



## Hoarding Disorder: Diagnosis, Assessment, and Effective Treatment Strategies for Mental Health Professionals

Moving Home MN DHS – June 20, 2016  
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The Hoarding Project



## Objectives

- Recognize effective diagnosis and treatment strategies of hoarding disorder.
- Describe alternative options to treatment other than a forced cleanout.
- Apply evidence-based treatment strategies to address issues of safety in hoarding disorder.
- Discuss development of collaborative networks in your area to form a community response to hoarding disorder.





## Who We Are



- 501(c)(3) public charity
- Mission: To promote an effective, ethical, and sustainable response to hoarding in communities, through research, education and prevention, and collaborative approaches to treatment.



## Background on Hoarding Disorder

## + What is hoarding disorder?



Quick answer: With the DSM5 hoarding disorder is a diagnosis, the common definition has 4 parts:

1. Excessive acquisition of stuff\*
2. Difficulty discarding possessions
3. Living spaces that can't be used for their intended purposes because of clutter
4. Causing significant distress or impairment (Frost & Hartl, 1996)

\*Not universal in all people who hoard

## + How many people hoard and are some people more likely to hoard than others?

### Research projects that

- About 2-5% of the population hoard, which is about 15 million people in the U.S., on the high end (Iervolino et al., 2009; Samuels et al., 2008)
- Older people hoard more than younger people (Samuels, et al. 2008)
- People with lower income hoard more than people with higher income (Samuels, et al. 2008)
- Gender differences?



## + What's the difference between clutter, collecting, and hoarding?

**Clutter:** possessions are disorganized and may be accumulated around living areas

- No major difficulty with excessive acquisition AND no major difficulty discarding items
- Can carry on normal activities in home



**Collecting:** existing and new possessions that are part of larger set of items

- Display does not impede active living areas in home



**Hoarding:** possessions become unorganized piles of clutter

- Prevent rooms from being used for normal activities
- Motivation to display items: lost



## + Are there other mental health issues related to hoarding?



- Yes, hoarding disorder must be considered a co-occurring disorder and is associated with another mental health diagnosis 92% of the time (Frost et al., 2011)
  - 57% major depressive disorder
  - 29% social phobia
  - 28% generalized anxiety disorder (Frost et al., 2006)
  - 30-40%: OCD (e.g. Samuels et al., 2007)
  - 31%: Organic Brain Illness
  - 30%: Personality Disorders (Mataix-Cols, et al., 2000)
  - 20%: ADHD (e.g. Sheppard et al., 2010)
  - Dementia (Hwang et al., 1999)
  - Eating Disorders (Frankenburg, 1984)
  - Substance abuse (Samuels et al., 2006)

## + Hoarding and Older Adults

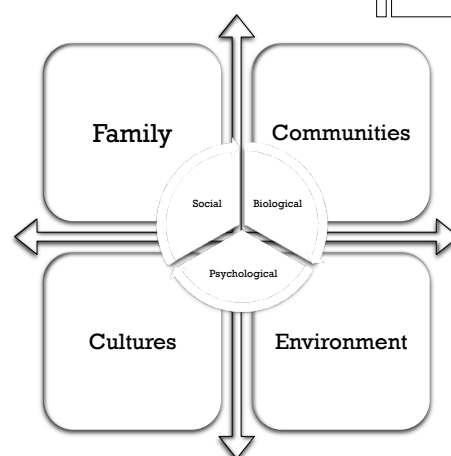
- Symptoms severity increased with each decade of life (Ayers et al., 2010)
- 25% of elderly community-dwelling day care residents and 15% of nursing home residents displayed hoarding symptoms (Marx & Cohen-Masfield, 2003)
- Increased dysfunction in several domains of executive functioning
  - Mental control, working memory, inhibition, and set shifting (Ayers et al., 2013)
- Major consequences for older adults:
  - Increased risk of falls, fire hazards, food contamination, social isolation, and medication mismanagement (e.g. Ayers et al., 2010; Frost & Gross, 1993; Kim, Steketee, & Frost, 2001)
  - Increased risk of medical conditions (e.g. Ayers et al., 2013; Timpano et al., 2011; Tolin et al., 2008)

## + What causes hoarding?

The BIOPSYCHOSOCIAL Model of Hoarding Disorder states that:

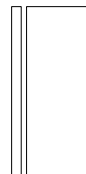
**Hoarding behavior** arises from a variety of external and internal variables that are biological, psychological, and social in nature.

***We can't talk about one of these pieces without talking about the others!***



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## Is there a family link to hoarding, and when does it start?

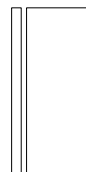


- **Family history** (Pertusa, et al., 2008; Samuels, et al., 2007)
  - More likely to have 1<sup>st</sup> degree relatives with hoarding (12%) or with hoarding symptoms (49%) (Winsberg, Cassic, & Koran, 1999)
  - **Social learning** (Tolin, 2011)
- **Genetic link** (Iervolino et al., 2009; Lochner et al., 2005; Samuels, Shugert et al., 2007)
- **Course and progression: behaviors begin during childhood or adolescence** (Frost & Gross, 1993; Grisham et al., 2006; Pinto, Eisen, Mancebo, et al., 2007; Samuels et al., 2002; Winsberg et al., 1999)



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## What is the link between Hoarding and the Brain?

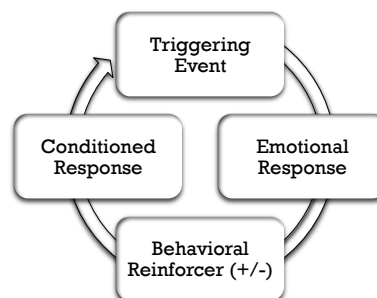


- **Brain functioning differences – Occipital and frontal lobes** (Saxena et al., 2004)
  - Abnormalities in areas associated with: executive functioning, impulse control, and processing of reward value
- **Maladaptive Cognitive Processes** (Grisham, Brown, Savage, Steketee, & Barlow, 2007; Grisham, Norberg, Williams, Certoma, & Kadib, 2010; Hartl, Duffany, Allen, Steketee, & Frost, 2005; Hartl et al., 2004; Lawrence et al., 2006)
  - **Information processing difficulties**
    - Over-reliance on visual vs. categorical memory cues
    - Attention: Churning; “Clutter blindness” = failure to recognize extent of clutter in the home (Steketee & Frost, 2014, p.2-3)
    - Over- or undercategorization



## What are the Psychological Factors that contribute to hoarding?

- **Mental health/emotional distress** (Frost & Hartl, 1996)
  - Co-morbid mental health conditions
  - Unresolved trauma and loss (Sampson & Harris)
- **People who hoard have specific beliefs about and attachment to their possessions** (Frost & Hartl, 1996)
  - Feelings toward object
  - Memory-related concerns
  - Desire for control
  - Responsibility and waste
  - Aesthetics
- **Hoarding behaviors can be reinforced over time** (Frost & Hartl, 1996)
  - Acquiring things makes us feel good, so we want to do more of it
  - Getting rid of things makes us anxious, so we want to do less of it



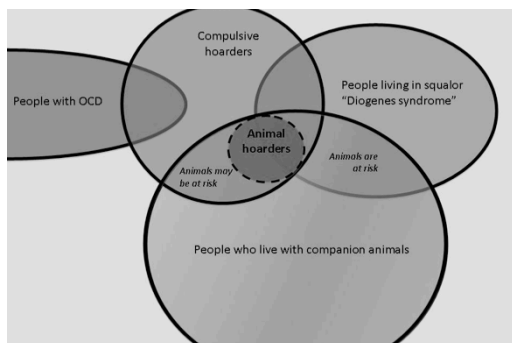
## What are the Social Factors that contribute to hoarding?

- **Major life events/transitions** (Grisham, Frost, Steketee, Kim, & Hood, 2000; Kellett, Greenhalgh, Beail, & Ridgway, 2010)
  - **Higher frequency of lifetime traumatic events** (Cromer et al., 2007; Hartl et al., 2005)
  - **Up to 55% report experiencing a stressful event at onset of symptoms** (Grisham et al., 2006)
- **Burden on families**
  - **Positive interpersonal relationships can serve as a protective factor against hoarding severity** (Sampson & Harris, 2012)
- **Social stigma**
- **Culture**



## + What's up with animal hoarding? Is it the same thing as object hoarding?

- There are some similarities between the two, but they differ in several ways.
- Research on animal hoarding is about 20 years behind object hoarding
- Each situation is different
- Presence of squalor does not mean animals are being hoarded



## + What are the Safety & Health risks associated with hoarding?

### Safety

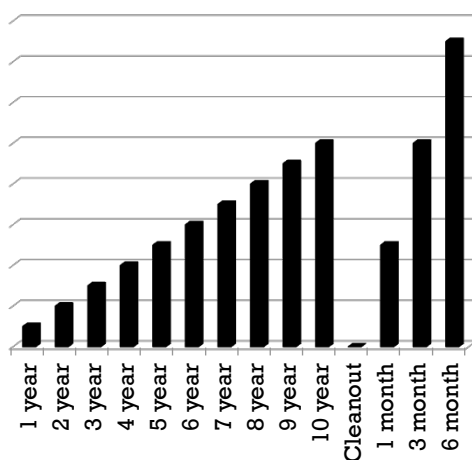
- Fire hazard
- Blocked exits
- Risk of falls/items falling
- Lack of routine home maintenance
- Structural damage to building from increased weight and volume of clutter
- Risk of eviction and homelessness

### Health

- Impaired functioning
  - Poor hygiene and grooming, nutrition
  - Inattention to medical needs
  - Inadequate financial management
  - Difficulty cleaning around clutter
  - Sleeping on floor instead of bed
- Mental Health
- Increased Health Problems
  - Molds, bacteria, dust, dirt
    - Asthma, allergies, headaches
  - Rodent/insect infestation
  - Animal/human feces/remains (hanta virus, tapeworm, psittacosis, cat scratch disease)



## + Emotional/Psychological Impact of Hoarding Clean-outs on Clients



Clean-outs can do more harm than good.

- Can be traumatizing
- Emotional Flooding
- Even threats can be unhelpful
- Can ruin relationships and trust

*"In all three instances of going in and cleaning these places up, within weeks of relocating the individual back into a clean environment, the individual passed away...it was such a dramatic change for them because we didn't realize the impact of the sociological change." (Brace, 2007)*

- It's not sustainable
- BUT sometimes it's necessary

## + Diagnosis and Assessment of Hoarding Disorder

## + 300.03 Hoarding Disorder

- a. "persistent difficulty discarding or parting with possessions, regardless of their actual value"
- b. Difficulty due to a perceived need to save items and to distress associated with discarding them
- c. Difficulty discarding possessions results in accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g. family members, cleaners, authorities)
- d. Hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others)
- e. Not due to medical condition (e.g. brain injury, cerebrovascular disease)
- f. Not due to another mental health condition (e.g. OCD, major depressive disorder, schizophrenia, neurocognitive disorders, autism)

Specify if:

- a. With excessive acquisition
- b. Insight (good, poor, delusional)

## + Screening: ASK!

- First and foremost, ASK!
- Make sure to incorporate some form of question that can help indicate a problem at home with clutter, excessive acquisition, or difficulty discarding.
- Examples:
  - Are any areas of your home difficult to walk through because of clutter?
  - Are you unable to use any parts of your home for their intended purposes? For example, cooking, using furniture, washing dishes, sleeping in bed, etc?
  - Do you find the act of throwing away or donating things very upsetting?
  - Do you have strong urges to buy or collect free things for which you have no immediate use?
  - Have you ever been in an argument with a loved one because of the clutter in your home?

## + Psychological Assessment Tools



### Structured Interview for Hoarding Disorder (Pertusa et al., 2013)

- Diagnostic tool
- Interview  
structured to help  
guide a clinician's  
diagnosis through  
the 6 criteria of  
hoarding disorder  
and its 2 specifiers

#### CRITERION A

*Persistent difficulty discarding or parting with possessions, regardless of their actual value.*

Do you experience difficulty discarding or parting with possessions? *This may include throwing away, selling, giving away, recycling, etc.*

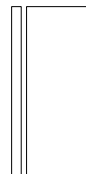
- ☐ YES → go to *next box*  
☐ NO → *hoarding disorder not present*

How long have you had this problem for? \_\_\_\_\_  
months/years.

*If hoarding is a persistent problem that has been present for a long period of time → Criterion A is present → go to next box*

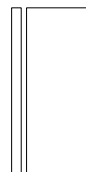
*If hoarding has been present for a relatively short period of time (i.e., only a few weeks or months), inquire about temporary factors that may account for the difficulties discarding (e.g., recent inheritance of a large number of possessions, moving to a different home). If the hoarding behavior can be entirely explained by these circumstances → hoarding disorder not present*

## + Hoarding Assessment Tool (Steketee & Frost, 2007)



- Done in addition to the physical observation of home
- Better understand:
  - causes of problem
  - features that might affect intervention
  - Avenues/impediments to change
- Conducted as a conversation
- Ideally conducted by a mental health professional, but other professionals with good skills in dealing with sensitive issues can also do this

## + Hoarding Assessment Tool (Steketee & Frost, 2007)



- May require multiple visits to office and/or home
  - Home is ideal
- Topics addressed:
  - Onset and duration of hoarding problem
  - Home environment and contents
  - Home dwellers' thoughts and feelings about possessions
  - Current acquiring
  - Reasons for saving
  - Strategies for organization
  - Role of family, friends, community members
  - Immediate long-term threats to health or safety
  - Problems resulted from hoarding
  - Previous intervention attempts
  - Personal goals and values with regard to current and future use of home

(Tolin, Frost, Steketee, 2010)

- ## Examples

Because of clutter or number of possessions, how difficult is it for you to use the rooms in your house?

To what extent do you have difficulty discarding (or recycling, selling, or giving away) ordinary things that other people would get rid of?

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■ [www.mocatest.org](http://www.mocatest.org)

The MoCA is a cognitive screening test designed to assist Health Professionals for detection of mild cognitive impairment.

Assessments like this require a strict protocol and/or training in order to appropriately be used in session.

[illegible]

## + Assessments of Home Environment and Functioning

**ICD CLUTTER - HOARDING SCALE FIVE CATEGORIES**

**Structure and Zoning**  
Assessment of zoning in relation to safety, health, and overall functioning of the home. This category includes assessment of structural integrity, safety, and overall functioning of the home.

**Animals and Pests**  
Assessment of animals and pests in relation to safety, health, and overall functioning of the home. This category includes assessment of animal and pest control, safety, and overall functioning of the home.

**Household Functions**  
Assessment of household functions in relation to safety, health, and overall functioning of the home. This category includes assessment of household functions, safety, and overall functioning of the home.

**Health and Safety**  
Assessment of health and safety in relation to safety, health, and overall functioning of the home. This category includes assessment of health and safety, safety, and overall functioning of the home.

**Personal Protective Equipment (PPE)**  
Assessment of personal protective equipment in relation to safety, health, and overall functioning of the home. This category includes assessment of personal protective equipment, safety, and overall functioning of the home.

**ICD CLUTTER - HOARDING SCALE FIVE LEVELS**

**LEVEL I - GREEN**  
The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home.

**LEVEL II - BLUE**  
The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home.

**LEVEL III - YELLOW**  
The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home.

**LEVEL IV - ORANGE**  
The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home.

**LEVEL V - RED**  
The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home. The individual has a clutter-free home.

**CLUTTER - HOARDING SCALE QUICK REFERENCE GUIDE**

**INSTITUTE FOR CHALLENGING DISORGANIZATION**  
Education, Research, Strategies

For:  
Professional Organizers  
Related Professionals  
Collaborating Team Members

Contact ICD and Learn More!

Institute for Challenging Disorganization  
3015, Parker Blvd. Suite 100, Dallas, TX 75244  
214.414.2228  
www.challengingdisorganization.org

## + ICD Clutter-Hoarding Scale (CHS)

- Assessment of home's interior, except where outside structure affects overall safety of interior
- Guideline tool by professional organizers and related professionals
- 5 categories: Structure and Zoning; Animals and Pests; Household Functions; Health & Safety; Personal Protective Equipment (PPE)

Available for free download: [www.challengingdisorganization.org](http://www.challengingdisorganization.org)

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## “Levels” of Hoarding (ICD Clutter—Hoarding Scale)



CLUTTER — HOARDING SCALE (CHS)  
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 CO2 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 CO2 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/roaches	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 (disposable or poly bouffant); first aid kit; insect repellent; hand sanitizer
LEVEL III	Outside clutter of items normally stored indoors; HVAC device not working for longer than one season; fire or CO2 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, mites, snakes, 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, midweek odors obvious and lingering; garbage cans not in use or overflowing; dirt, dust and debris; dirty laundry throughout house; Rx and OTC medications hazardous control (i.e. 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 device not working for longer than one year; CO2 detectors non-existent or non-functional; structural damage to home lasting longer than six months; water damaged floors, broken 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 webbs; 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; infestation of bedding and/or furniture; appliances used inappropriately; improper use of electric space heaters, fans or extension cords	Rotting food; organic contamination; expired, leaking cans or bottles; bottled stove and/or top; dishes and utensils unusable; no items on back; 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	Extrema indoor/outdoor clutter; filth; overgrowth; abandoned machinery; ventilation inadequate or nonexistent; HVAC systems not working; water damaged floors, walls and foundation; broken windows, doors or plumbing; unusable 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 furniture, 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; 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

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## Clutter Image Rating (CIR; Frost, Steketee, Tolin, & Renaud, 2008)

- Developed to overcome problems with over- and under-reporting

- 9 pictures for 3 main rooms

- Kitchen
- Living room
- Bedroom

- 1= no clutter to 9 = severe clutter

- Review room and select picture that looks most like room in the home

- Score of 4 or more: clinically significant clutter problem

### Clutter Image Rating: Bedroom

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





## Activities of Daily Living- Hoarding (ADL-H) Scales (Steketee & Frost, 2007)

- Extent to which ordinary activities can be accomplished in the context of hoarding problem
  - Specific risks
- Scoring: Average
  - Sum scores (except NA's) and divide by number of scored items
  - Score in the 3 range: indicate substantial functioning impairment due to clutter
- How much hoarding interferes with 16 ordinary activities
  - Ex: bathing, dressing, preparing meals
- 7 questions: quality of living conditions
  - Ex: presence of rotten food, insect infestation
- 6 questions: safety and health
  - Ex: fire hazards and unsanitary conditions
- 2 subscales scored separately



## HOMES® Multi-disciplinary Hoarding Risk Assessment

- ☐ **Health**
  - ☐ Cannot use bathtub/shower
  - ☐ Cannot access toilet
  - ☐ Garbage/Trash Overflow
  - ☐ Cannot prepare food
  - ☐ Cannot sleep in bed
  - ☐ Cannot use stove/fridge/sink
  - ☐ Presence of spoiled food
  - ☐ Presence of feces/urine (human or animal)
  - ☐ Cannot locate medications or equipment
  - ☐ Presence of insects/rodents
  - ☐ Presence of mold or chronic dampness
- ☐ **Obstacles**
  - ☐ Cannot move freely/safely in home
  - ☐ Inability for EMT to enter/gain access
  - ☐ Unstable piles/avalanche risk
  - ☐ Egresses, exits or vents blocked or unusable
- ☐ **Mental health** (Note that this is not a clinical diagnosis; use only to identify risk factors)
  - ☐ Does not seem to understand seriousness of problem
  - ☐ Does not seem to accept likely consequence of problem
  - ☐ Defensive or angry
  - ☐ Anxious or apprehensive
  - ☐ Unaware, not alert, or confused
- ☐ **Endangerment** (evaluate threat based on other sections with attention to specific populations listed below)
  - ☐ Threat to health or safety of child/minor
  - ☐ Threat to health or safety of older adult
  - ☐ Threat to health or safety of person with disability
  - ☐ Threat to health or safety of animal
  - ☐ Threat to neighbor with common wall
- ☐ **Structure & Safety**
  - ☐ Unstable floorboards/stairs/porch
  - ☐ Flammable items beside heat source
  - ☐ Storage of hazardous materials/weapons
  - ☐ Leaking roof
  - ☐ Caving walls
  - ☐ Electrical wires/cords exposed
  - ☐ No heat/electricity
  - ☐ No running water/plumbing problems
  - ☐ Blocked/unsafe electric heater or vents

© Bratiotis, 2009

- Need for various services providers to have a common understanding of a range of problems associated with hoarding
- Checklist that can be used by anyone who encounters a hoarding situation, regardless of professional training



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# Uniform Inspection Checklist

www.masshousing.com

**Uniform Inspection Checklist- Quick Reference**

The inspector must be able to view, reach, and test all items on the inspection checklist.

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**Priority #1: Harm Reduction Targets:** The following items must be UNOBSTRUCTED (completely clear of any items). *Inspector: Place an 'X' next to items to indicate that they are unobstructed.*

Egresses - means of exit
Minimum of 36" wide clear pathways throughout residence
Smoke detectors, CO detectors, & sprinkler heads (all that apply)
All doors: including entry & exit, closet, cabinet, pantry, etc (inspector must be able to open & close doors fully & freely & be able to latch if applicable)
Minimum of 1 unobstructed window in living room & each bedroom for emergency exit
Toilets, stoves, ovens, refrigerator, washing machine/dryer, open flame heat sources, fireplaces, water hose, a/c, heat thermostats, trash containers
Emergency pull cords - end of cord must be no more than 18" from the floor (if applicable)

**Priority #2: General Inspection Targets:** The following items must be ACCESSIBLE (easily able to be reached by the inspector). *Inspector: Place an 'X' next to items if they are accessible to you.*

Windows
Electrical panel(s) & electrical outlets
All heat sources
All plumbing fixtures & pipes, including plumbing under all sinks
Sinks, bathtubs, & showers

**Priority #3: General Health and Safety Targets:** *Inspectors: Place an 'X' next to item if the general health and safety guideline has been met.*

Sinks must function and show routine use & care
Kitchen area must have a clear & clean space sufficient for food preparation
Refrigerator & freezer clean, not overfilled, no expired or rotting food
No expired or decaying food or garbage (to attract vermin)
Stove, range w/ oven - interior, exterior, & top must be clean & free of debris
No evidence of infestation
Garbage & debris must be removed from residence on routine basis
No trip hazards, fall hazards, or avalanche risk
No extension cords under carpets or across floors or rooms of residence
No long-term storage of newspapers, magazines, papers, or flammable liquids to cause fires
No exposed or frayed electrical wiring
No excessive pet odor, pet hair, pet waste

*\*Any items that are not marked must be addressed as part of the Eviction Diversion Program.*

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# Tufts Animal Care and Condition

CONCEPTS AND MATERIALS THAT HAVE WORKED FOR OTHERS

IN PRACTICE

**Tufts Animal Care and Condition\* (TACC) scales for assessing body condition, weather and environmental safety, and physical care in dogs**

**1. Body condition scale** (Palpation essential for long-haired dogs; each dog's condition should be interpreted in light of the typical appearance of the breed)

- 5 Emaciated**
  - All bony prominences evident from a distance
  - No discernible body fat
  - Obvious loss of muscle mass
  - Spine, abdominal rack and extreme hourglass shape
- 4 Very underweight**
  - Ribs, lumbar vertebrae, and pelvic bones easily visible
  - No palpable body fat
  - Some loss of muscle mass
  - Prominent abdominal rack and hourglass shape to torso
- 3 Thin**
  - Tips of lumbar vertebrae visible, pelvic bones becoming prominent
  - Ribs easily palpated and may be visible with no palpable fat
  - Obvious waist and abdominal rack
  - Muscular loss of muscle mass
- 2 Underweight**
  - Ribs easily palpable with minimal SQ fat
  - Abdominal rack evident
  - Waist clearly visible from above
  - No muscle loss
  - May be normal fat loss breeds such as sighthounds
- 1 Ideal**
  - Ribs palpable without excess SQ fat
  - Abdomen tucked slightly when viewed from the side
  - Waist visible from above, just behind ribs

\*Body condition scales adapted from LaFreniere, DP. Proc. N.A. Vet Conf 1983, 230-31 and Armstrong, PJ, Lusk, VM, VM Conf 1987 447-448. Reprinted by ERM, Petcare.

**2. External Dental Condition** (Inspect all teeth, including the canines, premolars, molars, and incisors. Note any missing, loose, or broken teeth. Note any signs of periodontal disease, such as redness, swelling, or bleeding. Note any signs of oral cancer, such as lumps or sores.)

**3. External Skin Condition** (Inspect all skin, including the face, neck, chest, back, and legs. Note any signs of skin disease, such as redness, swelling, or bleeding. Note any signs of skin cancer, such as lumps or sores.)

**4. External Ear Condition** (Inspect both ears. Note any signs of ear disease, such as redness, swelling, or bleeding. Note any signs of ear cancer, such as lumps or sores.)

**5. External Eye Condition** (Inspect both eyes. Note any signs of eye disease, such as redness, swelling, or bleeding. Note any signs of eye cancer, such as lumps or sores.)

**6. External Nose Condition** (Inspect the nose. Note any signs of nose disease, such as redness, swelling, or bleeding. Note any signs of nose cancer, such as lumps or sores.)

**7. External Tail Condition** (Inspect the tail. Note any signs of tail disease, such as redness, swelling, or bleeding. Note any signs of tail cancer, such as lumps or sores.)

**8. External Leg Condition** (Inspect all four legs. Note any signs of leg disease, such as redness, swelling, or bleeding. Note any signs of leg cancer, such as lumps or sores.)

**9. External Paw Condition** (Inspect all four paws. Note any signs of paw disease, such as redness, swelling, or bleeding. Note any signs of paw cancer, such as lumps or sores.)

**10. External Overall Condition** (Inspect the dog as a whole. Note any signs of overall disease, such as redness, swelling, or bleeding. Note any signs of overall cancer, such as lumps or sores.)

Animal Sheltering / July-August 1998 21

## + At what point is this reportable to the authorities?

**Quick answer:** If there is a threat of endangerment to the health and safety of:

- A child/minor
- Older adult (over 60 with a cognitive, physical, or functional impairment)
- Person with disability or dependency
- Animal

you must report (if you are a mandated reporter)

■ Building codes differ from city to city and county to county, but general safety concerns include:

### ■ Health

- Ex: cannot use bathtub/shower/toilet; cannot prepare food/use refrigerator/sink; presence of feces or urine; insects/rodents; mold

### ■ Obstacles

- Ex: Cannot move freely/safely; inability for EMT to enter/gain access; unstable piles/avalanche risk; egresses/exits, vents blocked/unusable

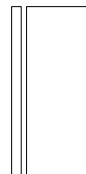
### ■ Structure

- Flammable items by heat source; Storage of hazardous waste/material; Caving walls; Electrical wires/cords exposed; No heat/electricity; No running water/plumbing problems

## + Treatment and Strategies for Mental Health Professionals



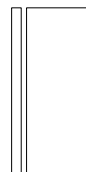
## Treatment Planning for Hoarding Disorder



- Combining strategies from across fields can help to most holistically treat this mental health and public safety issue
- Integrated treatment approach (modeled after treatment for co-occurring disorders)
  - Prioritize treatment goals for primary diagnoses
- CBT most Evidenced Based Practice
  - Integrated treatment for hoarding will include different types of interventions to support specific treatment goals
    - Examples:
      - Distress re: discarding items: Exposure treatments (CBT)
      - Organization skills: Executive skills building (ADHD treatment)
- Medication for Hoarding Disorder?



## Common treatment goals for Hoarding Disorder



- |   |   |
|---|---|
| ■ Increase understanding of hoarding behavior.      | ■ Reduce compulsive buying or acquiring and replace these behaviors with other pleasurable activities |
| ■ Create living space                               | ■ Evaluate beliefs about possessions  |
| ■ Increase appropriate use of space                 | ■ Reduce clutter level in home environment  |
| ■ Organize possessions to make them more accessible | ■ Learn problem-solving skills  |
| ■ Improve decision-making skills                    | ■ Prevent future hoarding   |

## **+ Treatment Approaches and Therapies**

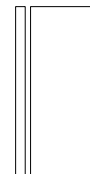
- Motivational Interviewing
- Non-behavioral approaches:
  - Narrative Therapy
  - Ambiguous Loss Theory
- Behavioral approaches:
  - CBT – Exposure Therapy
  - DBT – mindfulness, anxiety management
- Safety Day – harm reduction approach

**+**

**Other Interventions**



## Family Therapy



- Coaching
  - Role-playing
- Communication
- Psychoeducation
- Support group involvement
- Positive family relationships can help serve as a protective factor between psychological distress and hoarding severity (Sampson & Harris, 2013).



## Support Groups



People who Hoard	Family Members
<ul style="list-style-type: none"> <li>■ Buried in Treasures</li> <li>■ Peer-led options</li> <li>■ Sense of belonging in a community</li> <li>■ Non-judgment</li> <li>■ Processing</li> <li>■ Self-awareness</li> </ul>	<ul style="list-style-type: none"> <li>■ THP Manual</li> <li>■ Psychoeducation</li> <li>■ Communication</li> <li>■ Self-care</li> <li>■ Stigma</li> <li>■ Trauma</li> <li>■ Ambiguous Loss</li> <li>■ Treatment Options</li> <li>■ Resources</li> </ul>

## + Collaborative Approaches to Hoarding Disorder

+

## Collaborative Work with Related Professionals

- Research indicates that individual treatment approaches have limited success. (Saxena, Brody, Maidment & Baxter 2007; Tolin, Frost & Steketee 2007)
- Multidisciplinary approaches attend to the complex nature of hoarding. (Koenig, et al 2010)
- Why work collaboratively?
  - Ethical – right thing to do
  - Effective – bio-psychosocial problems
  - Resource-conserving - integrated care less expensive
  - Clinician and professional-friendly – supportive in a situation which has small “successes”

Identify stakeholders impacted by hoarding disorder.

- Housing
- Public health
- Mental health
- Protective services
- Aging services
- Legal
- Fire and police
- Medicine
- Animal control
- Organizers
- Cleaning companies

## + Hoarding Task Forces

- “A coordinated plan of intervention that maximizes resources across agencies is likely to achieve the best possible result with regard to reducing hoarding, benefitting the person who hoards and those affected by the problem, and long-term cost effectiveness.” (Bratitotis, Schmalish, & Steketee, 2011)



## + What is a Hoarding Task Force?

- An organized group of professionals working toward developing a practice of coordinated response from a variety of community fields
- To provide a “directed and managed response to hoarding cases that come to public attention” (IOCDF.org)
- Objectives:
  - Provide public education about hoarding
  - Give out service agency information
  - Provide support to individuals, families, and communities



## + What resources are available?

There are several different resources that are available to people who hoard, their families, and people who work with them.

### Non-profit agencies:

- The Hoarding Project
- International OCD Foundation
- Institute of Challenging Disorganization
- Children of Hoarders

### Support Groups

- The Hoarding Project
- Children of Hoarders

## + Reading Resources

- **Treatment for Hoarding Disorder Workbook (2014)**, Frost & Steketee.
- **Clinician's Guide to Severe Hoarding: A Harm Reduction Approach (2014)**, Tompkins
- **Stuff: Compulsive Hoarding and the Meaning of Things (2010)**, Frost & Steketee
- **Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding (2007)**, Tolin, Frost, & Steketee
- **Digging out: Helping Your Loved One Manage Clutter, Hoarding, and Compulsive Acquiring (2009)**, Tompkins & Hartl
- **The Hoarding Handbook: A Guide for Human Service Professionals (2011)**, Bratton, Sorrentino Schmalisch, & Steketee
- **Loss, Trauma and Resilience (2006)**, Boss
- **Motivational Interviewing: Preparing People for Change, 2<sup>nd</sup> ed. (2002)**, Miller & Rollnick
- **Narrative Means to a Therapeutic End (1990)**, White & Epston
- **Dirty Secret (2010)**, Jessie Sholl
- **Coming Clean (2014)**, Kimberly Rae Miller





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# The Hoarding Project

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**Q&A**



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