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## The experience of working with people that hoard: A Q-sort exploration

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## Abstract

**Background.** The impact and burden of working with people that hoard is largely unexplored.

**Aim.** To explore professionals' varied experiences of engagement and intervention with this client group.

**Method.** Five semi-structured interviews were initially conducted with professionals with detailed experience of working with people that hoard. A thematic analysis then identified key statements for a 49-item Q-set. The Q-sort was subsequently administered to public sector professionals with wide experience of working with people who hoard ( $N=36$ ; fire-fighters, environmental health, housing and mental health). Organizational support and job-related wellbeing measures (anxiety/contentment and depression/enthusiasm) were also administered.

**Results.** Factor analysis identified three distinct clusters (a) therapeutic and client focused ( $N=15$ ), (b) shocked and frustrated ( $N=2$ ) and (c) pragmatic and task focused ( $N=5$ ). Therapeutic and client focused professionals were significantly more content and enthusiastic regarding their work with clients with hoarding difficulties.

**Conclusions.** Professionals experience and approach their work with people that hoard in discrete and dissimilar ways. Service delivery and training implications are considered.

**Key words:** hoarding; burden; Q-sort; professionals

## Introduction

The most recent iteration of the APA Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013) identified Hoarding Disorder (HD) as a distinct diagnosis. Estimated lifetime prevalence for hoarding is between 2-5% (Samuels et al., 2008) with hoarding causing substantial familial, economic and social burden (Frost, Steketee & Williams, 2000). Badly cluttered homes creates risk of falls, fires, unsanitary conditions and associated poor physical health (Steketee & Frost, 2003). Tolin, Frost, Steketee, Gray, and Fitch (2008) reported higher levels of impairment and chronic/severe medical concerns. Families often struggle with both the environmental and interpersonal fallout of hoarding (Wilbram, Kellett & Beail, 2008); Vortenbosch, Antony, Monson and Rowa (2015) found that families tended to behaviorally accommodate hoarding.

A range of professions intervene with hoarding across mental health, environmental, medical, fire and social services (Slatter, 2007). Complaints from neighbors activates housing input, whilst environmental health input is inevitable when waste removal, pest control or physical health risk assessments are required (CIEH, 2009). Clearance is mandatory when health, sanitation or anti-social behavior regulations are breached (CIEH, 2009). Clearance interventions typically have a poor prognosis due to the lack of associated insight/behavior change (Perrissin-Fabert, 2006). Only 5% receive professional support and when such help is available then hoarding has been characterized as difficult to treat or treatment resistant (Frost, Steketee, & Greene, 2003; Tolin, Frost, & Steketee, 2012). Treatment adherence during interventions is often piecemeal due to failure to complete in-session exercises and inter-session assignments (Christensen & Greist, 2001; Tolin, Frost & Steketee, 2007).

The perspectives of professionals working with clients that hoard are largely unexplored. When people that hoard lack necessary insight then workers face frequent dilemmas (Frost, Steketee, Youngren, & Mallya, 1999) and report frustrations, helplessness, burnout and also negative/judgemental attitudes (Frost, Tolin, & Maltby, 2010). The central research question of this study was to explore the experience of professionals with clients that hoard. Q-methodology

was chosen as the research methodology for three primary reasons; (a) it is highly recommended for little understood topic areas (Redburn, 1975), (b) the method is effective at highlighting personal experiences, values and beliefs (Baker, Thompson, & Mannion, 2006; Brown, 1996) and (c) it benefits from the strengths of integrating both qualitative and quantitative research methodologies (Amin, 2000).

## **Method**

### *Q-methodology*

Q-methodology gains access to subjective viewpoints (Stephenson, 1935) and applies unique psychometric principles to qualitative data, to enable objective analysis of subjective information (Watts & Stenner, 2005). A by-factor person analysis method is employed so that participants and not scale items are the variables of interest, which enables clusters of participants, who hold matching viewpoints, to be empirically derived (Watts & Stenner, 2012). Q-methodology uncovers and describes the range of available viewpoints in the study population, but makes no claims about the frequency with which viewpoints would be expected (Watts & Stenner, 2012).

Q-methodology involves three stages. First, a Q-set is developed which comprises a series of heterogeneous items relating to the subject matter under exploration. The Q-set constitutes a wide variety of statements with each making a unique assertion (Watts & Stenner, 2005). Sets of 40-80 statements are standard (Stainton Rogers, 1995). Second, the Q-sort is administered to a group of participants selected upon their 'presumed interest' in the topic (Kitzinger, 1987). Therefore a purposive sample is recruited, consisting of individuals likely to hold relevant viewpoints through shared experiences (Brown, 1996). Sample sizes typically range between 20-80 participants (Van Exel & de Graaf, 2005). The sorting task involves ranking statements according to their psycho-emotional significance within a quasi-normal distribution (Stainton-Rogers, 1991). Finally, by-person factor analytic methods are applied to the qualitative Q-sort data to identify the common viewpoints of the sample.

### *Participants*

The 'presumed interest' criteria used to select participants was experience of working with people that hoard. Experience was defined by participants meeting three inclusion criteria, (1) having worked with clients in public services who met Frost and Hartl's (1996) definition of hoarding, (2) worked with a recent case of a person that hoards (within the past five years) and/or worked on multiple cases in their career (3+ cases) and (3) worked with people that hoard whose homes would score  $\geq 4$  on the Clutter Image Rating Scale (CIRS; Frost, Steketee, Tolin, & Renaud, 2008).

Participants for initial interviews to generate the Q-items were professionals ( $N=5$ ) with extensive experience of people that hoard, including a consultant clinical psychologist, a social worker, a care manager in older adult mental health, a housing officer and an environmental health officer.

Thirty-six professionals completed the subsequent Q-sort. Age of the research sample ranged from 26-61 years ( $M=42.5$ ,  $SD=9.3$ ); 22/36 (61.11%) were female. Years in current occupation ranged from 1-31 years ( $M=10.7$ ,  $SD=7.7$ );  $N=14$  worked in mental health,  $N=19$  in housing,  $N=1$  in environmental health and  $N=2$  were fire fighters.

### *Q-set and Q-sort*

Due to limited evidence regarding professionals' experience of working with hoarding, a naturalistic design was employed (McKeown & Thomas, 1988). The semi-structured interview schedule (following piloting,  $N=2$ ) covered understanding of hoarding, roles occupied, thoughts and feelings associated with the work and the successes/difficulties encountered. Interview transcripts were analyzed using thematic analysis (Braun & Clarke, 2006), with themes classified as recurrent ideas apparent in the material (Hayes, 2000). Three social science graduates were employed as independent coders and were trained in thematic analysis. Coders were provided with the theme of 'the experience of working with hoarding' as a basic structure for the analysis and were instructed to identify any statement considered important to this theme, regardless of the number of statements generated. There was consensus amongst all three coders for  $N=233$

statements. The research team subsequently examined the pool of statements, discarded duplicates and considered the potential contribution of each statement. The 49 most emblematic and specific statements were selected to enable a normal distribution to be achieved during the Q-sorting task.

The Q-sorting task was administered to all participants at their place of work, following a standard set of instructions. The original interview terminology/wording was maintained in Q-items, to facilitate sorting and decrease the possibility of misinterpretation of meaning (McKeown & Thomas, 1988). Participants first sorted statements into three piles: most agreed with, most disagreed with and unsure/neutral. Participants then completed a forced-sort procedure using a fixed 13-point quasi-normal distribution grid (a scale ranging from  $-6$  (*most strongly disagree*) through 0 (*neutral/not sure*) to  $+6$  (*most strongly agree*). On completing the Q-sort, participants considered the whole grid and then made adjustments that were deemed necessary.

### *Measures*

Age, gender, ethnicity, occupational sector, years in occupation and number of hoarding cases worked with were sampled and two questionnaires completed. The Perceived Organizational Support Scale (POSS; Eisenberger et al., 1986; current study,  $\alpha = .90$ ) measures beliefs regarding employers' valuations of personal contributions and care about wellbeing. The Work Related Affective Wellbeing measure (WRAW; Warr, 1990) was adapted for the purposes of the study (making items specific to the experience of working with HD). The WRAW contains two subscales: (a) feelings of anxiety/contentment (present study,  $\alpha = .89$ ) and (b) depression/enthusiasm (present study  $\alpha = .82$ ).

### *Analysis strategy*

A pair-wise intercorrelation of individual Q-sorts was completed, followed by factor-analysis to reduce the many individual viewpoints of participants to a set of factors. The most appropriate

factor solution was derived through four methods: (a) consideration of eigenvalues (Kaiser-Guttman criteria of eigenvalue  $>1.00$ ), (b) review of scree plot, (c) percentage of variance explained and (d) interpretability of factors. Principal Components Analysis extracted the factors and the resulting factor matrix was rotated using varimax. This is the most frequently employed factor analysis method in Q-studies (Brown, 1980). Participants Q-sorts defined a factor only if they loaded significantly and solely on a given factor. Brown's equation (1980) calculated significant factor loadings:  $[2.58 \times (1 \div \sqrt{\text{number of items in Q-set}})]$ .

Having identified the defining Q-sorts for each factor, further analysis was conducted to examine the extent to which each defining Q-sort contributed to that factor. From this, factor estimates were developed which are best-estimate prototypical Q-sort configurations for each factor (Stainton-Rogers, 1995). Brown (1996) noted that to be reliable, a factor estimate should be derived from at least two Q-sorts. A weighted average was used for the factor estimate; Q-sorts with higher factor loadings contributed proportionally more to the final factor estimate than Q-sorts with relatively low factor estimates (Watts & Stenner, 2012). The weighting was applied to each Q-set item and scores for each Q-set item were summed to produce a total score. To enable cross factor comparison, total scores were converted to standardized  $z$  scores (Watts & Stenner, 2012). Prior to interpretation, the  $z$  scores for each individual item were rank-ordered back into the 13-point quasi normal distribution, used for the original Q-sorting procedure producing a factor array. Factor arrays identify how different statements have been sorted across the worker clusters, thus informing factor interpretation.

Following factor analysis, an iterative process of interpreting the resulting factors was undertaken to identify the divergent perspectives/positions represented by each worker cluster. As advocated by Watts and Stenner (2012) crib sheets were initially developed for each factor outlining highest and lowest ranked Q-items (i.e. statements that were most and least characteristic of that factor), items ranked higher in a given factor compared to other factors and items ranked



lower in a given factor compared to other factors. Statements identified by PQMethod as significant and/or distinguishing for each factor were prioritized. Characteristics of the participants associated with the factors were also considered during interpretation using the demographic and psychometric information. Finally, factors were named according to their conceptual nature with each viewpoint presented in a narrative style with direct reference to the Q-set items (Watts & Stenner, 2012). The results are therefore presented in three stages, (1) factor analysis, (2) cluster definitions and (3) comparison between clusters on psychometric and demographic variables.

## **Results**

### *Factor analysis*

A 36x36 correlation matrix revealed significant correlations between Q-sorts and this formed the basis for subsequent factor analysis. Assessment of the structural difference between the two and three-factor solutions in the scree plot indicated that the three-factor solution led to an additional 5% of total variance explained. The three-factor solution was therefore used. Table 1 illustrates loadings across the three factors and also identifying the extent to which each participant Q-sort contributed towards defining each of the three factors. Using Brown's equation (1980) factor loadings  $\geq 0.37$  were significant at the  $p < .01$  significance level. The 3 factors found accounted for 22 of the 36 completed Q-sorts (61.11 %) and accounted for 55% of the total variance. The Q-sort of participant 35 was non-significant and  $N=13$  Q-sorts were confounded.

*insert Table 1 here please*

In accordance with Brown (1996) all the factors outlined above were derived from two or more Q-sorts, therefore factor estimates were considered reliable. Table 2 illustrates factor estimates illustrating the ranking (based on the -6 to +6 distribution) and associated  $z$ -score assigned to each statement within each of the prototypical factor Q-sort configurations. For example, "*the work is a very slow process*" (item 19) was a significantly distinguishing statement

for Factor B. The columns of Table 2 illustrate the comparative rankings of statements that characterize particular factors. For example, in Factor A item 5 “*I have respect for hoarders at all times*” is ranked as +5, whereas item 48 “*hoarding - it’s a pitiful way of carrying on*” is ranked as -5. The rows of Table 2 illustrate the comparative rankings of statements across all the three factors. For example, item 20 “*my relationship with the hoarder is key to the work*” is ranked as +6 in Factor A, +4 in Factor B and -2 in Factor C. Each factor will now be defined in order to characterize the thoughts and feelings of the professionals making up that cluster in relation to their work with clients that hoard.

*insert Table 2 here please*

#### *Cluster A – therapeutic and client focused*

Factor A had an eigenvalue of 11.20, explained 31% of study variance and contained  $N=15$  workers defined by being *therapeutic and client focused*. Seventeen Q-set statements distinguished this cluster with 13 statements significant at  $p < .01$ . Overall, these workers use a client-centred approach emphasizing the importance of the working relationship, have an understanding of hoarding and pay less attention to the more physically unpleasant aspects of the work in hoarded homes. This cluster emphasize a non-judgemental attitude (26:+5) and strive to maintain respect at all times (5:+5). Empathy is demonstrated through understanding that although some objects might seem like rubbish to the worker, they are treasured by the person that hoards (12:+4). Therapeutic and client-centred workers perceive clients that hoard as normal people (1:+4), viewing the therapeutic relationship as paramount (20:+6) to their work. This cluster were the only professionals who felt that the clients they see with hoarding difficulties were slightly grateful for their help (16:+1) and who also slightly disagreed that clients with hoarding difficulties detested them as a result of their work (37:-2).

Therapeutic and client focused workers do not experience heart-sink when they are allocated a case of a person that hoards (27:-4), do not feel anxious about the state of the home they are about to encounter (30:-3) and are less shocked by environmental conditions in the house (10:-3; 3:-1). There is no strong sense that clients with hoarding problems have got themselves into this state (32:-5) or that hoarding is pitiful (48: -5). Therapeutic workers want to understand and are fascinated by the processes that people who hoard use to justify keeping things (25:+3), do not struggle to understand the depth of emotional attachment to possessions (33:-4) and are not shocked by this emotional attachment (22:-4). These workers place less importance on getting to an end point in the work (28:0), do not give up on clients that hoard (11:+3), whilst acknowledging that change can be a slow process (19:+4).

#### *Cluster B – shocked and frustrated*

Factor B had an eigenvalue of 4.00, explained 11% of study variance and contained  $N=2$  workers defined by being *shocked and frustrated* with their work with clients that hoard. Twenty-one Q-set statements distinguished this worker cluster, 16 items significant at  $p < .01$ . This group emphasized how stunned they feel at the physical conditions of hoarded homes, experience frustrations with hoarding work and feel ambivalent about understanding their clients with hoarding difficulties. This worker group experience heart-sink on receipt of a potential referral of a client with hoarding difficulties (27:+1), shock upon entering hoarded homes (31:+5) and wonder how somebody could live in such environmental conditions (4:+4). These workers have a more negative perception of people that hoard, and do not consider them as normal (1:-2) or as lovely (43:-3) people. This cluster find it difficult to maintain respect for clients that hoard at all times (5:-4) and having a non-judgmental attitude is not their highest priority (26:0).

In their experience, intervention with clients that hoard is incredibly frustrating (24:+4), slow (19:+6) and they feel as if they are asking the impossible (39:+3) of the client in changing their hoarding behavior and home. Shocked workers find the working conditions unpleasant,

feeling filthy after a home visit (35:+5), worrying that their own physical health will be affected (34:+1) by the visits. Despite such perceptions, these workers did not report negative reactions from clients that hoard (37:-4), possibly because they recognize the value of the relationship as a key component in their work (20:+4). Despite the challenges these professionals experience in their role with people that hoard, the work is not considered a continual battle where an end point is never reached (28:-3) and they slightly disagreed that the work only scratched the surface of the problem (46:-1). This is possibly because they do not allow their hoarding work to consume their whole working life (15:-5) and also feel confident in differentiating hoarding behavior from collecting behavior (29:-5). Like the workers in factor C, clients that hoard are not seen as grateful for the help they are given (16:-3)

#### *Cluster C - pragmatic and task-focused*

Factor C had an eigenvalue of 4.70, explained 13% of study variance and contained  $N=5$  workers primarily defined as *pragmatic and task-focused*. Seventeen Q-set statements distinguished this cluster of workers, with 14 significant at  $p < .01$ . Overall, this cluster strives to strike a pragmatic attitude towards clients that hoard, focus less on emotions and more on the physical/environmental practicalities of the work. Pragmatic workers deny experiencing heart-sink on receipt of a referral for a client with hoarding difficulties (27:-5), do not dwell on how the hoarding has happened (31:-3), retain respectful (5:+2) and non-judgmental attitudes (26:+4) and view their clients that hoard as normal people (1:+4). This cluster of workers are unconcerned about the personal impact of the work on their own health (34:-4) and feel less concerned about personal safety issues (44:-1). Pragmatic workers do not feel filthy upon leaving a hoarded home (35:-4) and deny that work in hoarded homes is physically draining (42:-2). Whilst pragmatic workers feel that people do hoard for a reason (41:+6), they simultaneously struggle to understand the strong emotional attachments to possessions (33:+2). Pragmatists place less emphasis on the working relationship (20:-2) and do not consider that they are asking the impossible when asking their clients that hoard to discard of

their objects (39:-3). Intervention is experienced as challenging, with spaces initially cleared only to be subsequently refilled (7:+5), as their clients that hoard tend to renege on agreed discard plans (49:+2). Working with clients that hoard is experienced as slow (19:+4), overwhelming (9:+3) and having no end point in sight (28:+2). When clients that hoard lack insight, this makes the work feel especially difficult (17:+5). However, such challenges are not due to having too little time to address problems with hoarding properly (45:-3). Pragmatists are ambivalent about whether they will give up on clients that hoard (11:0), feel slightly detested for their efforts (37:+1) and do not feel that clients with hoarding problems are grateful for their help (16:-4).

### *Cluster comparisons*

Table 3 contains the demographic and psychometric scores for each cluster. 6/7 of the seven mental health workers made up the therapeutic and client-centred worker cluster. No significant differences were found between the worker clusters regarding demographic variables or perceived organisational support. Significant differences were apparent however for anxiety [ $H(2) = 9.23, p = 0.01$ ] and depression [ $H(2) = 11.02, p = 0.004$ ] experienced in relation to hoarding work.

Therapeutic workers had significantly higher levels of job-related wellbeing compared to shocked [ $U(1) = 0.001, Z = 2.29, p=0.015$  for anxiety,  $U(1) = 11.50, Z = 2.31, p=0.019$  for depression] or pragmatic workers [ $U(1) = 11.50, Z = 2.31, p=0.019$  for anxiety,  $U(1) = 7.50, Z = 2.64, p=0.005$  for depression].

*insert Table 3 here please*

## **Discussion**

Whilst the impact of hoarding on the individual has received considerable attention (Tolin et al., 2008), the impact on professionals working with this client group has been under researched.

In the current study, three distinct clusters of workers emerged evidencing that professionals experience and approach work with clients that hoard in markedly different ways - and also that the work approach taken may also influence the well-being of the professional. A therapeutic and client-focused approach defined the experience of working with people that hoard for Factor A professionals. The value of professionals maintaining a client-centered approach is widely recognized as important in providing effective patient care (Irving & Dickinson, 2004). Occupational role appeared to influence this viewpoint, given the high proportion of mental health professionals in factor A. These workers placed high importance on understanding the hoarding behavior of their clients and particularly focus on understanding client's emotional attachment to possessions (Frost & Hartl, 1996).

Emotional shock and frustration defined the experience of working with clients that hoard for Factor B and this corresponds with extant evidence regarding professional frustrations (Tolin et al., 2012). This cluster particularly emphasized the ongoing emotional strain and toll of working in hoarded homes. The difficulties of the work for this group appear to start on receipt of referral and then appear to deepen on initial contact with the home and the person that hoards (who are defined as 'not normal'). Working in a hoarded home is experienced as both physically and emotionally demanding. Denton et al., (2002) has previously noted that working in hazardous homes placed care-workers at increased risk of poorer mental health and wellbeing. In the current context, shocked and frustrated workers appear to effectively conceal their real emotions attached to the hoarding work, as they denied experiencing negative reactions from clients that hoard. This suppression of affect would be considered an aspect of emotional labor (Grandey, 2000).

A pragmatic and task focused approach was evident in Factor C professionals, with a preference to focus on the practical challenges of completing hoarding work. Pragmatic workers appeared to occupy the juxtaposition to therapeutic workers in placing less attention on the therapeutic relationship and more on the environment of the hoarded home. This environmental focus may appear to place this worker cluster at risk of client behavioural relapse (e.g. renegeing on

initial agreements regarding behavioral change and also clearing spaces and then refilling them). Whilst clearance-focused work can be effective in the short-term, when imposed it has typically poor long-term behavioral and environmental prognoses (Perrissin-Fabert, 2006). Resistance from clients with hoarding difficulties seemed to create some hopelessness, as pragmatists felt the work was overwhelming and difficult, with no end point. Such feelings appear to bleed into the therapeutic alliance; pragmatic workers want to abandon their clients with hoarding difficulties, whilst being reciprocally aware that such clients dislike them. When clients with hoarding difficulties deny their difficulties, it makes progress understandably difficult for pragmatic and task-focused professionals. This finding echoes previous research where poor insight presents a significant challenge to workers (Frost et al., 2010).

The findings identified have implications for professional practice, as the viewpoints highlight different support needs within and particularly between clusters of workers. Given that professionals are more likely to form effective relationships if they have a good understanding of any problem, training/education that conceptualizes hoarding as a biopsychosocial phenomenon would appear useful (Bratiotis et al., 2011). Recognizing and normalizing the emotional labor of working with clients that hoard and the need for associated professional support/supervision is indicated. Part of the difference between clusters may have been due to the divergent roles that professionals in public services can occupy with clients that hoard. Some professionals are viewed as genuine helpers by clients with hoarding difficulties, in contrast to those workers whose role is more defined by regulation enforcement (Bratiotis et al., 2011).

In terms of study limitations, participants were self-selecting and created a sample with higher numbers of mental health and housing professionals and fewer environmental and fire professionals. Large variance in years in occupation and years of experience of working with clients that hoard was also evident. In this study, 22 workers represented the final factor structure and although this appears small, samples of this size are legitimate in Q-method research (Van Exel & de Graaf, 2005). The limits imposed by the use of the bespoke measure of job-related affective

wellbeing should be noted. The proportional distribution of viewpoints in the wider professional network should be explored via larger samples, recruited using random sampling procedures and the role of ‘accommodation’ by professionals is worthy of investigation (Vortenbosch et al., 2015). The findings from the current study are preliminary and the nature of the Q-methodology means that the results cannot be generalized and pertain to participants of this study only.

In conclusion, this Q-method research has identified three distinct professional viewpoints in relation to working with clients with hoarding difficulties. Understanding professionals’ experience of working with this difficult client group is vital in order to support the best delivery of care. This research has shone further light onto why hoarding work can be difficult and the frequent dilemmas faced by professionals in their various roles. The identified viewpoints highlight the different needs amongst professionals, enabling (with further evidence) usefully targeted training, supervision and support.



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Table 1; *rotated factor matrix illustrating significant factor loadings*

Participant	Factor A	Factor B	Factor C
P1	<b>.71*</b>	.07	-.13
P2	.55	.51	.04
P3	-.45	-.31	-.39
P4	.59	.07	.41
P5	<b>.74*</b>	.29	.06
P6	.67	.08	.42
P7	<b>.79*</b>	.05	.17
P8	<b>.57*</b>	.20	.15
P9	.13	.46	.58
P10	.58	-.14	.37
P11	<b>.57*</b>	.29	.27
P12	<b>.67*</b>	.31	.07
P13	<b>.63*</b>	.10	.34
P14	.14	.13	<b>.66*</b>
P15	.20	.19	<b>.43*</b>
P16	.15	.03	<b>.71*</b>
P17	.67	.23	.42
P18	<b>.70*</b>	-.06	.35
P19	-.11	<b>.68*</b>	-.03
P20	.58	.43	.27
P21	.59	.16	.45
P22	.61	.37	.19
P23	.17	.64	.49
P24	<b>.70*</b>	.26	.27
P25	<b>.81*</b>	.09	.30
P26	.17	<b>.73*</b>	.02
P27	<b>.78*</b>	.14	.27
P28	<b>.70*</b>	-.02	.36
P29	.30	.10	<b>.63*</b>
P30	.12	.06	<b>.50*</b>
P31	.14	.69	.39
P32	<b>.51*</b>	.27	.16
P33	<b>.83*</b>	-.05	.20
P34	.38	.51	.28
P35	.13	.29	.28
P36	<b>.76*</b>	.21	.12

Significant factor loadings ( $\geq .37$  on a single factor) are in **boldface** and \*  $p < .01$ .

Table 2; factor arrays for factors A, B and C illustrating significant and distinguishing statements

Item	Statement	Factor A	Z-score	Factor B
1	<i>Hoarders are normal people.</i>	4	1.29	-2 <sup>a*</sup>
3	<i>I often think 'oh my god' when I see the house.</i>	-1 <sup>a*</sup>	-0.36	2
4	<i>I wonder how someone can live like this.</i>	-1	-0.55	4 <sup>a*</sup>
5	<i>I have respect for hoarders at all times.</i>	5 <sup>a*</sup>	1.72	-4 <sup>a*</sup>
7	<i>You help clear spaces and then go back later and it's just the same.</i>	1	0.21	1
9	<i>It feels like an overwhelming problem to face.</i>	2	0.54	0
10	<i>It's shocking to see the way that hoarders live.</i>	-3 <sup>a*</sup>	-0.78	2
11	<i>I'm not going to give up on them.</i>	3 <sup>a*</sup>	1.00	0
12	<i>Though it's just rubbish to me, it's treasured by the hoarder.</i>	4	1.46	0 <sup>a*</sup>
15	<i>Working with one hoarder could consume your whole working life.</i>	0	0.10	-5 <sup>a*</sup>
16	<i>Hoarders' are grateful for my help.</i>	1 <sup>a*</sup>	0.21	-3
17	<i>When they are in denial, it makes the work very hard indeed.</i>	3	0.91	3
19	<i>The work is a very slow process.</i>	4	1.30	6 <sup>a</sup>
20	<i>My relationship with the hoarder is key to the work.</i>	6 <sup>a</sup>	2.08	4 <sup>a</sup>
22	<i>I feel shocked by the emotional attachment hoarder's have to things</i>	-4 <sup>a*</sup>	-1.46	3
24	<i>I find it incredibly frustrating.</i>	-2	-0.66	4 <sup>a*</sup>
25	<i>I find it fascinating, how hoarders can justify keeping things</i>	3 <sup>a*</sup>	0.99	-1
26	<i>I'm not here to judge.</i>	5	1.77	0 <sup>a*</sup>
27	<i>My heart sinks when I am given a hoarding case.</i>	-4	-1.40	1 <sup>a*</sup>
28	<i>You never get to an end point in the work; it's a continual battle.</i>	0 <sup>a</sup>	-0.03	-3 <sup>a</sup>
29	<i>I'm never quite sure when it's hoarding, or when it is collecting.</i>	1 <sup>a*</sup>	0.42	-5 <sup>a*</sup>
30	<i>I get anxious about what I will face and how bad it might be?</i>	-3 <sup>a*</sup>	-1.18	0

31	<i>I think how has this happened?</i>	1 <sup>a*</sup>	0.28	5 <sup>a*</sup>
32	<i>I feel appalled that people have got themselves into this state.</i>	-5 <sup>a*</sup>	-1.76	-1
33	<i>I struggle to get my head round the emotional attachment to things.</i>	-4 <sup>a*</sup>	-1.31	-1 <sup>a*</sup>
34	<i>I worry that I am affecting my own health by being in the house.</i>	-2 <sup>a</sup>	-0.70	1 <sup>a*</sup>
35	<i>I feel filthy after a home visit to a hoarder.</i>	-2	-0.67	5 <sup>a*</sup>
37	<i>Hoarders can detest me as a result of my work.</i>	-2 <sup>a*</sup>	-0.61	-4 <sup>a*</sup>
39	<i>I feel I'm asking the impossible of them.</i>	0 <sup>a</sup>	0.11	3 <sup>a</sup>
41	<i>People hoard for a reason.</i>	3	1.19	3
42	<i>The work is physically draining.</i>	0	-0.01	2
43	<i>Hoarders are lovely people.</i>	1	0.44	-3 <sup>a*</sup>
44	<i>I need to take precautions in terms of my own safety.</i>	2	0.75	1
45	<i>I don't feel I have the time to address the hoarding properly.</i>	1	0.52	1
46	<i>My work with hoarders feels like I am scratching the surface.</i>	2	0.87	-1 <sup>a*</sup>
48	<i>Hoarding - it's a pitiful way of carrying on.</i>	-5	-1.68	-3 <sup>a</sup>
49	<i>Hoarders go back on what they say they will do.</i>	0	0.03	-1

Note. <sup>a</sup> = Distinguishing statements. \**p* < .01.

Table 3; *cluster demographics and psychometrics*

	Age Years in profession	Gender M/F	Profession	Hoarding Cases	Clutter Image Rating Scale	Anxiety
Therapeutic & client focused (N=15)	42.70 (8.30) 11.70 (9.10)	10/5	Housing N=9 Mental health N=6	7.30 (6.80)	7.30 (1.20)	21.30 (3.80)
Shocked & frustrated (N=2)	41.00 (21.20) 7.50 (2.10)	2	Housing N=1 Mental health N=1	9.00 (9.90)	6.40 (1.90)	11.00 (2.80)
Pragmatic & task focused (N=5)	40.00 (13.20) 8.70 (2.10)	4/1	Housing N=4 Fire N=1	9.00 (8.90)	7.10 (1.80)	14.40 (5.50)
Non-clustered (N=14)	43.50 (8.20) 10.90 (8.00)	6/8	Housing N=5 Mental health N=7 Fire N=1 Environmental health N=1	14.90 (27.60)	6.90 (1.70)	19.30 (4.30)