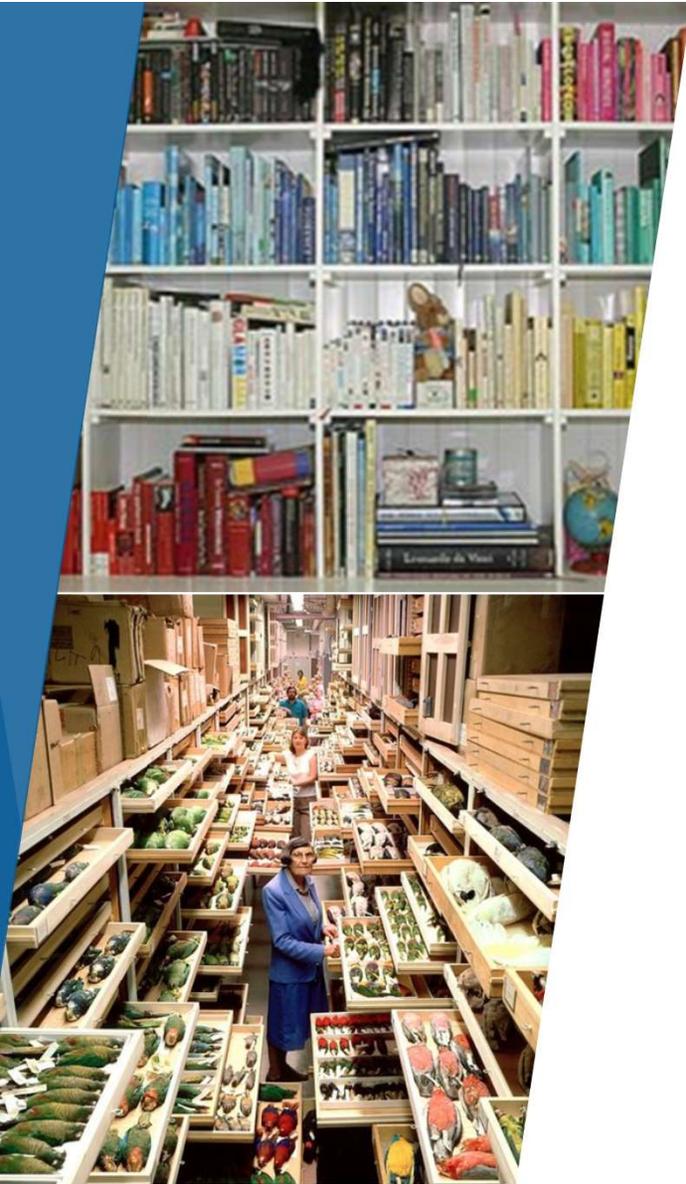


- Hoarding Disorder (HD)
- Definition
- Attributes & Challenges
- Explore tools for assessing hoarding
- Promising programs
- How do we respond? Including case example

Definition: • Hoarding is a Mental Health Disorder as defined in the DSM V (Diagnostic and Statistical Manual of Mental Disorders) 2013 American Psychiatric Association



- Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- This difficulty is due to a perceived need to save the items and distress associated with discarding them. (items seen as a friend, a part of identity or memory, wastefulness, process/ decision making too cumbersome)
- The symptoms result in the accumulation of possessions that congest and clutter active living areas and substantially compromise their intended use. (shower, bed, fridge may be inaccessible)
- Specifiers
 - Is there excessive acquiring
 - Level of insight



Is it Hoarding?

- Is there a failure to discard a large volume of items?
- Does the clutter make it hard to use rooms for their intended use?
- Is there stress or impaired functioning caused by the clutter?



Hoarding vs Squalor

- Hoarding and squalor are not the same
- Hoarding is related to the volume of clutter in the home, not the cleanliness. The individual actively saves items.
- Squalor does not involve the “intent” to save. Items build up due to neglect or inability to remove items. Conditions deteriorate: Rotting food, trash, pest infestation, animal or human waste.
- Squalor is often accompanied by hoarding, however the reverse is seldom the case.

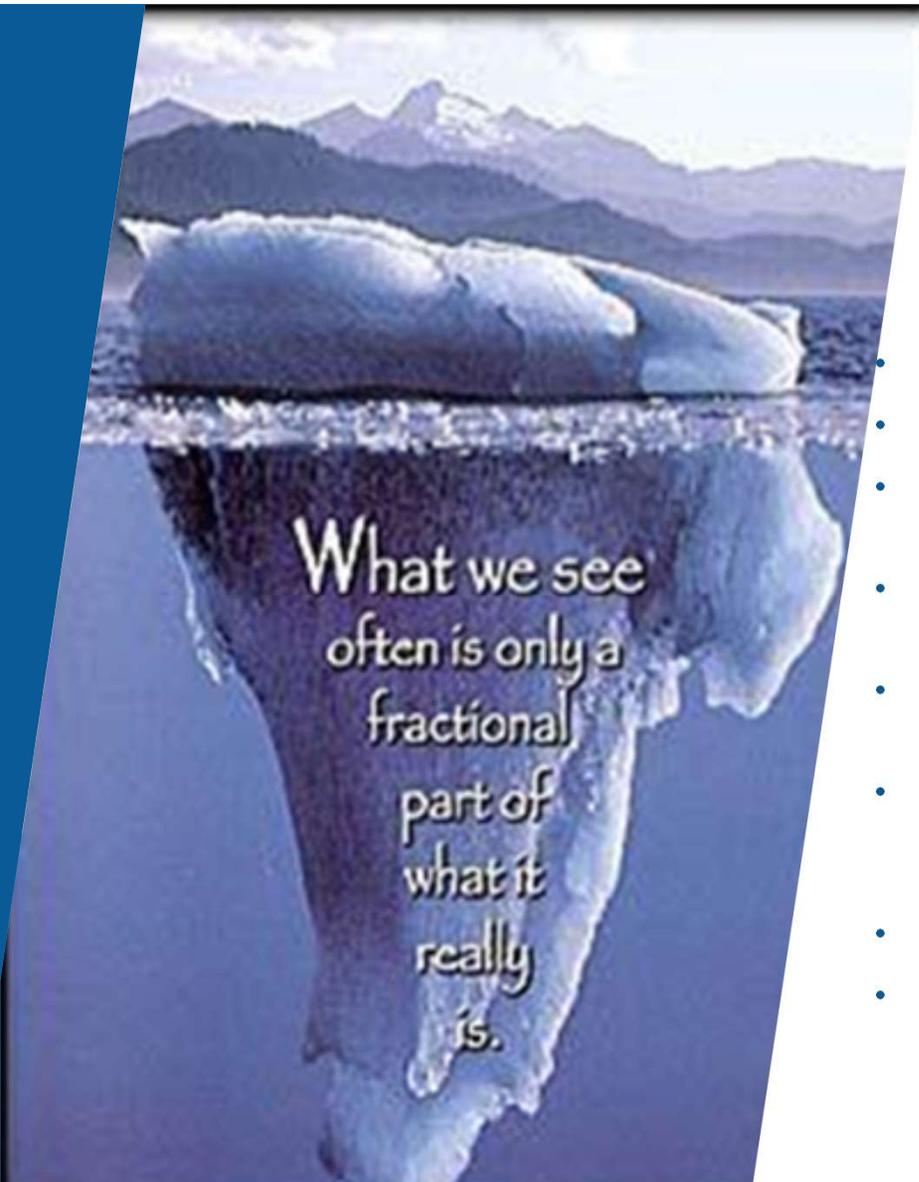




Animal Hoarding

- The pathological accumulation of animals was first described in 1981 and animal hoarding was formally defined in the public health literature in 1999 using the following criteria:
- Having more than the typical number of companion animals.
- Failing to provide even minimal standards of nutrition, sanitation, shelter, and veterinary care, with this neglect often resulting in illness and death from starvation, spread of infectious disease, and untreated injury or medical condition.
- Denial of the inability to provide this minimum care and the impact of that failure on the animals, the household, and human occupants of the dwelling.
- Persistence, despite this failure, in accumulating and controlling animals.

From: Hoarding of Animals Research Consortium
<https://vet.tufts.edu/hoarding/faqs-hoarding/>



What we see
often is only a
fractional
part of
what it
really
is.

Background information

- Affects 2-5% of the population.
- Onset- ~13 years old, seek help ~50
- Cleanouts near 100% recidivism rate without any type of behavioral health treatment
- Study shows individuals more likely to seek help for other mental health problems than HD.
- Individuals more likely to suffer from chronic medical conditions and obesity.
- 92% of individuals who hoard have 1 or more other mental health issue (e.g., depression, generalized anxiety, OCD, social phobia)
- Very often well educated
- Family history of hoarding is common

Why are we Concerned

- Health and safety of the individual
 - Trip/ fall hazards
 - Fire
 - Access to basic living needs-bathing, food, heat
 - Indoor air quality
 - Structural hazards
 - Pest infestation
- Health and safety of family members
 - Children
 - Elders in the care of the hoarder
- Public health
 - Disease
 - Fire hazards to neighbors, especially in multi-unit housing

Greenfield, MA 2013- 2014- Apartment

Fire fueled by abundance of paper and other clutter caused damage to 16 apartments, required 19 residents (from 11 apartments) to be temporarily housed in hotels, only 1 resident had renter's insurance.

Summary of Expenses: Vendor Services – police detail during fire, electrical repairs, sprinkler and fire alarm repair, fire damage repair/restoration, supplies, hotel for residents, elevator repair, mold remediation, lighting replacement,

Total: \$384,511.37

Framingham, MA 2014-Apartment

Hoarding of paper bags, books, magazines other items, unsanitary conditions, resident also had hygiene issues

Summary of Expenses: Legal Fees, court fees, movers

Total: \$4,500.00

Mashpee, MA 2015-Condo Unit

Hoarding of miscellaneous items, unsanitary conditions

Summary of Expenses: Cleanout company hired to abate nuisance conditions. (Not all expenses accounted for)

Total: \$40,423.34

Sample Cases with Associated Costs

Challenges of working with individuals



Challenges to working with individuals

Insight

- Non-insightful
- Insightful but not motivated
- Insightful & motivated but non-compliant

Motivation

- Enhancers
 - support
 - home visitors
 - connection to what's important/ values
 - addressing co-occurring illness

Personality Features & Executive functioning

Personality features

- Excessively high standards & perfectionism
- Seeing the narrow categories at the cost of the big picture
- Indecisiveness and procrastination
- Difficulty trusting others
- Difficulty regulating emotions
- Difficulty taking another perspective

Executive functioning

- Attention
- Perception
- Decision making
- Categorization/ association
- Prospective memory

Situational Assessment

The background features a complex geometric design. On the right side, there is a solid, bright blue rectangular area. To its left, several overlapping, semi-transparent triangles in various shades of blue (from light to dark) and white are arranged. Thin, dark lines intersect these shapes, creating a sense of depth and structure. The overall composition is clean and modern.

Readiness to Change Questionnaire

(fill in the blank with the behavior)

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. My apt. is ok as it is	<input type="checkbox"/>				
2. I am trying to collect less than I used to	<input type="checkbox"/>				
3. I enjoy saving things but sometimes I collect too much	<input type="checkbox"/>				
4. I should cut down on my collecting items	<input type="checkbox"/>				
5. It's a waste of time thinking about my collecting items	<input type="checkbox"/>				
6. I have just recently changed my collecting habits	<input type="checkbox"/>				
7. Anyone can talk about wanting to Do something about collecting, but I am <u>actually doing</u> something about It	<input type="checkbox"/>				
8. I am at the stage where I should	<input type="checkbox"/>				

Insight

HOMES[®] Multi-disciplinary Hoarding Risk Assessment

Health

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Cannot use bathtub/shower | <input type="checkbox"/> Cannot prepare food | <input type="checkbox"/> Presence of spoiled food | <input type="checkbox"/> Presence of insects/rodents |
| <input type="checkbox"/> Cannot access toilet | <input type="checkbox"/> Cannot sleep in bed | <input type="checkbox"/> Presence of feces/Urine (human or animal) | <input type="checkbox"/> Presence of mold or chronic dampness |
| <input type="checkbox"/> Garbage/Trash Overflow | <input type="checkbox"/> Cannot use stove/fridge/sink | <input type="checkbox"/> Cannot locate medications or equipment | |

Notes: _____

Obstacles

- | | |
|---|---|
| <input type="checkbox"/> Cannot move freely/safely in home | <input type="checkbox"/> Unstable piles/avalanche risk |
| <input type="checkbox"/> Inability for EMT to enter/gain access | <input type="checkbox"/> Egresses, exits or vents blocked or unusable |

Notes: _____

Mental health (Note that this is not a clinical diagnosis; use only to identify risk factors)

- | | | |
|--|--|--|
| <input type="checkbox"/> Does not seem to understand seriousness of problem | <input type="checkbox"/> Defensive or angry | <input type="checkbox"/> Unaware, not alert, or confused |
| <input type="checkbox"/> Does not seem to accept likely consequence of problem | <input type="checkbox"/> Anxious or apprehensive | |

Notes: _____

Endangerment (evaluate threat based on other sections with attention to specific populations listed below)

- | | | |
|--|---|--|
| <input type="checkbox"/> Threat to health or safety of child/minor | <input type="checkbox"/> Threat to health or safety of person with disability | <input type="checkbox"/> Threat to neighbor with common wall |
| <input type="checkbox"/> Threat to health or safety of older adult | <input type="checkbox"/> Threat to health or safety of animal | |

Notes: _____

Structure & Safety

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Unstable floorboards/stairs/porch | <input type="checkbox"/> Leaking roof | <input type="checkbox"/> Electrical wires/cords exposed | <input type="checkbox"/> No running water/plumbing problems |
| <input type="checkbox"/> Flammable items beside heat source | <input type="checkbox"/> Caving walls | <input type="checkbox"/> No heat/electricity | <input type="checkbox"/> Blocked/unsafe electric heater or vents |
| <input type="checkbox"/> Storage of hazardous materials/weapons | | | |

Notes: _____

HOMES[®] Multi-disciplinary Hoarding Risk Assessment (page 2)

Household Composition

of Adults _____ # of Children _____ # and kinds of Pets _____
Ages of adults: _____ Ages of children: _____ Person who smokes in home Yes No
Person(s) with physical disability _____ Language(s) spoken in home _____

Assessment Notes: _____

Risk Measurements

Imminent Harm to self, family, animals, public: _____
 Threat of Eviction: _____ Threat of Condemnation: _____

Capacity Measurements

Instructions: Place a check mark by the items that represent the strengths and capacity to address the hoarding problem

- Awareness of clutter
- Willingness to acknowledge clutter and risks to health, safety and ability to remain in home/impact on daily life
- Physical ability to clear clutter
- Psychological ability to tolerate intervention
- Willingness to accept intervention assistance

Capacity Notes: _____

Post-Assessment Plan/Referral

Date: _____ Client Name: _____ Assessor: _____

Uniform Inspection Checklist -Quick Reference

Date Completed:		Person Completing This Form:	
Address:			Town:

RESIDENT The purpose of inspection is to ensure housing is decent, safe, sanitary, & in good repair. Inspector must be able to view, reach, and test all items on inspection checklist.

INSTRUCTIONS Use **P** to indicate **Pass** if item **MEETS STANDARD** of target or **F** to indicate **Fail** if the item **DOES NOT MEET STANDARD** of target. Write any specific information in space to right of target.

STEP 1	P=Pass F=Fail	The following items must be UNOBSTRUCTED ~ completely clear of any items ~	SPECIFIC AREA NEEDING TO BE ADDRESSED (EX: BACK DOOR, BEDROOM WINDOW, PATH FROM BEDROOM TO KITCHEN, ETC.)
HARM REDUCTION TARGETS		Egresses - <i>means of exit</i> - must be unobstructed	
		Minimum of 36" wide unobstructed and continuous pathways throughout residence	
		Smoke detectors, CO detectors, & sprinkler heads (<i>all that apply</i>)- must be unobstructed	
		All doors must be unobstructed : including entry & exit, closet, cabinet, pantry, etc. (inspector must be able to open & close doors fully & freely, & be able to latch if applicable)	
		Minimum of 1 unobstructed window in living room, each bedroom, and any other room in home with windows for emergency exit	
		Toilets, stoves, ovens, refrigerator, washing machine/dryer, open flame heat sources, fireplaces, water unit, a/c, heat thermostats, trash containers must be unobstructed	
		Emergency pull cords - (<i>if applicable</i>) end of cord must be no more than 18" from the floor must be unobstructed	

STEP 2	STATUS	The following items must be ACCESSIBLE ~ easily able to be reached by inspector ~	
PRIMARY INSPECTION TARGETS		Windows - must be accessible (<i>any window not included above</i>)	
		Electrical outlets - must be accessible	
		Plumbing fixtures & pipes - must be accessible, including under sinks	
		Toilets, sinks, bathtubs, & showers must be accessible	
STEP 3	STATUS	The following items provide a guide for addressing GENERAL HEALTH AND SAFETY.	
GENERAL HEALTH AND SAFETY TARGETS		Sinks must function and show routine use & care	
		Kitchen must have clear & sanitary space sufficient for food preparation <i>counter, portable kitchen island, or table will satisfy requirement</i>	
		Refrigerator/freezer must be sanitary, no expired/decaying food, not overfilled - <i>door & drawers easily close, light & temp controls accessible</i>	
		No expired or decaying food in residence	
		All gas pilot lights must be lit (<i>if applicable</i>)	
		Stove, range w/ oven - interior, exterior, & top must be sanitary & free of debris, NO flammable items inside, on, or within 6"/15cm of stove top	
		No evidence of infestation	
		Garbage & debris must be removed from residence on a routine basis	
		No trip hazards, fall hazards, or avalanche risk	
		No extension cords under carpets, across floors, or across rooms	
		No long-term storage of newspapers, magazines, papers, or flammable/ingnitable liquids to cause or accelerate fires	
		No exposed or frayed electrical wiring	
		No inoperable or unregistered vehicles in yard (<i>if applicable</i>)	
		No excessive pet odor, pet hair, pet waste	

Uniform Inspection Checklist

<http://thecluttermovement.com/uniform-inspection-checklist-2>

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

http://www.hoardingconnectioncc.org/Hoarding_cir.pdf

iPhone app
available



Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9



Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



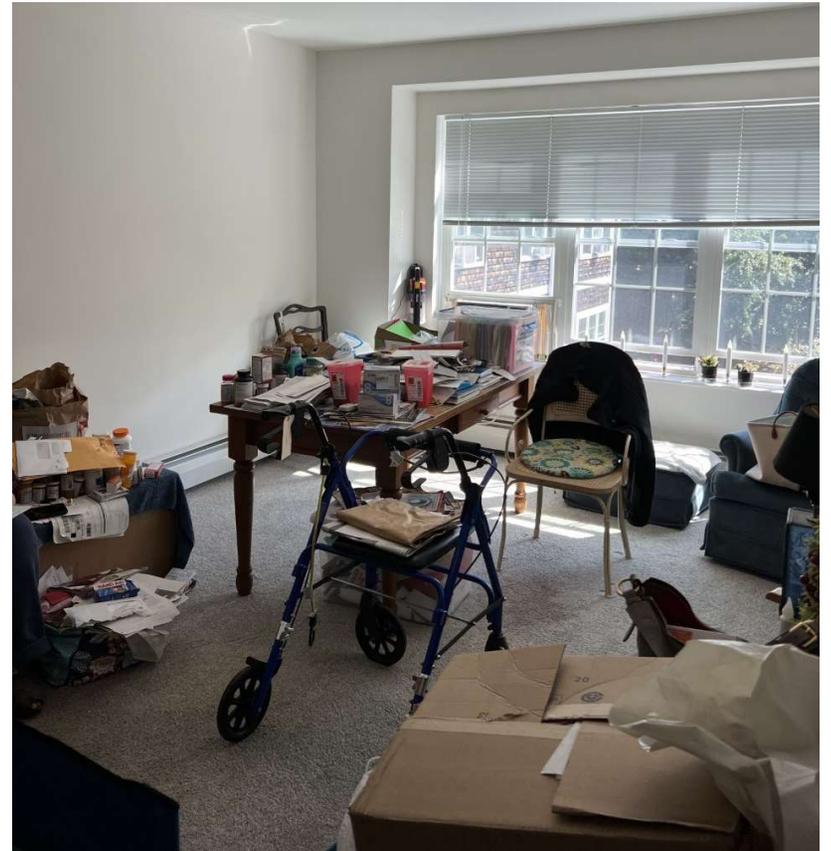
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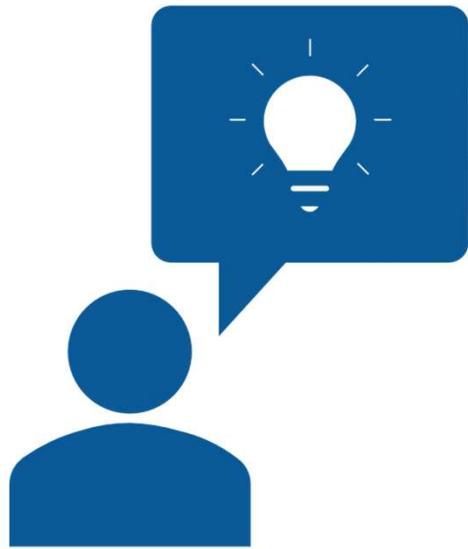


8



9





Promising programs and best practices

Treatment: There is no “One size fits all”

Medication

- medication alone does not alleviate hoarding behavior although research is ongoing.

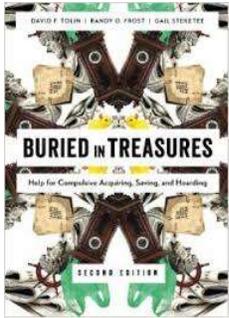
Intervention - cleanout NOT recommended

Cognitive Behavior Therapy (CBT)

- The core principles of CBT are identifying negative or false beliefs and testing or restructuring them. Skills training:
 - Organizing
 - Decision making
 - Problem solving
- Self Help groups
- Buried in Treasures

Harm Reduction

Support Groups



WRAP for Reducing Clutter



Clutterers Anonymous™

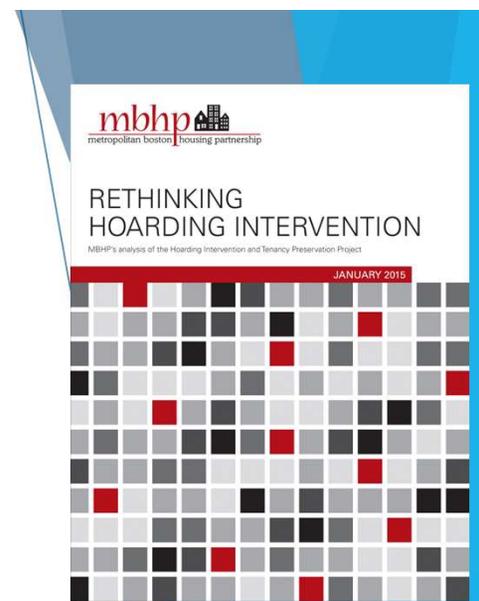
- ▶ Buried in Treasures- Self-help support group
- ▶ WRAP- Wellness, Recovery, Community Inclusion and Peer Support
- ▶ Clutterers Anonymous
- ▶ CHOICE- Choosing Help Of Inspiration Cluttered with Empowerment and Support

Metro-Housing Boston

Hoarding Intervention and Tenancy Preservation Project

- An individualized case management plan based on the client's stated needs, intake/assessment information, and the risk of subsidy loss, eviction, or condemnation.
- A combination of harm reduction and techniques borrowed from cognitive-behavioral therapy.
- Weekly or bi-weekly home visits that include sorting/discarding, non-acquiring exercises, and other skills critical to managing the clutter. (mental health counseling not always required)
- Referrals to appropriate community partners for additional resources.
- Monitoring for one to two years after passing inspection (when participants allow)
- Program reduced hoarding related evictions by 98%

<https://www.metrohousingboston.org/what-we-do/hoarding-intervention/>



Initiating a Response: Putting it all together



How do we respond?

- Design appropriate response based on assessment and factors relevant to individual case
- Find motivation for change: Carrot-stick approach
- What legal entities are involved
 - Code/lease violations (health, fire, Plumbing, Housing Authority etc.)
 - What NEEDS to be done to come into compliance
 - Communication key to a good outcome
 - Team approach to response
 - Service providers
 - Health Department
 - COA
 - Elder Services
 - Family/Friends
 - Church Group

*Who else could you
bring in to assist?*

Do's:

- Imagine yourself in the hoarding client's shoes.
 - Imagine someone coming into your home and telling you what to do.
- Match the person's language.
- Use encouraging language.
- Highlight strengths.
- Focus the intervention initially on safety and organization of possessions and later work on discarding.

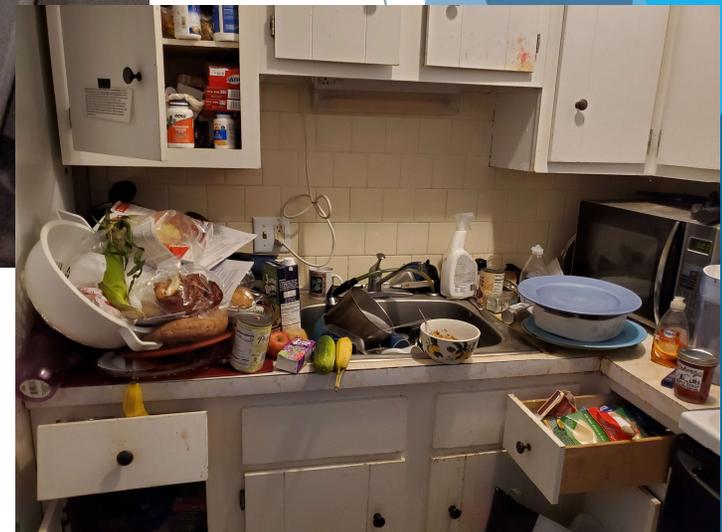
Don'ts:

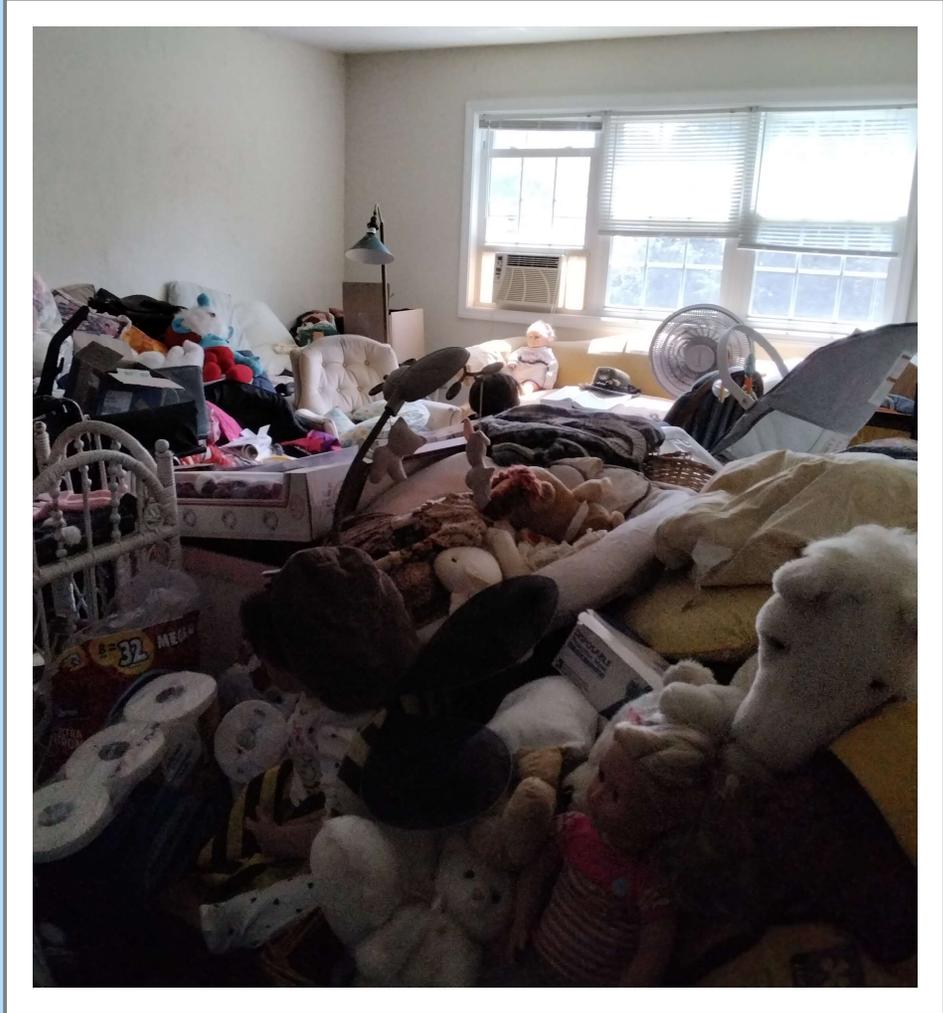
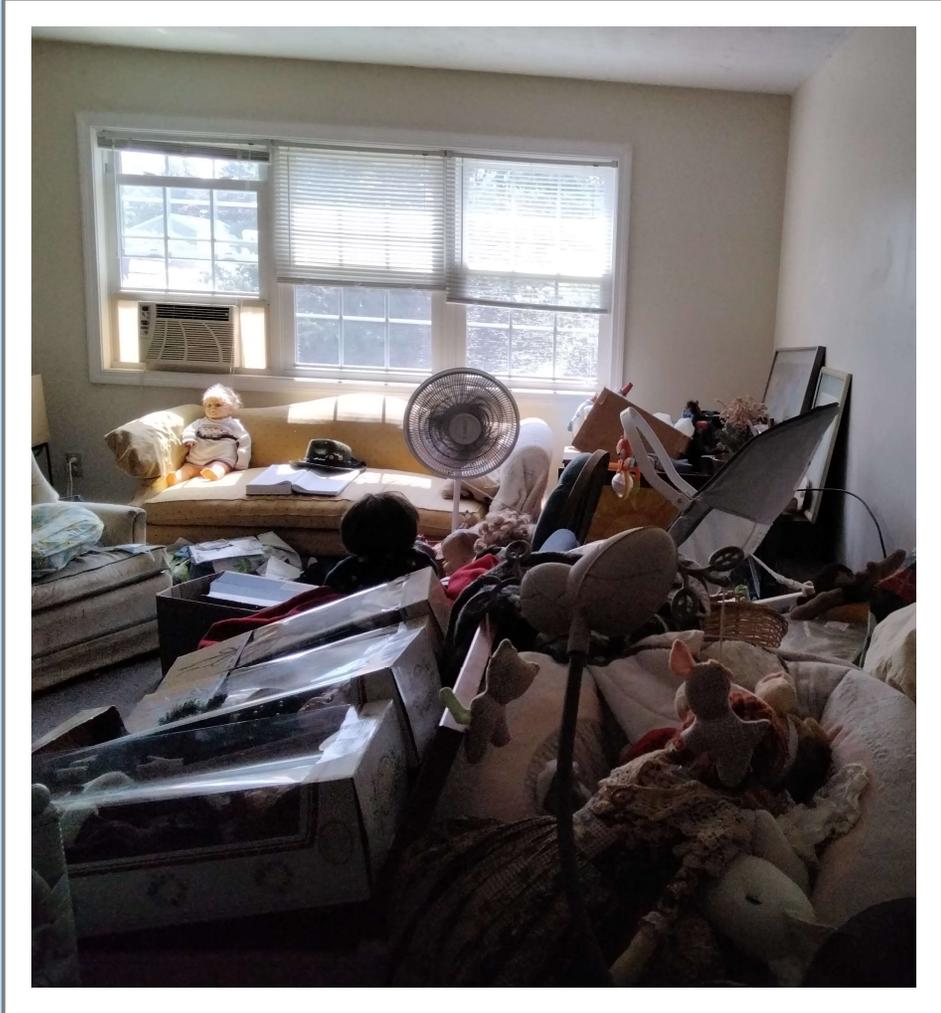
- Use judgmental language
- Use words that devalue or negatively judge possessions
- Let your non-verbal expression say what you're thinking
- Make suggestions about the person's belongings.
- Try to persuade or argue with the person.
- Touch the person's belongings without explicit permission

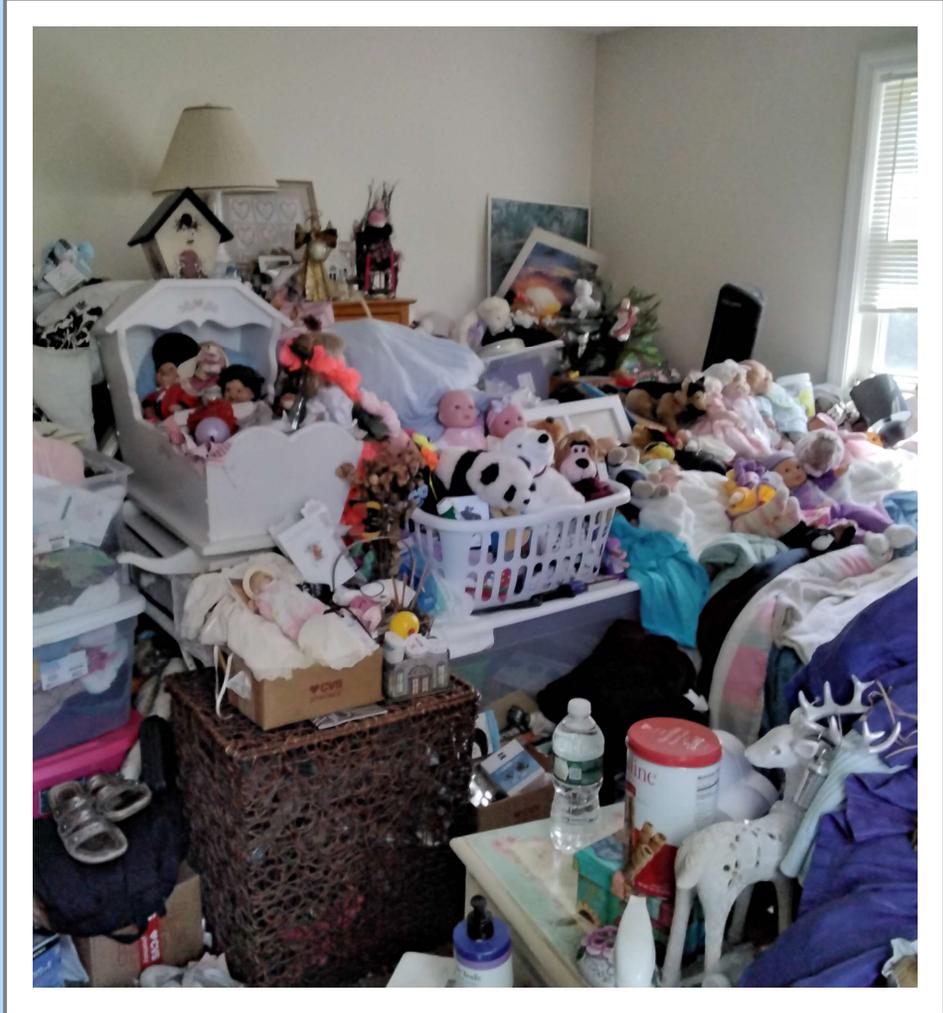
Case Example



- Elderly man with younger wife- both with functional and cognitive challenges
- Eviction process has been started
- Initially had Elder Services and a Pastor
- Mouse infestation-fruit flies from food in kitchen/living area



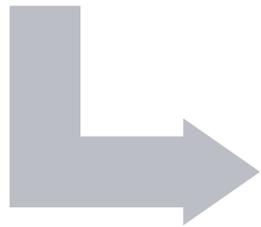




Tiered approach

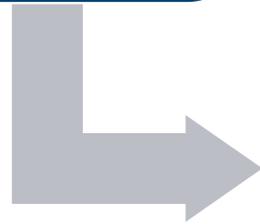
Imminent Risk

- Clear egress path 24"
- Remove items from top of stove
- Remove items from near heating system



Must be corrected to pass inspection

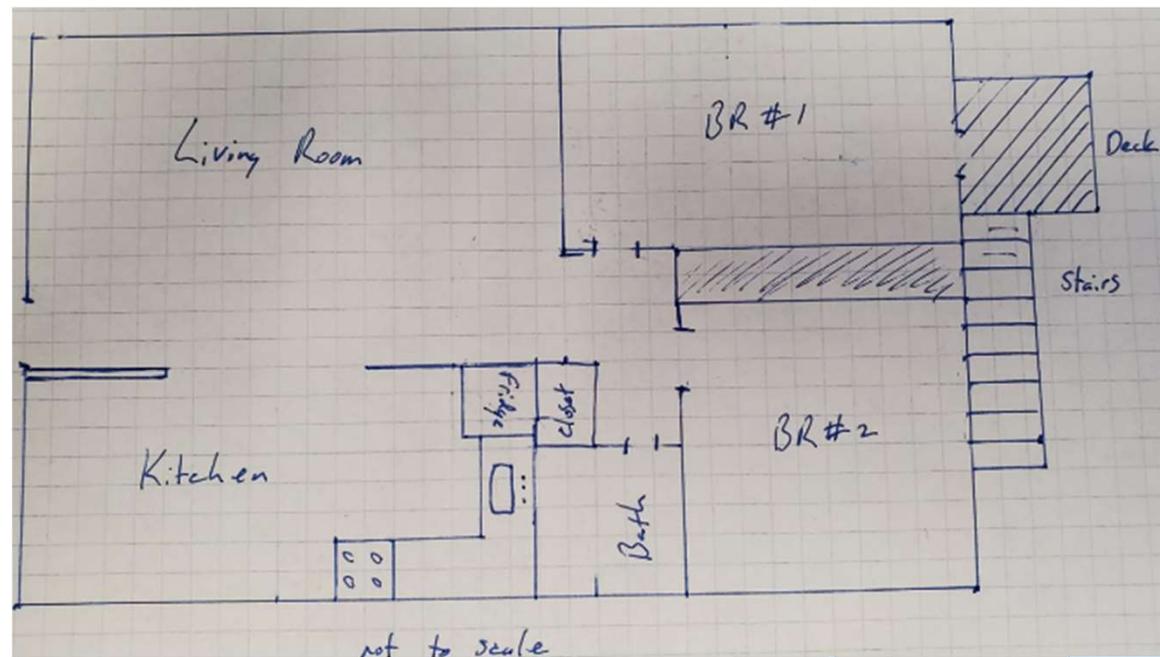
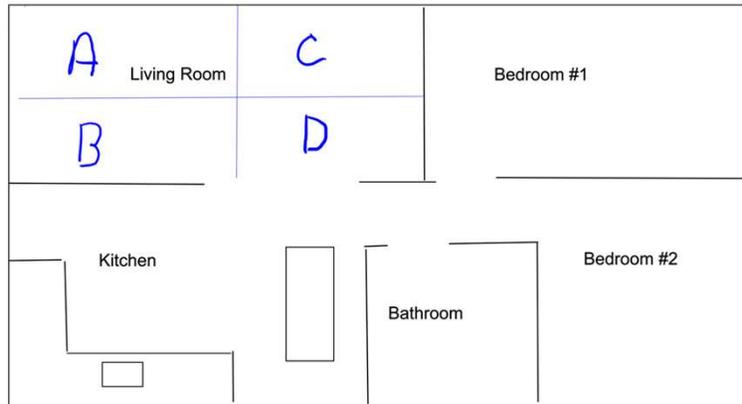
- Reduce clutter by 25%
- Egress paths 36"
- Stacks no higher than 4'



Not required but may improve quality of life

- Clear bed for sleeping
- Put sheets/ towels in linen closet

Room Mapping



Address: _____ Town: _____ Date: _____
 (optional)

COLLABORATIVE AGREEMENT

The intent of this agreement is to collaboratively establish and agree upon clear goals and objectives for the purpose of resolving safety and/or sanitation concerns that may be jeopardizing housing. All goals put forth on this agreement must be **Specific, Measurable, Attainable, Relevant, and Time-bound**. By signing this agreement, all team members are stating that they understand their role and agree to participate fully in accordance to that role throughout the process. Additionally, there is an understanding that based on assessments and inspections that take place throughout the process, goals and objectives may be adjusted with the involvement of all team members.

Team (it is recommended that the number of team members be kept to a minimum, only including those that have an absolute role in the process and outcome of the case.)

Members	Name	Role	Phone Number	email address
1		RESIDENT		
2				
3				
4				
5				
6				
7				
8				
9				
#				

Agreement Goals	Time Frame for Completion	Estimated End Date	Priority Scale	
			Immediate (/X/date/status)	30 day + (/X/date/status)
1				
2				
3				
4				
5				
6				
7				
8				
9				
#				

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Plan Narrative _____ Prepared by: _____

Assessment / Inspection Tools	Purpose for Use
Clutter Image Rating	assessment of progress
Uniform Inspection Checklist (UIC)	initial asmt/ inspections / tracking
Client Visit Report	communication between service providers
Uniform Inspection Checklist - Quick Reference	ref. for residents for targets & maintenance
Weely Goals Sheet (bright pink)	posted weekly

Inspection Agreement

Signatures			
Name	Role	Signature	Date

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Address:

(optional)

Any Road

Town:

Anytown

Date:

17-May-19

COLLABORATIVE AGREEMENT

The intent of this agreement is to collaboratively establish and agree upon clear goals and objectives for the purpose of resolving safety and/or sanitation concerns that may be jeopardizing housing. All goals put forth on this agreement must be **Specific, Measurable, Attainable, Relevant, and Time-bound**. By signing this agreement, all team members are stating that they understand their role and agree to participate fully in accordance to that role throughout the process. Additionally, there is an understanding that based on assessments and inspections that take place throughout the process, goals and objectives may be adjusted with the involvement of all team members.

Team

(it is recommended that the number of team members be kept to a minimum,

Members

only including those that have an absolute role in the process and outcome of the case.)

	Name	Role	Phone Number	email address
1	Jane Smith	RESIDENT		
2	Erika Woods	CCHTF		
3	John Smith	Therapist		
4	Joanne Smith	Anytown Council on Aging		
5	Jake Smith	Anytown Board of Health		

Agreement Goals	Time Frame for Completion	Estimated End Date	Priority Goals	
	6 months	20-Dec-19	Immediate (X/date/status)	30 day + (X/date/status)
1	Remove all items from hallway to be able to access both bedrooms on the first floor (for emergency personnel and for animals)		6/26/2019	
2	Reduce clutter and organize kitchen area so that there is a clear path around kitchen table (target 3' if possible) (for emergency personnel and animals)		7/8/2019	
3	Reduce countertop clutter in kitchen area so that there is sufficient area to cook, clean and sanitize properly. Target 12" away from stove, and each side of sink.		7/8/2019	
4	Reduce clutter and organize bathroom on first floor. Sink, tub & shower must be easily accessible.			22-Jul-19
5	Reduce clutter and organize bedroom #1 on first floor. Bed must be clear and accessible with a minimum 3' path (for emergency personnel and for animals)			X
6	Reduce clutter and organize bedroom #2 on first floor. Bed must be clear and accessible with a minimum 3' path (for emergency personnel and for animals)			X
7	Reduce clutter and organize bedroom #3 on second floor. Bed must be clear and accessible with a minimum 3' path (for emergency personnel and for animals)			X
8	Reduce clutter and organize basement. Laundry, hotwater heater, bulkhead entry and all other utilities must be easily accessible with a minimum of a 3' path.			X
9	Provide all animals with rabies vaccinations, ample food and medical care on an ongoing basis. Provide adequate space and sanitation for health and wellbeing		7/8/2019	

Plan Narrative

Prepared by:

Jane has agreed to hold a minimum of 3 yard sales this summer to reduce the amount of material inside the dwelling. Her daughter Jeanie will be in charge of each of them after Jane has been able to decide what will be sold. Items not sold at the yard sales will be donated or otherwise removed from the property. In addition to yard sales, the items noted above will be accomplished by the removal of material from the property (donations, consignment disposal etc.) in addition to the general organization of items to be kept on-site. To begin the process, Jane will meet with Erika or designated agent, at least every 2 weeks to start the process and then as needed if forward progress is being maintained. This designated agent will not substitute for Erika without Jane's prior knowledge of the substitution and Jane will meet the individual ahead of time unless otherwise agreed upon by both parties. Using the Clutter Image Rating Scale and the Activities of Daily living, Erika and Jane will assess the condition of the home during the week of June 29th and every month thereafter to assess progress. These assessments will be shared with the Anytown Board of Health to show progress towards coming into compliance with the Anytown BOH Order issued July 7, 2018. Bedroom #4 (right at top of stairs) and the upstairs bathroom must remain clear of clutter as it is today. The exterior of the property must remain clear of clutter. It is understood that if forward progress is not achieved and maintained as provided for in this agreement, the Anytown Board of Health will proceed with their action to consider issuing a finding that the dwelling is unfit for human habitation and issue an order to of condemnation requiring the occupants to vacate the dwelling. Compliance with the Anytown Board of Health and all other town departments is the sole responsibility of the owner of the property.

Preparing to Sort

This is key.

It is important to be specific in order letters/ eviction notices to allow for SMART goal setting

- Three pile system
 - Keep, maybe, discard
- Short intervals to start (5-10 minutes)
 - Use a timer
- Keep individual focused
- OHIO- only handle it once
- Set SMART Goals
 - Specific, Measurable, Achievable, Realistic, Timely
- Give homework
 - Post goals for individual to see
 - Use visual cues for where items belong (or don't belong)
 - Set sorting "guidelines"
- Find out what will help the individual relax-music, tea etc.

Visit date: 8/25/22 Team member: EW + KD

WEEKLY GOALS

Due date: Thursday 9/1/22

- 1 Actively sort through refrigerator - Remove all items. Reduce amount of food by at least 25%
- 2 Continue to work on [redacted] room
Make larger paths. Remove approx. 25% of items
- 3 Clear kitchen to increase floor area

Client Signature

* Thursday 9/1/22 - Sent pictures
EW will email to schedule follow-up

Next appointment

=> Keep areas clear that have been cleared already - Do not backfill

To reduce by 25% - Discard 1 out of every 4 items

WEEKLY GOALS

NEXT APPOINTMENT

DAY: _____ DATE: _____

TIME: _____

SERVICE PROVIDER AT
NEXT APPOINTMENT: _____

AGREED UPON GOALS FOR NEXT VISIT.
(MUST BE BRIEF, SPECIFIC, REASONABLE, AND ATTAINABLE)

- 1
- 2 _____
- 3 _____

CLIENT SIGNATURE

SERVICE PROVIDER SIGNATURE

Peer Support

Team Member: _____ Phone #: _____

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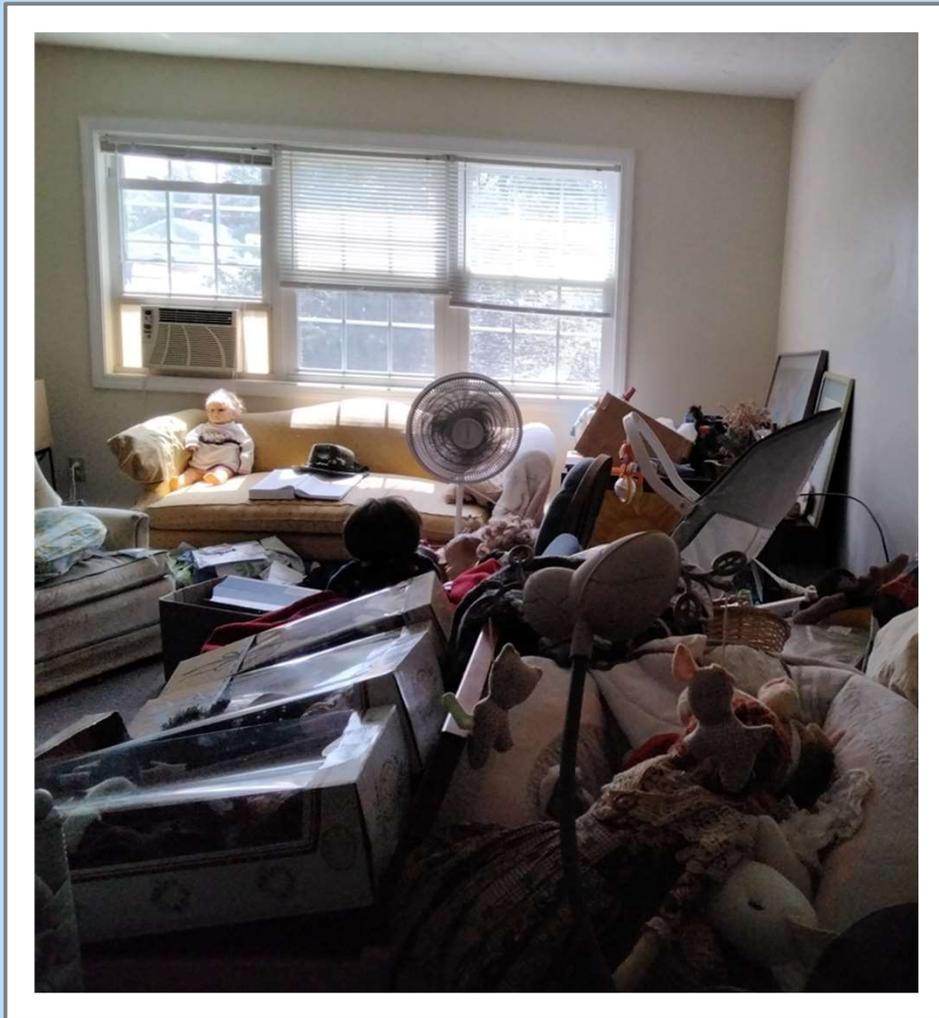
Goal Setting

Role of coach & goals

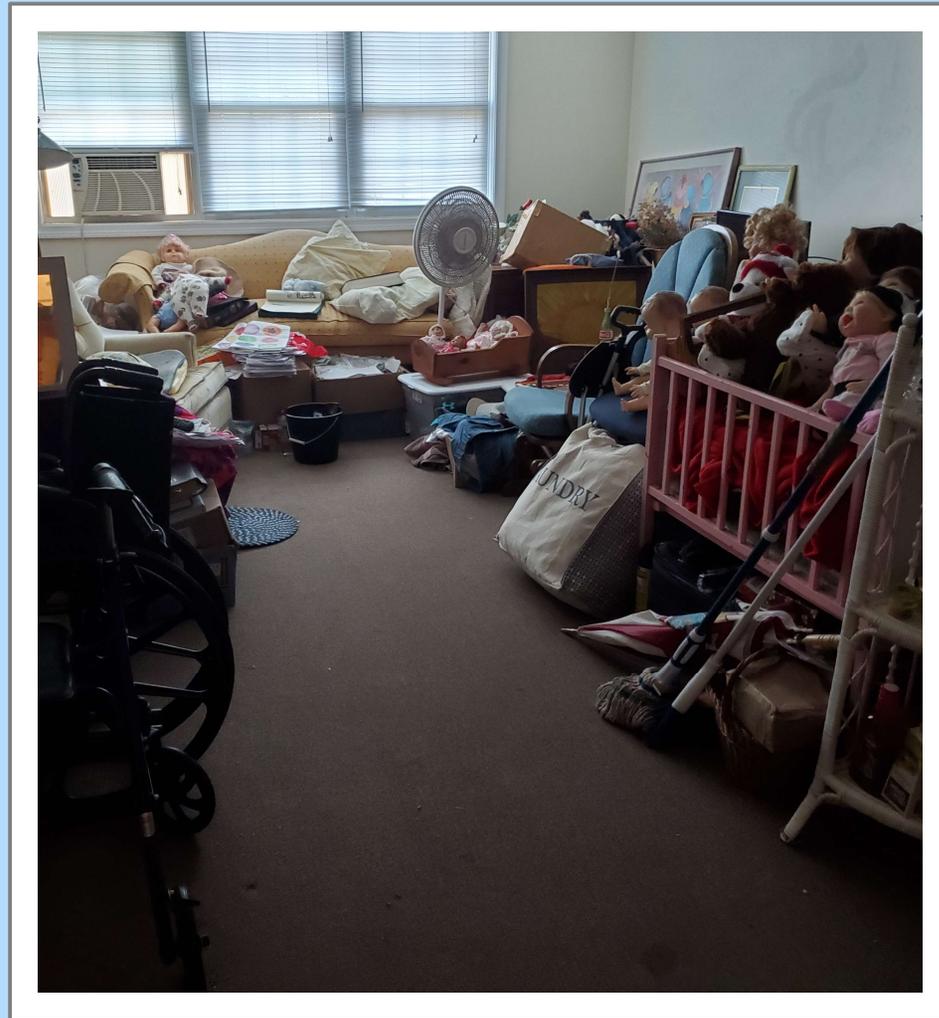
Provide	Provide emotional support and encouragement
Guide	Guide client through stages of change
Guide	Guide the decision making process but don't make the decisions
Help	Help brainstorm solutions and rule setting
Keep	Keep client set a plan and stay focused
Help	Help client develop or reinforce positive skills

THE CLIENT IS THE MOST IMPORTANT PERSON IN THIS WHOLE PROCESS

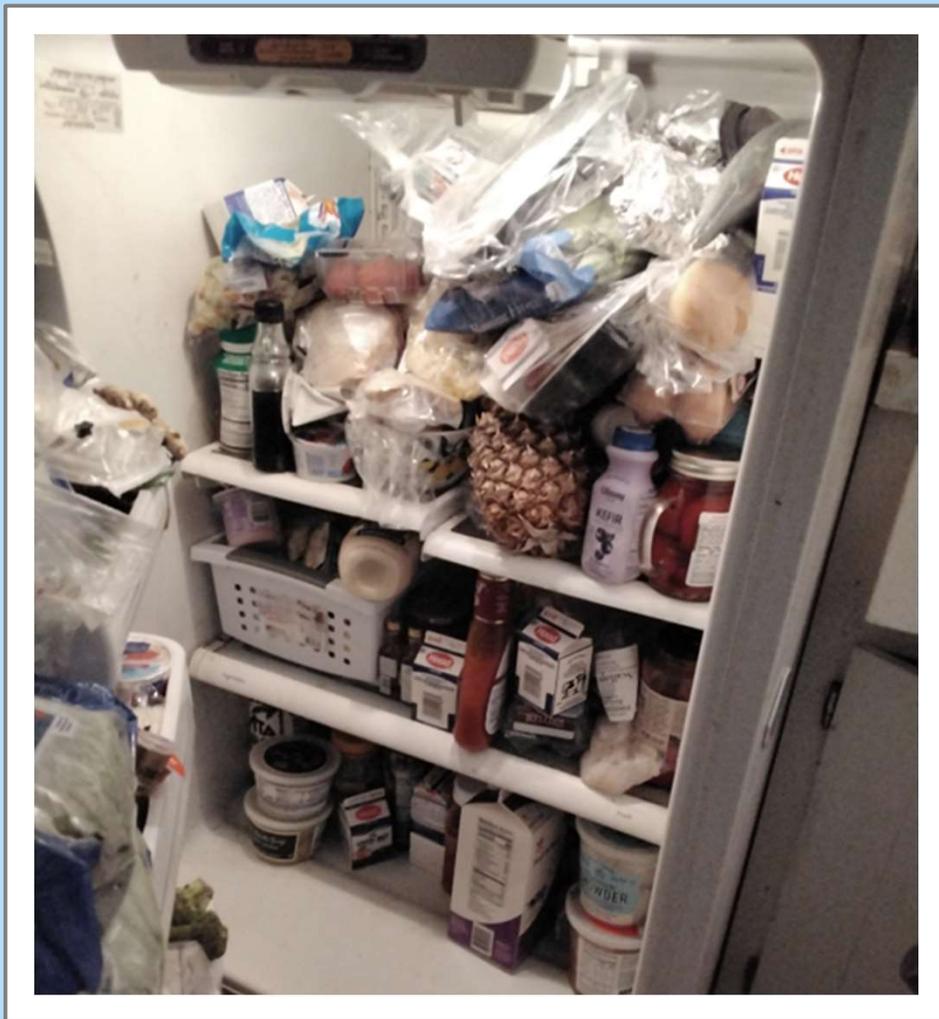
Before



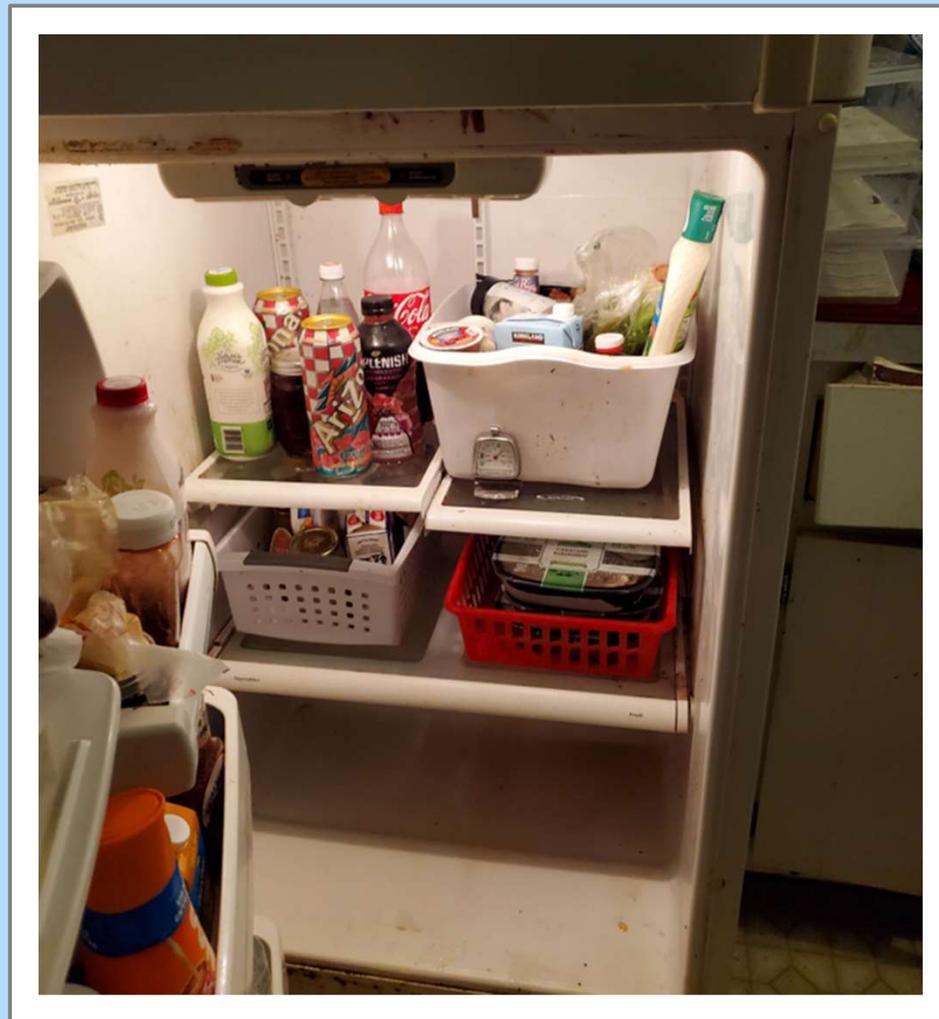
After



Before



After





A Hoarders' Windowbox

