



HOARDING: BEST PRACTICES

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INTRODUCTIONS

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- Explanation of programs/roles
- How do we encounter Hoarding Behavior?

SPECIAL CONSIDERATIONS

Special Considerations for Older Adults

- Older Adults have more collected items
- Tend to have more risk of diminished physical and mental ability (multiple health issues/cognitive impairment)
- Tend to have more losses (decreased network of support, people to assist such as friends and family)
- Older Adults have increased risk of falls and associated injuries

HOW DO WE APPROACH THE PROBLEM?

Build relationship of Trust

Approach hoarding from a **safety** aspect

Recognize progress may be slow

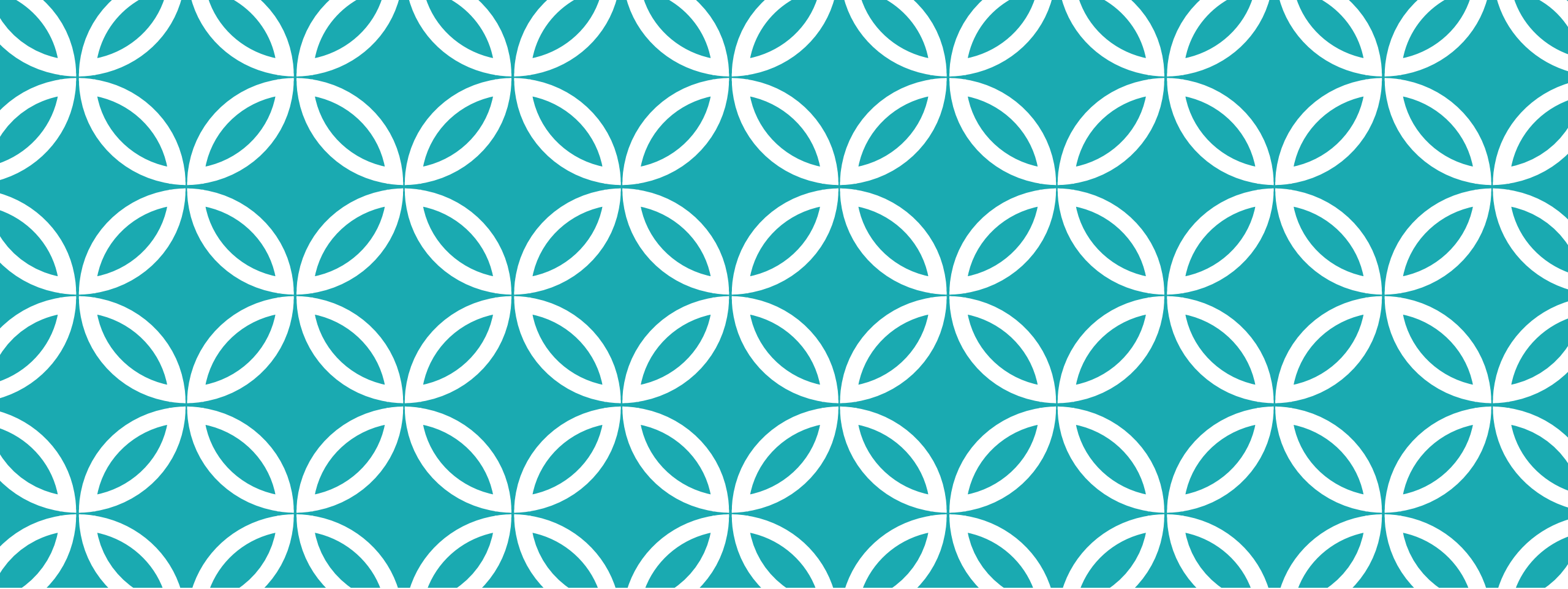
Use motivation to decide the plan

Establish an ongoing visitation plan

Enlist help

EARLY INTERVENTION

1. Pre-meeting / referral process – gather as much information as possible
2. Assessment – HOMES, Clutter Image Rating Scale, Clutter Hoarding Scale (C-HS)
3. Create a service plan together
4. Establish consistent appointments
5. Define your role – supportive, therapeutic, educational
6. Services – heavy chore, homemaking, companion services, supportive housing



ASSESSMENT TOOLS



ASSESSMENT OF KEY AREAS

- **Safety of the person** (including any other people living in the home and/or pets)
- **Safety of the structure** re: persons and others
- **Insight** of the person regarding the situation
- **Capacity** of the person to address the hoarding
- The available **resources** – finances, insurance



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: _____

ICD's
CLUTTER-HOARDING SCALE™
FIVE CATEGORIES.

Structure and Zoning

Assessment of access to entrances and exits; function of plumbing, electrical, HVAC (any aspect of heating, ventilation or air conditioning) systems and appliances; and structural integrity

Animals and Pests

Assessment of animal care and control; compliance with local animal regulations; assessment for evidence of infestations of pests (rodents, insects or other vermin)

Household Functions

Assessment of safety, functionality and accessibility of rooms for intended purposes

Health and Safety

Assessment of sanitation levels in household; household management of medications for prescribed (Rx) and/or over-the-counter (OTC) drugs

Personal Protective Equipment (PPE)

Recommendations for PPE (face masks, gloves, eye shields or clothing that protect wearer from environmental health and safety hazards); additional supplies as appropriate to observational level

SCOPE OF SCALE

PURPOSE OF SCALE: This document is to be used as an assessment/guideline tool only, specifically for use in the assessment of a home's interior, except where the outside structure affects the overall safety of the interior. Does not include sheds, unattached garages or outbuildings. It is not to be used for diagnostic purposes or for any psychological evaluation of a person or persons. ICD is not responsible for any work performed by a professional organizer or other related professional using ICD's C-HS™ or C-HS™ Quick Reference Guide.

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ICD's
CLUTTER-HOARDING SCALE™
FIVE LEVELS.

Five progressive levels indicate the degree of household clutter and/or hoarding; Level I as the lowest, and Level V the highest. ICD considers Level III as the pivot point between a household that might be assessed as cluttered, and a household environment that may require the deeper considerations of working in a hoarding environment.

LEVEL I GREEN LOW

Household environment is considered standard. No special knowledge in working with the chronically disorganized is necessary.

LEVEL II BLUE GUARDED

Household environment requires professional organizers or related professionals who have additional knowledge and understanding of chronic disorganization.

LEVEL III YELLOW ELEVATED

Pivot point between a cluttered household environment and a potential hoarding environment. Those working with Level III household environments should have significant training in chronic disorganization and will require a community network of resources, especially mental health professionals.

LEVEL IV ORANGE HIGH

Household environment requires a coordinated collaborative team of service providers in addition to professional organizers and family: mental health professionals, social workers, financial counselors, pest and animal control officers, crime scene cleaners, licensed contractors and handypersons.

LEVEL V RED SEVERE

Professional organizers should not work alone in a Level V environment. Requires a collaborative team, potentially including family, mental health professionals, social workers, building manager, zoning, fire, and/or safety agents. Formal written agreements among the parties should be in place before proceeding.

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The full version of the Clutter-Hoarding Scale™ is available on the ICD website at www.challengingdisorganization.org.

CLUTTER-HOARDING
SCALE™
QUICK REFERENCE GUIDE



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CLUTTER-HOARDING SCALE™ (C-HS™) QUICK REFERENCE GUIDE

	Structure and Zoning	Animals and Pests	Household Functions	Health and Safety	Personal Protective Equipment (PPE)
LEVEL I	All doors, stairs and windows accessible; plumbing, electric and HVAC operational; fire and CO detectors installed and functional	Normal animal control (behavior/sanitation); approved number of animals; no evidence of rodents or insects	No excessive clutter; all rooms properly used; appliances functional; good housekeeping and maintenance	Safe, sanitary; no odors; medication control OK	OPTIONAL
LEVEL II	1 major exit blocked; 1 major appliance or HVAC device not working for longer than one season; some plumbing or electrical systems not fully functional; fire or CO detectors non-existent or non-functional	Evidence of inappropriate animal control; visible or odorous pet waste; visible pet fur/hair/feathers; light to medium evidence of common household pests/insects	Clutter beginning to obstruct living areas; slight congestion of exits, entrances, hallways and stairs; some household appliances not functional; inconsistent housekeeping and maintenance	Diminished appropriate sanitation; odors from dirty dishes, food prep, laundry, toilets; mildew present; medication control questionable	LIGHT PPE Medical or work gloves; caps (baseball or poly bouffant); first aid kit; insect repellent; hand sanitizer
LEVEL III	Outside clutter of items normally stored indoors; HVAC devices not working for longer than one season; fire or CO detectors non-existent or non-functional; one part of home has light structural damage (occurring within past six mos.)	Animal population exceeds local regulations; inappropriate animal control; inadequate sanitation; audible evidence of pests; medium level of spiders; light insect infestation such as bed bugs, lice, fleas, roaches, ants, silverfish, spiders, etc.	Clutter obstructing functions of key living areas; building up around exits, entrances, hallways and stairs; at least one room not being used for intended purpose; several appliances not functional; inappropriate usage of electric appliances and extension cords; substandard housekeeping and maintenance; hazardous substances in small quantities	Limited evidence of maintaining sanitation (heavily soiled food prep areas, dirty dishes, mildew); odors obvious and irritating; garbage cans not in use or overflowing; dirt, dust and debris; dirty laundry throughout house; Rx and OTC medications hazardous control (re children, pets, mentally impaired)	MEDIUM PPE Face masks or N95 respirator masks; eye protection; gloves; disposable coveralls; poly caps; work shoes/boots; first aid kit; hand sanitizer, insect repellent
LEVEL IV	Excessive outdoor clutter of items normally stored indoors; HVAC devices not working for longer than one year; CO detectors non-existent or non-functional; structural damage to home lasting longer than six months; water damaged floors, damaged walls and foundations, broken windows, doors or plumbing; odor or evidence of sewer backup	Animal population exceeds local ordinances; poor animal sanitation; destructive behavior; excessive spiders and webs; bats, squirrels, rodents in attic or basement (audible and visible); medium insect infestation	Diminished use and accessibility to key living areas; several rooms cluttered to extent they cannot be used for intended purposes; clutter inhibits access to doorways, hallways and stairs; inappropriate storage of hazardous/combustible materials; appliances used inappropriately; improper use of electric space heaters, fans or extension cords	Rotting food, organic contamination; expired, leaking cans or bottles, buckled sides and tops; dishes and utensils unusable; no linens on beds; sleeping on mattress; chair or floor; infestation of bedding and/or furniture; medications Rx and OTC medications easily accessible to anybody	FULL PPE Face masks or N95 respirator masks; safety goggles, medical or industrial grade latex or nitrile gloves; heavy duty work gloves; disposable coveralls; caps, work shoes/boots; first aid kit; hand sanitizer; insect repellent; headlamp or flashlight
LEVEL V	Extreme indoor/outdoor clutter; foliage overgrowth; abandoned machinery; ventilation inadequate or nonexistent; HVAC systems not working; water damaged floors, walls and foundation; broken windows, doors or plumbing; unreliable electrical, water and/or septic systems; odor or sewer backup; irreparable damage to exterior and interior structure	Animals at risk and dangerous to people due to behavior, health and numbers; pervasive spiders, cockroaches, mice, rats, squirrels, raccoons, bats, snakes, etc.; heavy infestation of insects such as bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.	Key living spaces not usable; all rooms not used for intended purposes; entrances, hallways and stairs blocked; toilets, sinks and tubs not functioning; hazardous conditions obscured by clutter; appliances unusable; hazardous and primitive use of kerosene, lanterns, candles, fireplace/woodstove as primary source of heat and/or light	Human urine and excrement present; rotting food; organic contamination; cans or jars expired, leaking or buckled; dishes and utensils buried or nonexistent; beds inaccessible or unusable due to clutter or infestation; pervasive mold and/or mildew; moisture or standing water; Rx and OTC medications easily accessible to anybody; presence of expired Rx	FULL PPE REQUIRED N95 respirator mask or mask with organic filter(s); safety goggles; medical or industrial grade latex, or nitrile gloves; heavy duty work gloves; disposable coveralls, poly caps, work shoes/boots; first aid kit hand sanitizer; insect repellent; headlamp or flashlight

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: Living Room

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale: Kitchen

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



1



2



3



4



5



6



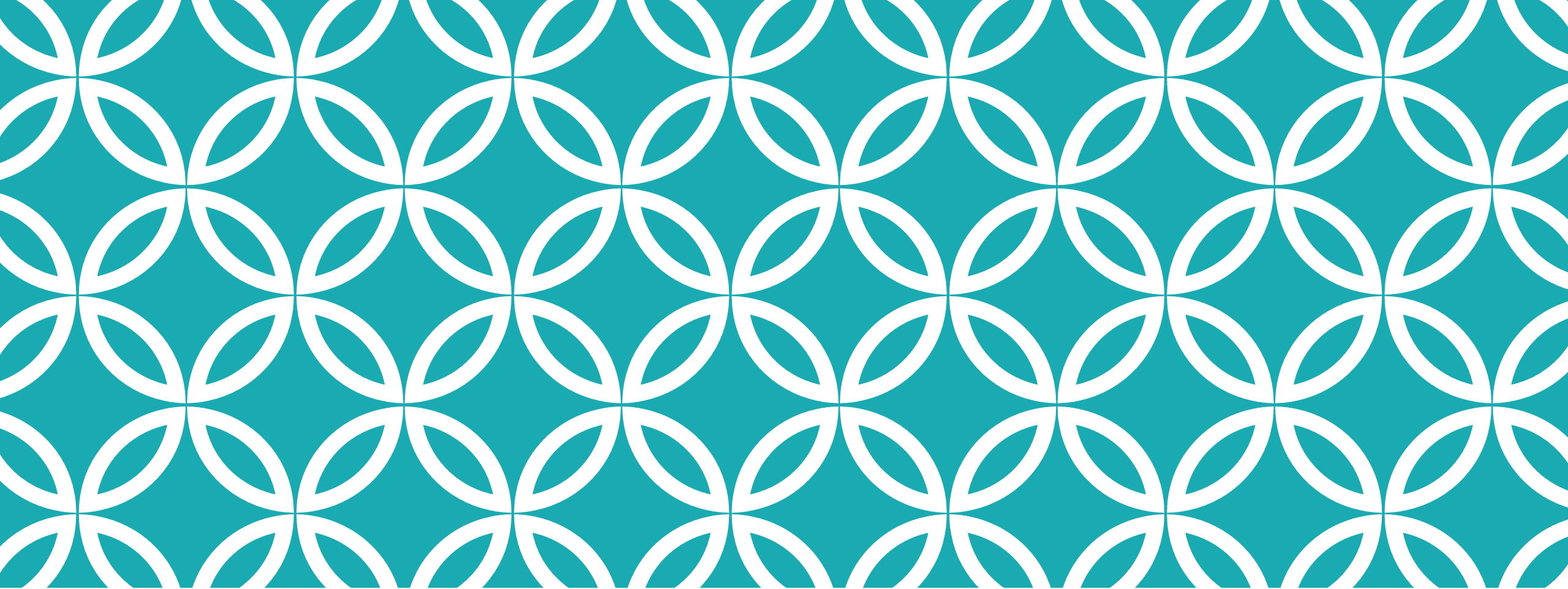
7



8



9



HOARDING INTERVENTION MODELS



COMMUNITY PARTNERSHIPS

- Relationship of two or more organizations/agencies that coordinate intervention efforts
- Partnerships-- also called collaborations, multi-disciplinary efforts, task forces, working groups
- Exist in communities of all sizes, geographic areas in US, Canada, UK, Australia, and possible in other countries
- Formal and informal arrangements (e.g., MOU agreement or “know who to call”)

Partnership Models

- Task force
- Case management
- Intervention teams

A COORDINATED RESPONSE

THAT MAXIMIZES RESOURCES IS LIKELY TO ACHIEVE THE BEST POSSIBLE RESULT

Hoarding Task Force Membership

Housing

Public health

Mental health

Protective services (for children, adults, elderly)

Fire

Police

Aging Services / Social Workers

Legal (civil and criminal)

Medical (VON, OT, PT, Family Doctor)

Animal Control

Building Inspectors

Municipalities

Professional Cleaners or Organizers

MODELS OF TASK FORCE INTERVENTION

Three primary models of hoarding task force structure

1. Education

2. Case Consultation

3. Direct Intervention

EDUCATION

- Primary purpose is to provide education about the problem of hoarding and appropriate interventions
1. Internal education: for task force members and agencies
 2. Community education
- May include support groups, family education/support, trainings, symposia, etc.
 - Many task forces do both forms of education
 - May be a mechanism for disseminating the latest research and best practices

CASE CONSULTATION

Primary purpose is for task force members to discuss cases and receive feedback and input

Typically have 1-2 cases presented each meeting

Privacy laws about protected (health) information and confidentiality apply; some groups have shared agreements

Many agencies on task force share or are aware of similar cases

Allows for professional support and use of best practices

INTERVENTION

Primary purpose is for task force to serve as the intervention and response mechanism for hoarding cases in a given community

Task force is the intervention response mechanism (rare) OR • Task force member agencies join together to intervene in cases

Allows for coordinated response among task force agencies

Community knows where to make referral and who will respond

Also includes task forces that sponsor treatment groups, peer response

PEER SUPPORT GROUP MODELS

Proven to be an integral part of intervention and change process

Benefits

- Give more people access to clinicians and coaches who can help
- Methods may be more affordable
- Result in “much improvement” of the hoarding behaviors
- Crucial element : Increase Insight and Motivation and develop a healthy relationship with one’s possessions
- ***Leading the Buried in Treasures Workshop, L. Shuer and R. Frost 2014***

HOARDING TASK FORCE MODELS

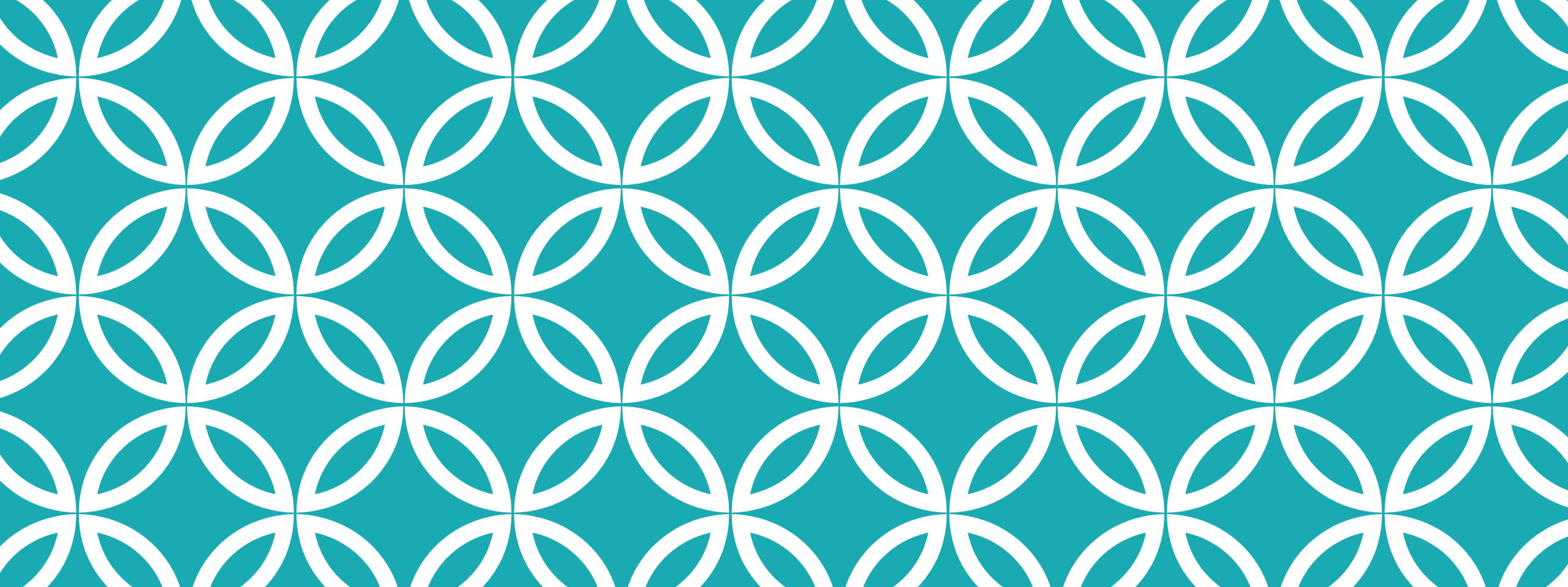
Benefits

- Enhanced professional networking. Who to call at what organization for assistance
- Fiscal and personnel resources are shared between participating agencies.
- Better educated about the problem and the appropriate strategies for assisting with it
- Keep the person who hoards at the center of the intervention, sets clear expectations that are more readily met by hoarding clients, enhancing potential for long-term success

THE HOARDING TASK FORCE MODEL

Challenges

- Lack of dedicated staff whose primary responsibility is the task force
- Sustained funding! i.e. external grants
- Securing/maintaining leadership, divided priorities
- Conflicting professional priorities about a course of intervention, steps taken and in what order.
- Keeping the rights of the person with hoarding behavior front and center of all coordinated task force responses



CANADIAN HOARDING INTERVENTION MODELS





HOARDING ACTION RESPONSE TEAM

VANCOUVER, BRITISH COLUMBIA

- Partnership between the City and Vancouver Coastal Health
- Coordinated Community response to those impacted by hoarding
- Cases referred to HART by Vancouver Fire and Rescue, Housing/Property Managers, neighbors, community members, Vancouver Coastal Health, utility providers, non-government health agencies
- HART Team Members:
 - Community Mental Health Nurse
 - Two Vancouver Coastal Health Mental Health Workers
 - City Fire Inspector
 - City Property Use Inspector



HOARDING ACTION RESPONSE TEAM

VANCOUVER, BRITISH COLUMBIA

Team visits the homes of residents referred to the program and **through relationship building and support:**

- Conducts inspections
- Works with residents to prioritize steps to be taken
- Helps residents organize and de-clutter their home
- Refers clients to community resources



HOARDING ACTION RESPONSE TEAM

VANCOUVER, BRITISH COLUMBIA

Goals of the team:

- Improve physical and mental health
- Connect people with resources
- Prevent fires and evictions
- Ensure safer living conditions
- Ensure safety of first responders