

## Hoarding Interventions

90 Minute Workshop  
on Hoarding Disorder and Effective Interventions  
December, 2011

Mark Odom, LCSW  
education, consultation, community & clinical interventions for  
excessive clutter and hoarding

*please be ethical and do not use slides without permission*

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## Acknowledgements

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- Members of Orange County Task Force on Hoarding

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## International Exchange on Hoarding

Sponsored by **mha** Mental Health Association  
of Orange County

This website is intended as an international forum for individuals and organizations to obtain and share information concerning the development and administration of collaborative, community based interventions for hoarding disorder, including animal hoarding.

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

Must register and then be approved before  
access is granted to the entire website

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## Prevalence of Hoarding Behavior

- Epidemiological studies: 4%-5%  
Mueller, et al., 2009; Samuels, et al., 2008
  
- Hoarding appears more prevalent in older, rather than younger, age groups. (NCEA 2010)

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## Hoarding Through the Lifespan

- Hoarding severity increases with each decade of life, thus older adults experience very serious levels of hoarding.
- This increase in hoarding symptoms is particularly interesting given findings of decreasing prevalence of other psychiatric disorders in late life.
- Other than dementia, hoarding may be the only psychiatric disorder that actually increases in severity and prevalence throughout the life course.

International Obsessive Compulsive Disorders Hoarding Center

11/17/2010

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## Hoarding Behaviors in Adults

- Object Hoarding
  - Hoarding Disorder
    - DSM V proposed diagnostic category
  - Co-occurring Hoarding
    - Hoarding *behaviors* that occur secondary to other mental disorders
  - “Organic” Hoarding
    - Hoarding behaviors that occur due to brain insult, cognitive decline
- Animal Hoarding

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## Hoarding Disorder

### Proposed Criteria for Diagnostic Statistical Manual of Mental Disorders Fifth Edition (DSM V)

- A. Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions
- B. This difficulty is due to **strong urges** to save items and/or **distress** associated with discarding
- C. The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

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## Hoarding Disorder

### Proposed Criteria for DSM V (cont'd)

- D. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
- E. The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).
- F. The hoarding symptoms are not restricted to the symptoms of another mental disorder  
(e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, lack of motivation in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Autistic Disorder, food storing in Prader-Willi Syndrome)

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## Hoarding Disorder

### Proposed Criteria for DSM V (cont'd)

#### Specifiers:

- *With Excessive Acquisition*: If symptoms are accompanied by excessive collecting, buying or stealing of items that are not needed or for which there is no available space.
- *Good or fair insight*: Recognizes that hoarding-related beliefs and behavior (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.

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## Hoarding Disorder

### Proposed Criteria for DSM V

#### Specifiers (cont'd)

- *Poor insight*: Mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.
- *Absent insight*: Completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

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## Conditions Associated with Hoarding Behaviors

- Significant debt
- Loss of employment
- Dependents removed from the home
- Family hostility
- Utilities shut off
- Loss of homeowners insurance
- Loss of tenancy/homelessness

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## Medical Conditions Associated with Living in Hoarding Environments

- Headaches
- Respiratory Problems (asthma, coughing)
- Allergies
- Fatigue/lethargy
- Insomnia/sleeping difficulties
- GI problems
- Injuries (slips, trips, falls)
- Death (secondary to fire, avalanches)

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## Psycho-legal Problems of Hoarders

Include health and zoning code violations that evolve into

- criminal charges
- civil commitment
- questions of animal cruelty
- landlord-tenant disputes
- divorce and custody evaluations
- testamentary capacity
- child & elder neglect charges

(adapted from: Weiss, Journal of American Academy of Psychiatric Law, 2010)

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## Economic & Social Burden Associated with Hoarding Behaviors

- Participants meeting diagnostic criteria for compulsive hoarding reported an average of 7 work impairment days per month.
- Significantly greater impact than people with all other anxiety, mood and substance use disorders;
- Work impairment was equivalent to that reported by individuals with schizophrenia.

Tolin, 2007

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## Economic & Social Burden Associated with Hoarding Behaviors

- Hoarding costs the City of San Francisco an estimated \$6.4 million per year
- Social service agencies in SF report that hoarding cases were more costly to manage than any other mental health related cases
- Analysis of fires in Melbourne, Australia, indicated that hoarding related household fires accounted for less than 1% of all fires in that city but 24% of all fire related deaths

SF Task Force on Hoarding, 2009

Harris, 2010; Lucini, et al., 2009, 15

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## Difficulties in Overcoming Hoarding

- Extremely Challenging
  - *It's a disorder, not a decision*
- Often Long Standing Behavior
- Usually Co-occurring Issues
- History of Many Failed Attempts to Change
- Associated Stigma
- Small to non-existent support systems
- Resistance to Outside Interventions

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## “Resistance”

- No, Little or Fluctuating Insight
- Emotional Issues
  - Ashamed, embarrassed
  - Anxious/fearful of authority's response/demands
  - *Anger and distrust due to*
    - *Previous unrequested “assistance”*
    - *Imposed cleanouts*
- Mental Illness
  - Overwhelming despair/depression
  - Paranoid thoughts
- Personality Issues
- Cognitive Issues

Adapted from Ostrom

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## Onset of “Hoarding Disorder”

- Clutter & difficulty discarding: middle adolescence
- Compulsive acquiring: later adolescence
- Clinically significant hoarding: 30's
- Average age when seeking treatment: 50

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## Later Onset of Object Hoarding Behaviors

often related to

- onset of a serious mental disorder
- development of a cognitive issue
  - traumatic brain injury
  - dementia
    - prolonged substance abuse
    - Alzheimer's or other dementia
- death of the "organized" spouse (pseudo late life onset)

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## Hoarding and Related Conditions

- 57% met criteria for major depressive disorder
- 29% social phobia
- 28% meet criteria for general anxiety disorder
- 20% of people who hoard have Attention Deficit Disorder
- 17% of people who hoard have OCD

Tolin, 2007; Steketee & Frost, 2009

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## Hoarding in the DSM IV TR

- One of eight diagnostic criteria for Obsessive Compulsive Personality Disorder (OCPD)
- "When extreme (clinicians) should consider OCD"
- *May* diagnose both OCPD and OCD if criteria for both are met

DSM IV TR 2000  
DSM IV 1994

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## Personality Disorders

Hoarding appears to be associated with high rates of personality disorders (deeply ingrained, inflexible pattern of relating, perceiving, and thinking serious enough to cause distress or impaired functioning)

- dependent
- avoidant
- paranoid
- schizotypal

Samuels et al., 2008

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## Additional Vulnerabilities to Hoarding Disorder

- Genetics
  - individuals who hoard have higher likelihood of having 1<sup>st</sup> degree relative who also hoards Frost & Gross, 1993
  - Significant Linkage to Compulsive Hoarding on Chromosome 14 in Families With Obsessive-Compulsive Disorder; Samuels, et al, 2007
- Neuropsychiatric Issues
  - Discarding activates brain regions associated with punishment Tolin, 2006
  - Hoarders have different pattern of baseline cerebral glucose metabolism than controls in the posterior, bilateral dorsal, and ventral cingulate cortex Saxena 2010

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## More Vulnerabilities to Hoarding Disorder

- Trauma or stressful life event
  - 55% of hoarders report a stressful life event coinciding with onset of hoarding symptoms Grisham, et al., 2006
  - Loss of parent, assault, emotional deprivation, moving Steketee & Frost, 2007
- Parental Values and Behavior
  - Clutter in the home, control over decisions, values about waste, sentimentality Steketee & Frost, 2007

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## Challenges of Elders who Hoard

older hoarders are more likely to have:

- lifelong ingrained hoarding behaviors
- amassed great amounts of clutter
- age-related cognitive and physical decline
- financial stress
- loss of family members and friends

(Ayers et al., 2010)

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## Hoarding Assessment Tools

- Structured Interview Hoarding Disorder (SIHD)\*
- Hoarding Rating Scale (HRS)
- Clutter Image Rating (CIR)
- Activities of Daily Living (ADL)
- Saving Inventory-Revised (SIR)\*
- HOMES\*
- NSGCD Clutter Hoarding Scale\*

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## HOMES Multi-disciplinary Hoarding Risk Assessment

A structural measure of the level of risk in a hoarded environment

- a visual scan of the environment
- conversation with the person(s) in the home
  - Health
  - Obstacles
  - Mental Health
  - Endangerment
  - Structure

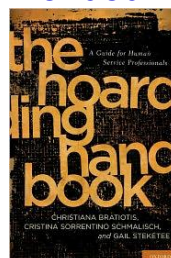
Bratotiis, 2009

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## Recommended Resource



*The Hoarding Handbook:  
A guide for human service professionals*

by Christiana Bratotiis,  
Cristina Sorrentino Schmalisch and Gail Steketee

## Is Cleaning the Solution?

- Attempts to clean out the clutter of a person who hoards without addressing the underlying issues usually fail in the long run
- Families and communities can spend thousands of dollars cleaning out a home only to find that the problem reoccurs
- Hoarders whose homes are cleared without their participation often experience severe distress

Adapted from Bratotiis, et al., 2009, International OCD Foundation

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## Insight

- Many people who hoard do not consider their behavior unreasonable  
(Frost & Gross, 1993; Frost et al, 1996)
- Above is particular among elders  
(Hogstel, 1993; Thomas, 1997; Steketee, et al, 2001)
- Lack of insight and motivation is often found among involuntary hoarding clients, those most commonly encountered by public health authorities  
(Bratotiis, 2011)

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## Squalor

- Filthiness or degradation from neglect
- 2 forms: personal and domestic
- Diogenese Syndrome

Bratitiotis, 2011

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## Indoor Air Pollution and Health

- Immediate Effects
  - Single exposure or repeated exposures can result in:
    - Irritation of eyes, nose, and throat
    - Headaches, dizziness and fatigue
    - Asthma and hypersensitivity pneumonitis
  - Usually short term and treatable
- Long Term Effects
  - Some respiratory diseases, heart disease, and cancer
  - Decreased sensitivity particularly to ammonia
- Factors
  - Age, preexisting medical condition, individual sensitivity, repeated exposure

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## Safety Measures cont.

If health hazards are probable:

- Interview client outside if at all possible
  - be creative and flexible: take walk, sit in back yard, visit in park, visit in clubhouse
- Stand near open door or window
  - ask if you can open doors/ windows/curtains

Keep interior visit as brief as possible

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## Assessing Capacity

“Usual” Capacity standard

- The ability to understand the consequences of one’s actions
- Duality

## Assessing Capacity

Capacity Risk Model of Decision Making

- Capacity is a Continuum
  - Decisional Capacity
    - The ability to understand the consequences of one’s actions
  - Functional Capacity
    - Skills and abilities that enable the person to live independently
- Risk
  - Physical
  - Psychological
  - Social

*Adapted from Soniat & Micklos, 2010*

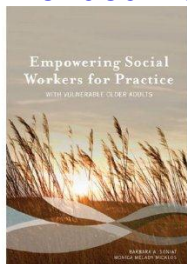
## When & How Should the Community Intervene?

Continuum of Capacity & Risk

- High Capacity— client self determination
- Moderate Capacity & moderate risk— interventions that increase capacity and reduce risk; *harm reduction & therapeutic interventions*
- Moderate Capacity & high risk— *enforced harm reduction*
- Low Capacity & high risk— protective interventions such as guardianships/ conservatorships

*Adapted from Soniat & Micklos, 2010*

## Recommended Resource



*Empowering Social Workers for Practice with Vulnerable Older Adults* by Barbara Soniat and Monica Melady Micklos

## Animal Hoarding: A Pathological Disorder?

- The centrality of animals to the hoarder's identity, self-esteem and sense of control suggests a pathological disorder
- Dearth of research for two primary reasons:
  - notable lack of animal hoarders volunteering to be studied
  - laws and regulations that fail to compel animal hoarders into treatment and research

Patronek & Nathanson, 2009

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## Attachment Theory and Self-esteem/Intimacy

Animals may be the solution for the person agonizing over how to satisfy their longing for intimacy in the face of a paralyzing fear of rejection and abandonment by humans

Patronek & Nathanson, 2009

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## Community Interventions

Are most likely to occur when

- Significant safety and/or health issues exist that have the potential to impact animals, dependent individuals, or the larger community
- Affected individuals are unable or unwilling to address the behavior

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## Community Interventions

- Collaboration and Coordination are required as no single agency has all the resources necessary to sufficiently address the myriad of issues associated with significant hoarding issues

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## Collaboration & Coordination is Essential and Mandatory

Hoarding is Neglect if a *dependent* person is living in a hazardous or unsafe environment, or the person who hoards is 65 or older

- Most human service workers are mandated reporters of child and elder abuse
- Call local Protective Services or Law Enforcement

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## Potential Participants in a Multifaceted Community Response

- Protective Service Workers
- Animal Control Officers
- Code Enforcement Officials
- Vector Control District Officers
- Senior Service Providers
- Health Care & Mental Health Providers
- Fire Department Representatives
- Housing Representatives
- Professional Organizers & Biohazard Cleaning Companies
- Attorneys—Prosecutors/Legal Aid
- Individuals in Recovery
- Family Members

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## Hoarding Task Forces

From Christiana Bratotis, PhD

- Shared responsibility for case management
- Greater opportunity for resource identification
- Increases range of knowledge and skills available to the client/tenant
- Reduce resources required for any one agency to resolve crisis situation
- Increases the networking potential for all organizations that can be used to address future needs

Bratotis, 2010

11/17/2010

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## 3 Goals of Initial Engagement

- Establishing a trusting and therapeutic alliance between client and helper
- Mirror the language of the client when discussing the clutter/objects
- Developing an understanding of how client views possessions and hoarding problem

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## Therapeutic Approaches for Hoarding Behaviors

1. Harm Reduction
2. Motivational Interviewing
3. Modified Cognitive Behavioral Therapy
4. Behavioral Therapy
5. Medications
6. Skill Building
7. Group Therapy

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## 1. Harm Reduction & Hoarding

### Principles

- Goal is house safe & functional—not house beautiful
- Does not require hoarding symptoms/behaviors be treated to extinction
- Requires ability to recognize potential harm
- Acts upon the ambivalence of the person who hoards
- Good place to start for those unwilling to seek treatment
- May contribute to improved insight/motivation

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## Focus of Harm Reduction

to improve

- Safety
  - Removing flammable items from heat sources
  - Reducing trip hazards
  - Increasing egress

Tompkins & Hartl, 2009

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## Focus of Harm Reduction

to improve

- Health
  - Improving access to bathroom, kitchen
  - Proper food storage
  - Proper trash/waste disposal
  - Reducing vectors/insects

Tompkins & Hartl, 2009

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## Focus of Harm Reduction

to improve

- Comfort
  - Improving heating & cooling
  - Proper place to eat, sleep
  - Place to pursue hobbies, work

Tompkins & Hartl, 2009

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## Enforced Harm Reduction

Same Principles as Harm Reduction plus

- Utilized when an external incentive is necessary to help the person who hoards take action
- Includes the threat of enforcing codes and regulations that could result in consequence not welcomed by the person who hoards e.g. complete clean-out, loss of possessions, removal of child/elder, eviction, etc.

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## Enforced Harm Reduction

Same Principles as Harm Reduction plus

- Focuses on specific violations and steps necessary to eliminate the violation
- Is utilized when Capacity, Risk and Functioning are at moderate to high levels

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## Enforced Harm Reduction

Three Keys to Successful Enforced Harm Reduction

- **Stakeholders** who are willing and able to work outside their "silos" to effect change in their respective systems and with the individual who hoards.
- **Enforcer** who has fair, reasonable, clearly written laws, codes or regulations that address the accumulation of debris inside a private residence.
- **Helper/supporter** who can establish an unconditional relationship with the person who hoards

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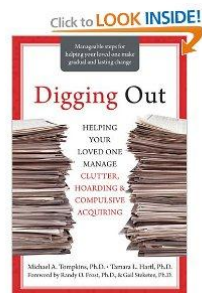
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## Digging Out

Helping your loved one manage clutter, hoarding and compulsive acquiring

Michael Tompkins & Tamara Hartl, 2009, New Harbinger



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## 2. Motivational Interviewing

- Motivational interviewing is a client-centered “approach designed to help clients build commitment and reach a decision to change.”
- Originally developed for substance abuse work
- Based upon partnership between client and therapist

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## Nature of Motivation

- Key to change
- Dynamic & fluctuating
- Influenced by social interactions
- Influenced by helper’s style
- Helper’s role to elicit and enhance motivation

TIP 35 : Enhancing Motivation to Change in Substance Abuse Treatment

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## Building Blocks of MI

- Giving well timed advice
- Identifying and removing barriers
- Providing choices
- Practicing empathy
- Providing feedback
- Clarifying and setting clear goals
- Taking a proactive, helping attitude

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## Motivation and Helper’s Style

- Helpful alliance with client and good interpersonal style is more important than training or experience
- Most desirable attributes are non-possessive warmth, friendliness, genuineness, respect, affirmation & empathy

TIP 35

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## MI: Asking ‘The Big Questions’

- How has this affected your family?
- How does the clutter fit with the things you value in life?
- What would you like to do in your house that you can’t do now?
- What successes have you had that make you think you could do this?
- Why would you want to change this if it would mean giving up part of yourself?

Bratiotis, 2011

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## Warning!

*Confrontation reverses progress!*

- Challenging the client
- Disrespecting the client
- Disputing
- Refuting
- Sarcasm
- Any type of power struggle

*Adapted from Sorrentino, 2008*

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## 3. Modified CBT for Hoarding

- Developed by Gail Steketee & Randy Frost
- Views hoarding as involving four significant issues:
  - information-processing
  - the meaning of possessions
  - emotional reactions
  - reinforcement properties

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Bratotis, 2011

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## Components in Modified CBT for HD

- Assessment and case formulation
- Education about hoarding
- Motivational enhancement
- Skills training for organizing, problem solving, decision-making
- Exposure practice for discarding
- Restricting acquiring
- Cognitive therapy to challenge thoughts and beliefs

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Bratotis, 2011

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## Modified CBT (cont'd)

Client must

- be ready and motivated to participate in therapy
- be cognitively intact

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## Clinical Approaches: CBT (cont'd)

Some Goals of CBT related to compulsive hoarding:

- Stopping compulsive acquisition
- Changing unhealthful beliefs
- Changing thinking styles
- Address issues related to attention and focus
- Identify true memory problems and teach methods to assist memory
- Skill building

Frost & Steketee, 2007

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## Resource for Modified CBT for Hoarding



*Compulsive Hoarding and Acquiring: Therapist Guide and Workbook* by Gail Steketee and Randy O. Frost

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## 4. Behavioral Therapy

behaviors can be modified by learning new, more appropriate behaviors to replace them.

- Rewards for positive behavior
- Skills training
- Modeling
- Systematic desensitization
- Flooding
- Progressive relaxation

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## Behavioral Therapy

- Exposing client to stress of discarding
- Working through the stress
- Preventing the natural response
- Building upon success
- Particularly useful with older adults

Ayres, et al, 2010

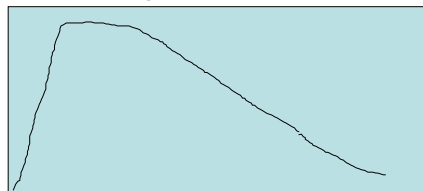
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## Exposure: Sorting, Organizing & Discarding

- Exposure (practice sorting and discarding) is the only way to overcome avoidance and begin to solve the clutter problem
- Avoidance is fueled by anxiety
- Anxiety During Exposure



Bratiotis, 2011  
(Used with permission)

## What is Being Avoided

- Distress
- Decisions
- Attending to clutter
- Feelings of loss
- Feelings of vulnerability
- Worries about memory
- Inviting people into the home
- Making mistakes
- Losing opportunities
- Losing information
- Depression
- Putting things out of sight

Bratiotis, 2011

## Gradual Exposure for Sorting and Discarding

- Work in easier **locations** first (with highest motivation)
- Work on easier **objects** first; set aside harder objects into box “to be sorted later”  
Objects saved for sentimental reasons are often more difficult
- For dependent decision-makers, gradually reduce assistance in making decisions

Bratiotis, 2011

## Clinical Approaches: 5. Medications

- No “silver bullet” for Hoarding
- Medications can help address co-occurring problems
  - Anti-depressants
  - Anti-psychotics
  - Anti-convulsants
  - Anti-anxiety
  - Stimulants
  - Cognitive enhancers

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## Recent Advances in Medications for Hoarding Symptoms

- “Symptom improvement from pharmacotherapy of compulsive hoarding appears to be at least as great as that resulting from CBT”  
Saxena, 2011
- OCD Medications
  - paroxetine [Paxil] improved OCD symptoms, depression, anxiety and overall functioning  
Saxena, et al., 2007
  - Venlafaxine extended release (Effexor XR) appears to be provide significant improvement in compulsive hoarding symptoms as well as depression, anxiety, and OCD symptoms  
Saxena, 2011

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## Future Medications for HD?

- "...anterior cingulate cortex dysfunction appears to mediate both the symptoms and neurocognitive deficits associated with compulsive hoarding"
- "medications that increase anterior cingulate cortex activity, such as stimulants, modafinil, and cholinesterase inhibitors, might be effective for the compulsive hoarding syndrome."

Saxena, 2011

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## "Pharmacotherapy of Compulsive Hoarding"

Sanjaya Saxena, MD, UCSD

Journal of clinical psychology 2011 May;67(5):477-84.

doi: 10.1002/jclp.20792.

Epub 2011 Mar 14

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## Clinical Approaches: 6. Skill Building

- Select Target Area
- Assess items in that area
- Use Sorting Technique that works for the individual
  - Address Over Categorization
  - Prevent Churning
  - Address Emotional Issue
- Maintain the Gain
- Target next area

Consider Professional Organizers

Neziroglu, Bubrick & Yaryura-Tobias

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## Sorting Techniques

- Friends & Acquaintances
- Keep, Discard, Later
- Keep, recycle, donate, discard
- Easy, hard

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## Skills Training for Organizing & Problem Solving

- Systematic problem solving
- Managing attention & distraction
- Developing organizing skills for objects
  - Categorizing
  - Picking locations for selected items
- Develop skills for organizing paper
  - Creating and implementing a filing system

Steketee & Frost, 2007

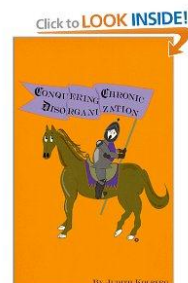
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## Conquering Chronic Disorganization

Judith Kolberg, 1998, Squall Press



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## 7. Group Therapy

- Self Help Groups
  - In person groups
  - On-line groups
- Structured/Therapist Run Groups
  - Modified CBT Model
- 2-person Group: Clutter Buddy

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## Group Therapy

- Nonprofessional group interventions may provide a cost-effective pre-treatment, adjunct, or alternative for individuals who want to work on hoarding problems but are unable or unwilling to engage in treatment
- Innovative program consisting of a 13-session non-professionally facilitated biblio-based, action-oriented support group using Tolin, Frost, and Steketee's (2007b) self-help book

Frost, et.al. 2011

12/26/2011

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## Group CBT

- Participants demonstrated significant improvements in hoarding symptoms, as well as symptoms of depression and anxiety, and quality of life.
- Group CBT for hoarding, without home discarding sessions by the clinician, may be an effective treatment option with the potential advantage of increasing treatment access by reducing clinician burden and cost of treatment.

Gilliam, C.M., et.al., 2011

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## Internet Support Groups

- "H-C (Hoarding-Cluttering) at <http://health.groups.yahoo.com/group/H-C/>, it is the longest running and largest of the three groups. This is the "launch pad" for those who just learned that they have something called OCD or hoarding. This is where recovery begins for most of us. That is because there's a bounty of information to help the newly-diagnosed to learn about hoarding and what they can do to help themselves."

IOCDF Hoarding Center

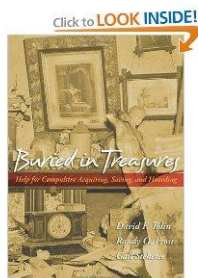
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## Buried in Treasures

Help for Compulsive Acquiring, Saving & Hoarding  
David F. Tolin, Randy O. Frost, Gail Steketee; 2007 Oxford



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## Suggested Intervention Guide

Diagnosis/ Conditions	Hoarding Disorder w/ other Co-Occurring Mental Disorder	Hoarding Disorder	Older Adults w/ HD	"Organic" Hoarding
First Consideration	May need to address co-occurring condition before addressing HD	Can address Hoarding Disorder directly	May need to address co-morbid age related health issues and co-occurring mental health problems before addressing Hoarding Disorder	Assess capacity and risk factors
Good to Excellent Insight	Medications & other techniques to address co-occurring condition then therapeutic approaches for HD as appropriate	Modified CBT and other therapeutic approaches for Hoarding Disorder	Modified CBT for older adults and other therapeutic approaches	N/A Generally do not have insight
Poor to Absent Insight and moderate to high risk	Harm Reduction/Enforced Harm Reduction	Harm Reduction/ Enforced Harm Reduction	Harm Reduction/Enforced Harm Reduction	Harm Reduction/ Behavioral Interventions/ Guardianships

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## David Tolin's 10 Practice Recommendations

1. Hoarding should be thoroughly assessed using validated and specific measures
2. CBT should be considered first line treatment of choice
3. SRI medications should be considered although expectations should be modest
4. Motivation interviewing strategies should be incorporated heavily because of limited insight and ambivalence of many who hoard

Tolin, 2011

12/26/2011

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## David Tolin's 10 Practice Recommendations

5. Additional motivational leverage from patient's friends, family members, and local officials may become necessary in some cases
6. Compliance with homework assignments (in CBT) is critical to success; completion of assignments should be praised consistently whereas failure to complete assignments should be discussed and examined carefully.
7. Practical assistance from movers and professional organizers should be considered

Tolin, 2011

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## David Tolin's 10 Practice Recommendations

8. Harm reduction, rather than symptom reduction, may be an appropriate treatment goal for more treatment-resistant patients
9. Assessment of co-morbid Axis I and Axis II disorders is critical, and additional treatment for these conditions may be needed.
10. Neuropsychological evaluation may be useful if cognitive impairment is suspected. Relatedly, issues of competence, informed consent to treatment, and risk of harm must be considered within the context of any observed neuro-cognitive deficits.

Tolin, 2011

12/26/2011

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# HOMES<sup>®</sup> 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<sup>®</sup> 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: \_\_\_\_\_

# HOMES<sup>®</sup> Multi-disciplinary Hoarding Risk Assessment

## Instructions for Use

- **HOMES** Multi-disciplinary Hoarding Risk Assessment provides a structural measure through which the level of risk in a hoarded environment can be conceptualized.
- It is intended as an *initial* and *brief* assessment to aid in determining the nature and parameters of the hoarding problem and organizing a plan from which further action may be taken-- including immediate intervention, additional assessment or referral.
- **HOMES** can be used in a variety of ways, depending on needs and resources. It is recommended that a visual scan of the environment in combination with a conversation with the person(s) in the home be used to determine the effect of clutter/hoarding on **H**ealth, **O**bstacles, **M**ental Health, **E**ndangerment and **S**tructure in the setting.
- The Family Composition, Imminent Risk, Capacity, Notes and Post-Assessment sections are intended for additional information about the hoarded environment, the occupants and their capacity/strength to address the problem.