

Appendix J2

Do's and Don'ts of Forming a Contract

This handout is from Chapter Six in: Tompkins, M.A., & Hartl, T.L. (2009). *Digging out: Helping your loved one manage clutter, hoarding & compulsive acquiring*. Oakland, CA US: New Harbinger Publications.

Do	Don't
<i>Do</i> have the family member and loved one sign the contract. Review and clarify his/her goals for the harm reduction plan.	<i>Don't</i> argue about the contract. Instead, try to decrease defensiveness and negotiate an agreeable compromise (if possible).
<i>Do</i> explain that you and the loved one likely will revise the contract over time, depending on what comes up and how well the plan is working.	<i>Don't</i> threaten your loved one with an ultimatum in order to persuade him/her to sign the contract unless you intend to follow through with the threat.
<i>Do</i> praise your loved one for his/her willingness to enter into an agreement with you.	<i>Don't</i> use the contract or its process to intimidate your loved one. Try to keep the contract forming process light and focused on helping your loved one live safely and comfortably in his/her home.
<i>Do</i> emphasize that the contract is there to help everyone keep on track, with the primary goal to help your loved one live safely and comfortably in his/her home.	<i>Don't</i> become rigid about the contract and demand that your loved one carry out every goal exactly as specified in the contract. Contracts change; can you?
<i>Do</i> include the frequency of home visits and other ways to monitor progress.	<i>Don't</i> move ahead with the harm reduction plan until you and the loved one have signed the harm reduction contract. Nothing can take the harm reduction process off course faster than arguments over the terms of the contract.
<i>Do</i> remember to review the contract periodically and change it if needed.	<i>Don't</i> give up if you can't get your loved one to sign the harm reduction contract. The contract forming process is an essential part of the harm reduction approach. Take the time you need until your loved one feels okay about the contents of the contract.
<i>Do</i> expect that you or your loved one will not be completely satisfied with the harm reduction contract. The contract represents many compromises and is not a perfect plan.	<i>Don't</i> expect a perfect plan. An imperfect harm reduction plan that all agree to honor is better than a perfect plan that few will honor.

Appendix J3

Harm Reduction Plan

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Realistic Goal	Plan for Monitoring	Harm Reduction Strategy

Appendix J4

Example of Harm Reduction Contract

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I, _____, and my family member understand that in order for me to continue to live safely and comfortably in my home, it is essential that I fully participate in the proposed harm reduction plan. To that end, I agree to the following:

-I will permit my family member to enter my home to assist me in keeping the designated harm reduction targets clear and honor all other harm reduction agreements. These home visits will occur weekly, or at a frequency designated in this harm reduction agreement.

The current agreed-upon frequency of home visits is twice per month, beginning on January 10, 2010.

-I will keep the following harm reduction targets clear and honor all other harm reduction agreements:

Safety Harm Reduction Targets

Clutter 24 inches away from top of stove.	Clutter 36 inches away from stair banister to second floor.
Clutter 12 inches away from furnace registers.	Clutter 36 inches away from stair banister to ground at back of house.
Will not use candles or open flames for lighting anywhere in house.	Will not use electric or gas space heaters anywhere in house.

Health and Comfort Harm Reduction Targets

Top of toilet and access to toilet clear so that toilet can be used.	Inside of shower and tub, and access to shower and tub, clear so that both can be used.
Food in refrigerator discarded after expiration date taped to food.	

-I will accept the following accommodations and support:

Accommodations and Support

Delivery of meals-on-wheels and permit the driver to take food containers away.	All medications prescribed for my medical and emotional health.
Weekly visits by my sister, daughter, and the visiting nurse.	

-I will accept help from the following professionals:

Name of Professional	Purpose
Jane Good, visiting nurse	Wound care and routine medical evaluation and care.
Dr. Albert Goff, psychiatrist	Medication management and psychotherapy.
Roberta Austin, elder care worker	Harm reduction coach, decluttering, and monitor safety and comfort.

-I, _____, and my family member, will follow my harm reduction plan in good faith and in the spirit of ongoing negotiation to improve and maintain my health, safety, and comfort within my home.

Jane Good, RN	Signature	Date
Ann Jones	Signature	Date
John Hill, MD	Signature	Date