Clutter Management: Improving Participation of Clients with MS

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BACKGROUND:

Although there is substantial anecdotal evidence that clutter is common among individuals with multiple sclerosis (MS), no published studies could be found on the actual prevalence or impact of clutter on functional performance in activities of daily living (ADL) of individuals with MS. Clutter may promote confusion and place individuals in potentially harmful situations by increasing risks of falling, losing medications or misplacing important documents. Clutter can add to a sense of 'losing control,' leading towards a sense of helplessness.
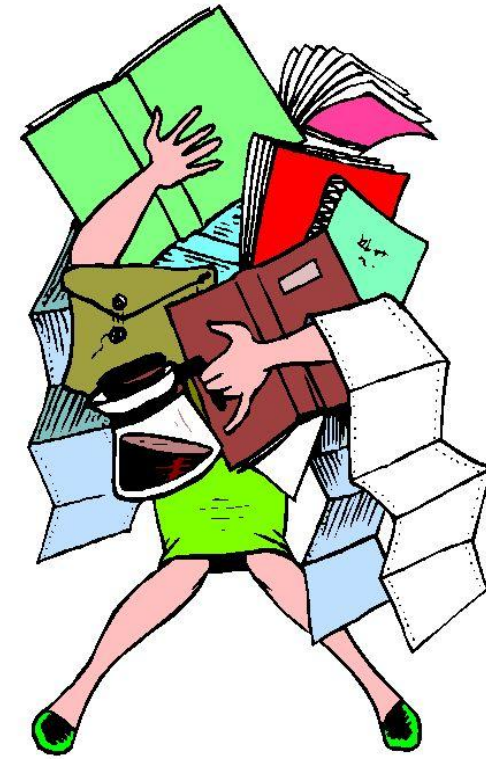
Increased Prevalence of Clutter Among Individuals with MS:

MS symptoms that may aggravate clutter accumulation
- Fatigue
- Depression
- Physical impairment
- Decreased mobility
- Cognitive deficits
- Visual disturbances
- 'Loss of Control'
  - Saving inanimate items and maintaining control of them, on some level alleviates this sense of losing control.

For clinicians to improve functional independence and participation in life roles from a holistic approach, clutter management is critical to address.
- *Physical Effects*
- *Social Effects*
- *Financial Effects*
- *Cognitive Effects*
- *Emotional Effects*

OBJECTIVES:

The objectives of this program are to:
- Incorporate successful clutter management interventions to enhance quality of life and functional independence
- Educate patients on the negative and potentially hazardous effects of clutter
- Educate patients on the beneficial effects of clutter removal
- Identify and treat the underlying causes of clutter
- Identify and address emotional responses associated with clutter removal
- Provide a forum for patients with similar problems to meet and problem solve with one another
- Educate patients on the scope of services available to assist with clutter removal

DESCRIPTION:

Utilizing successful published theories of change, a clutter reduction protocol has been developed and implemented to eight cohorts of ten MS patients for a period of six weekly two-hour sessions. Since eliminating clutter too rapidly can create anxiety and prevent long-term progress, a critical component of the intervention was to introduce changes incrementally. For example, by slowly removing the ties to "beloved" inanimate objects, such as a coffee mug collection, clients were ultimately able to "let go" of unnecessary items. The protocol addresses psychosocial issues preventing organization and offers practical strategies for clutter removal and management to improve performance in ADL.

Steps Towards 'Decluttering:'
STEP 1: Make Time
STEP 2: Prioritize
STEP 3: Set Easy and Accomplishable Goals
STEP 4: Sort
- 5 Sorting Categories: Trash/Good Homes/Sell/Storage/Keep
STEP 5: Declutter
STEP 6: Reward

5 Essential Questions to Consider:
a) Are you actually going to use the item in the future?
b) Will you remember you own the item?
c) Do you know where the item is located?
d) Is the item still functional?
e) Do you have the physical space for the item?

General Concepts:
- Think twice before purchasing
- 60 seconds or less – just do it!
- Utilize electronic records
- Condensing instead of keeping everything
- Take a picture for the memory
- Use it or lose it

"15 minutes a Day Keeps the Clutter Away"
- Maintenance is the key to a clutter free home

Mail:
- Constant inflow of clutter
- Divide: Junk/Important/Pleasurable
- Set time limits to address

RESULTS:

Preliminary evidence based on clients' reports suggest that the intervention helped to reduce clutter, promote a more realistic attitude towards "possessions," and establish a sense of accomplishment in controlling their environment. Clients also reported less falls, feeling less isolated, increased ease in finding medications, and a general sense of cognitive clarity in accomplishing ADL. We are currently developing outcome assessments to objectively measure these effects as well as the prevalence of clutter within the MS population.

CONCLUSION:

Clutter management is an important area for clinicians in MS to address because it can significantly impact function, safety, ADL, and quality of life. Our clutter protocol focuses on the psychological issues that may prevent effective management of clutter and offers specific, concrete strategies to help patients reduce clutter. A critical component of the intervention is to introduce changes incrementally. Preliminary evidence based on feedback from the participating MS patients indicated that the program was successful in reducing clutter, improving safety, and imparting a greater sense of control and sense of accomplishment.

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