

# Recognizing and Respecting The Lines

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Distinguishing Organizing, Coaching and  
Psychotherapy

**A Guide for Professional Organizers**

By

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# Introduction

A client's painful emotions, contentious family issues, serious health conditions, conflicted values, brain-based challenges – and the actions they are taking to address these concerns – are often shared with organizers. We also often observe their conflicts in the organizing process, their surroundings, relationships, and other aspects of their lives.

While we may be aware of what we are observing and experiencing, we are often not trained to address these issues directly. Sometimes an organizer needs to acquire additional training and skills to have effective conversations about the impact of various issues on the sessions and the organizing project.

At other times, the client needs the attention of a fully trained coach or mental health professional. Working in an area of a client's life we don't have the training to support is rarely constructive, predictably problematic, unethical and potentially dangerous.

If forward movement in the organizing process is consistently impaired by issues which are the ***domain of the psychotherapist or coach***, the organizer has been offered an opening for a conversation about boundaries and the work of other professionals. Suggesting a referral is the obvious and ethical next step for an organizer to take.

This Guide was created to help organizers:

- Recognize some basic distinctions between organizing, coaching, and psychotherapy
- Remember the ethical standards that should inform their decision to work (or not) with a specific client
- Identify the issues and behaviors which indicate when to refer to other professionals
- Review some Best Practices, Policies, and Procedures that support constructive, ethical organizing work
- Think through the boundaries around the kind of work they are willing and prepared to do
- Find the words that will help them communicate these boundaries

# Distinguishing Organizing, Coaching & Psychotherapy

	Organizer	Coach	Psychotherapist
Focus	Focus is on the functionality of systems and spaces in order to manage possessions, time, information, or projects.	Focus is on values, goals and potential -- and living authentically with all three by means of concrete actions.	Focus is on improving mental health (cognitive and emotional capabilities, functioning in relationships and society, and meeting demands of everyday life).
Structure of the Work	The client hires the PO to organize a specific job or area.  PO defines the process (possibly accommodating the client), provides physical energy, supplies & expertise to complete work <i>for</i> or with the client.	The client is considered NCRW (naturally creative, resourceful & whole) —to have his/her own answers which the coach helps reveal using coaching skills.  Coach works in an Awareness-Action-Learning model.	The client (individual or family) enters into a psychotherapeutic relationship, typically choosing a therapist based on their specific approach and qualifications. There is a wide variety to choose from (see Appendix).  Some professionals are qualified to conduct mental health assessments and make diagnoses.
Relationship	The relationship is defined by the organizer's business practices and style and is informed by industry ethics.	The relationship is co-designed by the client and the coach and is informed by the coach's training, practices, and industry ethics.	The relationship is defined by the therapist's training, approach, and business practices, as well as by the type of psychotherapy, strict standards and ethics, and the law.
Time Focus	Emphasizes the past, present and future.	Emphasizes present and future.	Emphasizes past, present, and/or future depending on the approach.
Domain of the Work	Typically gains permission to enter and physically change the client's environment while discussing & designing retention, allocation/ placement and systems.	Typically gains permission to ask questions that clarify thoughts, values and goals, answers -- and to motivate and challenge a client to action.	Typically explores personal history and core belief systems, as well as client's experience on cognitive, emotional, physical and/or spiritual levels.

	Organizer	Coach	Psychotherapist
<b>Explores</b>	<p>What do you want for this space?</p> <p>What do you want to focus on?</p> <p>What works?</p> <p>What doesn't work?</p> <p>How do you...?</p>	<p>What do you want to focus on?</p> <p>What did you learn?</p> <p>What's possible?</p> <p>What do you want?</p> <p>Who do you want to be?</p>	<p>Traditionally psychotherapists explored the etiology of symptoms (When did your distress begin? Describe your childhood.)</p> <p>The field has evolved; specific approaches explore different facets of client experience.</p> <p>Psychotherapists are trained to navigate vulnerable psyches with skill and caution.</p>
<b>Accountability</b> (follow-up learning)	<p>Accountability <b>is not</b> typically expected.</p>	<p>Accountability is typically expected subsequent to each specific action or fieldwork the client identifies and agrees to.</p>	<p>Accountability may or may not be expected.</p>
<b>Location</b>	<p>In client's environment (closets, drawers, private papers, calendar), including electronically stored information.</p> <p>Work may also take place on the telephone or the internet.</p>	<p>Work takes place on the telephone or the internet or, less often, in the coach's office.</p>	<p>Work takes place in the therapist's office, on the telephone or the internet.</p>
<b>Education and Training</b>	<p>The organizing field encourages training, but it is not mandatory.</p> <p>Many organizers learn from client experience and self-educated.</p> <p>There is ample training and certification available.</p>	<p>Coaching's specific bundling of skills and techniques require extensive training, including professional feedback and supervision before basic competency is reached.</p> <p>Training and certification programs abound even within each of the many specialties.</p>	<p>Psychotherapists are extensively trained and rigorously supervised before they become licensed and work independently.</p> <p>They are subject to the laws of the state in which they practice and the standards of their specialty and level of education.</p> <p><i>See details on specific kinds of therapy and of mental health professionals in the appendix.</i></p>

# Ethical Standards

These are the relevant points from these various professional standards of conduct. The identifying number or letter of each point is indicated (depending on the formatting of the original).

## Institute for Challenging Disorganization (ICD)<sup>1</sup>

- I will offer services in those areas in which I am qualified and will accurately represent those qualifications in both verbal and written communications.
- When unable or unqualified to fulfill requests for services, I will make every effort to recommend the services of other qualified organizers and/or other qualified professionals.

## National Association of Professional Organizers (NAPO)<sup>2</sup>

- I will offer services in those areas in which I am qualified and will accurately represent those qualifications in both verbal and written communications.
- When unable or unqualified to fulfill requests for services, I will make every effort to recommend the services of other qualified organizers and/or other qualified professionals.

## Board of Certified Professional Organizers (BCPO)<sup>®3</sup>

- I will only offer professional organizing services in those areas in which I am qualified, and I will accurately represent those qualifications in all verbal and written communications.

## Institute of Applied Coaching, Certified Organizer Coaches<sup>®4</sup>

4. I will only offer services in areas for which I am qualified, and will accurately represent my expertise, qualifications and certifications to clients, colleagues and the public at large.
5. I will refer a client to other professionals if the client's needs are best served by another professional, or if the client requires additional support.
6. I will maintain strict confidentiality with all client information unless authorized by the client, as required by law, or unless I perceive serious danger to the client or others.

## International Coach Federation<sup>5</sup>

- 14) I will accurately identify my qualifications, expertise and experience as a coach.
- 15) I will not intentionally mislead or make false claims about what my client will receive from the coaching process or from me as their coach.
- 18) I will respect the client's right to terminate coaching at any point during the process. I will be alert to indications that the client is no longer benefiting from our coaching relationship.
- 19) If I believe the client would be better served by another coach, or by another resource, I will encourage the client to make a change.
- 20) I will suggest that my clients seek the services of other professionals when deemed appropriate or necessary.
- 21) I will take all reasonable steps to notify the appropriate authorities in the event a client discloses an intention to endanger self or others.

## International Association of Coaching<sup>6</sup>

### 3.02 Safety and Well-Being

- (a) Each Coach must make an appropriate referral to a Mental Health Professional or Emergency Service Professional at an early point of recognizing situations in which clients may put their own safety or well-being at risk, or the safety or well-being of others at risk, and in severe situations the Coach must contact a Mental Health Crisis Service or Emergency Service on behalf of the client.
- (b) Coaches must not attempt to diagnose or assess any mental health issue or specific problem where clients may put themselves or others at risk, but must act solely out of their personal experience, as coaches are not trained or licensed to make such diagnoses or assessments.
- (c) Coaches must notify the appropriate authorities when a client discloses that they are harming or endangering another individual or group. The coach must also attempt to notify the person or group who is being harmed or endangered. The Coach does not need to discern if a mental health problem is present or in fact if the current or imminent harm

### 3.03 Providing Coaching Services to Those Served by Mental Health Professionals

Each coach must decide whether or not to enter into a coaching relationship with a client who is currently undergoing psychotherapy or other mental health treatment. Most important in making this decision is the client's welfare.

# Coaching Issues to Watch Out For

Certain issues come up when doing organizing work that are more effectively addressed through coaching. These include:

- Confusion about goals
- Confusion about needs and values
- Conflict between goals and actions
- Difficulty finding or sustaining motivation
- Difficulty prioritizing roles and responsibilities
- Difficulty making decisions
- Difficulty changing behaviors and habits

Coaching skills effectively address many of the issues which impair forward motion and decision-making in organizing work. An Organizer Coach (a professional organizer with coaching competence) can help clients gain clarity which will empower them to:

- Make decisions with more confidence
- Aid the organizer in the design of systems which will suit him or her
- Develop habits to support a change in the behavior which caused the disorganization
- Maintain the new organization more successfully



## Coach Referrals

In addition, there are organizing clients who have a lack of clarity about functioning, goals, values and motivation in a specific area – and there are coaches trained in those specialties, for example:

- ADD (personal education and awareness of one's own brain style and chemistry)
- Financial (operating with competence and integrity with regard to personal financial matters)
- Life Purpose & Design (identifying one's focus for this or the next era of their life)

Encourage your client to work with a coach who is a good fit, both in terms of conversational style and in areas of expertise. Coaches often work by phone. There are many national directories. (See **Resources**)

There is a broad similarity in coaching skills, but coaches have specialties and considerable specialty training. Examples of specialties to which you might refer:

- Life Coaches
- ADD Coaches
- Financial Coaches
- Relationship Coaches
- Career Coaches
- Executive Coaches
- Entrepreneur Coaches
- Small Business Coaches
- Parenting Coaches

# Mental Health Issues to Watch Out For

## Indicators for Mental Health Referrals

### Your Client May Need a Mental Health Referral If He or She Experiences:<sup>7</sup>

Prepared by: Tiffany deSilva, MSW – an organizer coach with mental health training

1. Inability to fall asleep or stay asleep.
2. Loss of appetite or increase in appetite.
3. Down or depressed mood.
4. Feelings of despair or hopelessness.
5. Excessively tired or lethargic.
6. Frequent weeping during sessions.
7. Feelings of guilt that do not seem to go away.
8. Decreased pleasure in things they used to enjoy.
9. Increased nervousness, fidgeting, or hyperactivity.
10. Frequent irritability or agitation.
11. Very low frustration tolerance or outbursts of anger.
12. Decreased ability to focus or concentrate.
13. Consistent avoidance of certain topics, items, or areas during sessions.
14. Unpleasant obsessive thoughts or ruminations.
15. Unpleasant compulsions or ritualistic behavior.
16. Paranoia or increased fear.
17. Highly impulsive or risky behaviors.
18. Signs of substance abuse or other addictive behaviors.
19. Unresolved grief or any unpleasant emotions they can't seem to get past.
20. Excessive worry or anxiety.

## “Top Ten Indicators to Refer a Client to a Mental Health Professional”<sup>8</sup>

Prepared by: Lynn F. Meinke, MA, RN, CLC, CSLC -- Life Coach  
Excerpted to share a sample of the resource.

Your Client:

1. Is exhibiting a decline in his/her ability to experience pleasure and/or an increase in being sad, hopeless and helpless
  - *As a coach you may notice that your client is not as upbeat as usual.*
  - *He/she may talk much more frequently about how awful life/the world is and that nothing can be done about it.*
  - *The client may make comments about "why bother" or "what's the use."*
  - *There will be a decline in talking about things that are enjoyable.*
  - *He/she may stop doing things they like to do (examples: going to the movies, visiting with friends, participating in athletic events or being a spectator of sporting events).*
  - *The client begins to talk about being unable to do anything that forwards their dreams or desires*
2. Has intrusive thoughts or is unable to concentrate or focus
3. Is unable to get to sleep or awakens during the night and is unable to get back to sleep or sleeps excessively
4. Has a change in appetite: decrease in appetite or increase in appetite
5. Is feeling guilty because others have suffered or died
6. Has feelings of despair or hopelessness
7. Is being hyper alert and/or excessively tired
8. Has increased irritability or outbursts of anger
9. Has impulsive and risk-taking behavior
10. Has thoughts of death and/or suicide

## Additional Referral Indicators When Working with Hoarding Clients<sup>9</sup>

In a 2008 address to NSGCD<sup>10</sup> on working with clients who hoard, Gail Steketee, Ph.D. differentiated the kinds of client beliefs that are effectively addressed by a trained professional with motivational interviewing training – and those client beliefs which require a fully credentialed and trained psychotherapist.

According to Dr. Steketee, *with appropriate training in motivational interviewing*, it's possible to safely and productively explore client beliefs about their possessions. These are ***Instrumental, Intrinsic and Sentimental Beliefs***.

### ***Instrumental Beliefs***

- future need or possibilities
- utility, usefulness
- value, lost investment or waste of their possessions

### ***Intrinsic Beliefs***

- magical thinking
- creative expression
- aesthetics

### ***Sentimental Beliefs***

- emotional comfort and safety
- managing emotions
- tolerating distress
- seeing objects as symbols or as having feelings

***Core Beliefs*** and vulnerabilities require a mental health referral. Dr. Steketee stated, “A professional organizer can’t make a dent in core beliefs.” These are beliefs about

- self-worth
- lovability
- vulnerability and helplessness

We can identify the surfacing of ***Core Beliefs*** in these kinds of client comments:

- *I am worthless.*
- *I am unlovable.*
- *I am not safe.*
- *The world is unsafe.*
- *I have no control.*
- *Nothing I do will change anything.*

## Mental Health Urgency

**Your client should see a mental health provider right away if he or she experiences any of the following<sup>11</sup>:**

1. Recurrent thoughts of death without a plan or means to commit suicide.
2. Depressed mood and feelings of despair coupled with an increase in donating items or giving things away.
3. A dramatic negative change in the client's personality or mood that is not related to a recent negative event.

## Mental Health Emergency

**Your client should seek help right away or you should initiate help for him or her. Call 911, contact the client's therapist, and/or call a community Mental Health Crisis Agency in the presence of any of these experiences<sup>12</sup>:**

1. Suicidal ideation or attempt.
2. Homicidal ideation or attempt.
3. Violent or injurious behavior towards another
4. Violent or self-injurious behavior.
5. Auditory or visual hallucinations.
6. Delusions or beliefs consistent with hallucinations.
7. Extreme paranoia or fear.
8. Extremely disorganized thoughts or speech.
9. Significantly impaired cognitive functioning, memory loss.
10. Sudden change in mental status, disorientation, confusion.
11. Intense anxiety, anger, irritability, or agitation.
12. Alcohol or substance intoxication that puts self or others at risk.
13. Alcohol or substance abuse withdrawal or overdose.
14. Profuse sweating, heart palpitations, feelings of doom, or loss of control.
15. Breathing problems, shortness of breath.
16. Catatonic state or loss of mobility.

## Best Practices, Policies, and Procedures<sup>13</sup>

1. Be able to clearly articulate the differences between organizing, coaching and psychotherapy.
2. Make sure clients with mental health issues understand the parameters of the relationship.
3. Inform clients verbally and in the written agreement that confidentiality will be maintained except in the following situations:
  - they give you written permission to do otherwise
  - instances where required by law
  - in situations where they or someone else may be in danger
4. Learn as much as possible about common mental health conditions in order to serve clients better and assess when they may need a referral.
5. Be able to identify signs that a client needs a mental health referral.
6. Be familiar with mental health professionals and other resources that might be helpful to clients. (See **Resources**: *Locating & Understanding Mental Health Resources*, Yvonne Trostli, MA, MS, COC)
7. Refer clients as soon as possible when they need additional support.
8. In non-emergencies, have the client sign a release form in order to share information with his or her mental health provider or other professionals.
9. Collaborate with other service providers or mental health professionals if it would be beneficial to the client.
10. Locate the number of a local Mental Health Crisis Agency in case of an emergency and develop an emergency referral procedure ahead of time.
11. Create and document your company's policies and procedures for handling mental health referrals.

**National Suicide Prevention Lifeline**

<http://www.suicidepreventionlifeline.org/>

**State Mental Health Crisis Lines**

<http://mentalhealth.samhsa.gov/hotlines/state.asp>

# Your Own Boundaries<sup>14</sup>

## Additional Referral Factors

Aside from clear indicators for referral or emergency action an organizer needs to be clear about his or her personal and/or professional boundaries in working with clients whose emotional, mental and/or physical states are causing concern.

**1. The organizing project is losing a race against your client's decreasing ability to show up for the work.**

Your client's participation is less and less functional (focused, coherent, present, engaged).

**2. Your client's well-being.**

No evidence of effective support and/or self-care strategies and the work or her life is taking a toll.

**3. Your own professional and personal need for consistent progress and/or effective sessions with your client.**

You are having trouble maintaining your focus, enthusiasm or belief in your client or the work.

## Think Through Your Boundaries

**Consider these questions in light of the three factors above:**

Why do I feel a need to take a stand here?

Is this the right time to be doing this work?

What exactly are the brain-based challenges my client is living with? Do I feel I can confidently and ethically proceed if we don't know for sure?

Does my client have good support for her brain-based condition and level of stress? How strong are those relationships?

Is my client willing to reach out for more support?

Is my client practicing good self-care?

Is my client making progress dealing with the emotional issues which come up in our work together?

Has the client been open about the current issues with which s/he struggles?

What is my own standard of effectiveness?

What's the red flag I keep sensing?

What ethical standards or issues are at play here?

What support do I feel is missing? What does my client think? Could I continue if there was more support in place?

Could I more comfortably continue with this client if there was a crisis contingency plan?

Do I need be in a collaborative relationship with her medical professional to continue?

Is my training adequate to serve this client?

Are my client's issues challenging me personally?

Am I able to effectively communicate and maintain boundaries with this client?

What's my current emotional burden and strength? Where can I find the support I need?

If I am clear that I need to suspend or stop working with this client, what kind of closure is possible and necessary for (this stage of) the relationship or organizing project?

## Decide on Your Boundary

1. Continue to work with certain conditions or agreements
2. Take a break in the work for a specific period of time until one or more actions have been taken
3. Take a break in the work indefinitely until one or more actions have been taken and the situation is different
4. End the working relationship permanently for specific reasons, providing a referral to an organizer with specific training or to a different kind of professional all together



## Finding the Words

If you conclude that a psychotherapist is needed, then broaching that subject is essential and ethical.

### If you think your client should consider taking up an issue with their existing psychotherapist:

*Your strong feelings about \_\_\_\_\_ have surfaced several times in our work together. I encourage you to mention them to Dr. X.*

### If you would like to work collaboratively with your client's existing psychotherapist or coach:

*I'd like to tell you about an option you have which you might not be aware of. More and more frequently, organizers are working in collaboration with the therapist (coach) on behalf of the client who has hired them both. What we're learning is that the organizing work can be less stressful (or more efficient) as a result.*

*It's something to think about in our situation. I'd like to explain how it might work.*

*We would only proceed if you signed a release authorizing both me and your (therapist/coach) to communicate with each other about the overlapping parts of the work we are doing with you.*

*In a different option, you could set up a meeting (in person or by phone) so all three of us could discuss the organizing work and the issues it brings up.*

*These are not required arrangements, but if this appeals to you, to talk over with your therapist (coach).*

**If your client repeatedly experiences deeply upsetting emotions during the organizing work which you know are outside your expertise to deal with or which significantly stalls the work:**

*(Client name), it's happened several times that the work we are doing stirs up a lot of emotion for you. This is not unusual.*

*We now have a situation that is beyond my training.*

*I want to encourage you to consider working with a professional who knows how to be useful to you in handling the strong feelings that are coming up here. I know our work will benefit if you have that additional support.*

*You deserve the support of someone with the expertise to help you in deal with the emotions this work is stirring up. You deserve better help than I know how -- or could ethically even attempt -- to provide.*

*I request that you think about this. I will bring it up next time we speak. I'm not sure we can continue our work unless you locate the support you deserve to our time more productive.*

**If your client continually shares intimate information which goes beyond what is necessary to get the organizing work done and which you've indicated makes you uncomfortable:**

*(Client's name), I know it's a stressful time for you (or I know you are a very open person), but you have again brought up your ex-husband's affair and sexual practices and your reactions to it.*

*I would like to acknowledge that his behavior is clearly bringing up feelings for you and that you deserve support on this. I'm truly not prepared or trained to be that support.*

*This level of sharing makes me very uncomfortable. I request (again) that you to keep this and other similar kinds of information out of our work and time together."*

*If you can't respect this request I will not continue working with you even though the job is unfinished.*

# Resources

## Referral Resources

### Mental Health Professionals

Varness, K. (ed). (2012) *The ICD Guide to Challenging Disorganization for Professional Organizers*. St. Louis, MO: Institute for Challenging Disorganization. Pages 280-288. "Increasing Client's Support: Locating Mental Health Resources in Your Community" by Yvonne Trostli MS, MS, COC  
[www.challengingdisorganization.org](http://www.challengingdisorganization.org)

### Organizers

**Institute for Challenging Disorganization (ICD)**  
[www.challengingdisorganization.org/](http://www.challengingdisorganization.org/) Referral resource (by specialty training and certification levels)

**National Association of Professional Organizers (NAPO)** [www.napo.net/](http://www.napo.net/)

**Professional Organizers in Canada (POC)** [www.organizersincanada.com/](http://www.organizersincanada.com/)

### Coaches

**International Association of Coaching (IAC)** <http://certifiedcoach.org/>

**International Coach Federation (ICF)** [www.coachfederation.org/](http://www.coachfederation.org/)

**Certified Organizer Coaches** [www.certifiedorganizercoaches.com/](http://www.certifiedorganizercoaches.com/)

### ADD Coaches and ADD Professionals

**ADHD Coaches Organization (ACO)** [www.adhdcoaches.org/](http://www.adhdcoaches.org/)

**Institute for the Advancement of ADHD Coaching (IAAC)**

[www.adhdcoachinstitute.org/](http://www.adhdcoachinstitute.org/)

**Children and Adults with ADD (CHADD)** [www.chadd.org/](http://www.chadd.org/)

**National Attention Deficit Disorder Association (ADDA)** [www.add.org/](http://www.add.org/)

## Additional Resources

Miller, W.R. and S. Rollnick. (2002). *Motivational Interviewing*. New York: Guilford Press.

Tyler, K. (1995). *The Ethics of Caring*. Santa Cruz, CA: Hanford Mead.

Kylea Taylor's interesting text explores professional boundaries in terms of energy and over-extending for "healing professionals" (in the broadest sense).

## About the Author

Denslow Brown, CPO®, CPO-CD®, MCC is a professional organizer and coach. Founder with Cameron Gott, PCC of the acclaimed Coach Approach for Organizers™ training program, she trains organizers to use coaching skills with their clients. She has also established the Certified Organizer Coach™ credential through the Institute of Applied Coaching.

Denslow's client specialties are adults with ADD and organizers in transition. An organizer since 1974, she has been active from the start in both the National Association of Professional Organizers (national board director, *NAPO News* Editor, President's and Founders' Awards, frequent conference presenter, Quantum Leap Task Force co-founder) and in the National Study Group on Chronic Disorganization, now the ICD - institute for Challenging Disorganization (conference and teleclass presenter, Mentor Coach and Lab Facilitator for the Level IVI Program Coaches).

Recognized as a Master Trainer (Level V) by ICD and certified as a Master Certified Coach (MCC) through the International Coaching Federation and a Senior Certified ADHD Coach by the IAAC, Denslow is also a Certified Professional Organizer (Board of Certified Professional Organizers) and a Certified Professional Organizer in Chronic Disorganization (ICD). She is the only person to have the highest certifications in the organizing, coaching and ADD coaching fields.

Denslow is the author of *The Processing Modalities Guide: For Organizers, Coaches – and Those Who Want to Live with Ease and Effectiveness – and Less Frustration*, Hickory Guild Press, 2011 ([www.organizercoach.com](http://www.organizercoach.com)). She also authored several of the chapters in the 2012 book: *The ICD Guide to Challenging Disorganization for Professional Organizers*.

**Learn more about the Coach Approach for Organizers™  
telecourse training or the Certified Organizer Coach™ credential  
at [www.CoachApproachforOrganizers.com](http://www.CoachApproachforOrganizers.com)**

## Appreciation

First, my very deepest appreciation goes to Yvonne Trostli, MA, MS, COC® who helped make every concept, sentence and thought stronger, clearer, and better – although, of course, all errors are mine.

I want to thank Peter Walsh and Deborah Stanley for their Q&A exchange at the Golden Circle session following Peter's keynote at the 2008 NAPO conference in Reno. It helped me realize I had information on this topic which was needed and useful.

Everyone who heard Dr. Gail Steketee at the 2008 NSGCD conference was grateful for the clarity she brought to the kinds of conversations people who hoard need to have -- and the training necessary to have those conversations with them.

My thanks also goes to my Coach Approach for Organizers™ students and to ICD colleagues for their questions and comments on this topic over more than a decade. Their inquiries inspired me to research and think about these topics often and seriously. I specifically thank Sara Wiggins who contributed an early critical addition and to Tiffany deSilva who was collected much of the medical credentialing, ethical and cautionary information.

Recently, Margaret Leukens challenged some of the information in an earlier version of this handout and stirred me to undertake with Yvonne this last revision, thereby strengthening it.

# Endnotes

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- <sup>1</sup> Institute for Challenging Disorganization [www.challengingdisorganization.org/content/code-ethics](http://www.challengingdisorganization.org/content/code-ethics)
  - <sup>2</sup> National Association of Professional Organizers [www.napo.net/our\\_profession/ethics.aspx](http://www.napo.net/our_profession/ethics.aspx)
  - <sup>3</sup> Board of Certified Professional Organizers <http://certifiedprofessionalorganizers.org/policies-code-of-ethics.php>
  - <sup>4</sup> Institute for Applied Coaching Certification Packet [www.CoachApproachforOrganizers.com](http://www.CoachApproachforOrganizers.com)
  - <sup>5</sup> International Coach Federation Code of Ethics [www.coachfederation.org/about-icf/ethics-&-regulation/icf-code-of-ethics/](http://www.coachfederation.org/about-icf/ethics-&-regulation/icf-code-of-ethics/)
  - <sup>6</sup> International Association of Coaches *Code of Ethics* <http://certifiedcoach.org/ethics/ethics.html>
  - <sup>7</sup> deSilva, T. (2010). *Coachability and Brain-Based Conditions: Establishing Policies and Procedures Regarding Mental Health Referrals* (list adapted from DSM-IV and deSilva's graduate school training) Independent project for Organizer Coach Practicum training. Drury, MO: Coach Approach for Organizers.
  - <sup>8</sup> Meinke, L. *The Top Ten Indicators to Refer a Client to a Mental Health Professional* [www.coachfederation.org/articles/index.cfm?action=view&articleID=773&sectionID=27](http://www.coachfederation.org/articles/index.cfm?action=view&articleID=773&sectionID=27)
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  - <sup>11</sup> deSilva, T. (2010). *Coachability and Brain-Based Conditions: Establishing Policies and Procedures Regarding Mental Health Referrals* (adapted: DSM-IV and deSilva's graduate school training)
  - <sup>12</sup> deSilva, T. (2010). *Coachability and Brain-Based Conditions: Establishing Policies and Procedures Regarding Mental Health Referrals* (adapted: DSM-IV and deSilva's graduate school training).
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  - <sup>14</sup> Brown, D. (2010). *Brain-Based Coaching* curriculum, Coach Approach for Organizers™ training program