

Hoarding: Assessment and Intervention

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...for a surprising number of people, the attachments they form to the things in their lives interfere with their ability to live.

(From *Stuff* by Frost & Steketee, 2010)

Overview

- Hoarding: A Complex Mental Health Disorder
- Consequences of Hoarding
- Treatment for Hoarding
- Assessment of Hoarding using the HOMES and Clutter Image Rating scale
- Intervention Strategies
 - Communicating about hoarding: Case example
 - General “Do’s” and “Don’ts”

Overview

- Intervention Strategies (contd.)
 - Clean outs
 - Harm Reduction
 - Reasonable Accommodation
 - Combined Intervention Approaches (with case example)
 - Multisystem (Collaborative) Intervention
 - Motivation to Change
 - Obstacles to Change
- Resources

Definition of Hoarding

1. The acquisition of, and failure to discard, possessions that appear to others to be useless or of limited value
 2. Cluttered living spaces
 3. Significant distress or impairment in functioning
- (Frost & Hartl, 1996)



Key Components of Hoarding

1. Excessive attachment to possessions

- Those who hoard are deeply attached to a broad range of possessions.
- Although appearing to others to be useless or of limited value, to the person who hoards, their possessions are treasures as significant as family photographs or heirlooms.

2. Tendency to actively acquire possessions

- Many people who hoard become attached to new possessions very quickly (Grisham *et al.*, 2009)
- Acquiring is initially pleasurable and can become an addiction

Hoarded Items

• Commonly hoarded items include:

- Papers, books
- Clothing
- Containers (boxes, tubs)
- Extras (esp. food, household products)
- Recyclables
- Worn out/broken items (e.g., batteries, small appliances)

• Less commonly hoarded items include:

- Furniture
- Garbage
- Animals

Origins of Hoarding

- It is unknown when hoarding first began but it presupposes a fixed place to live or store possessions and the opportunity to acquire objects.
- The Collyer brothers in New York City were a high-profile case in 1947. These elderly brothers died in their mansion, which was filled to capacity with stuff. One brother was crushed by his own possessions and the other, who was disabled, died sometime afterward. Their mansion had to be demolished.
- In the mid-1970's, Diogenes syndrome—or senile squalor—was described by Clarke and colleagues.
- The first systematic study of hoarding was published in 1993 by Randy Frost and colleagues.

Prevalence and Demographics

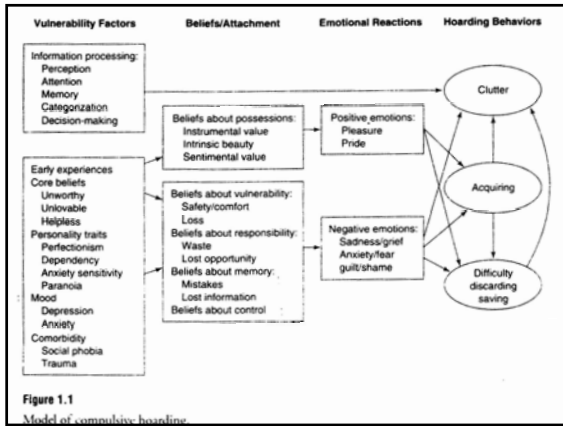
- Hoarding is estimated to affect 6 to 15 million Americans (2-5% of the population, Samuels, et al. 2008).
- Marital Status: those who hoard tend to be single
 - Low marriage rate, high divorce rate, tendency to live alone
- Education: ranges widely
- Saving begins in childhood, around age 13
- If seeking treatment (i.e., good insight), mean age of 50
- Family history of hoarding is common
- Increase in 'disposable culture' is a likely contributor

Hoarding: A Complex Mental Health Disorder

- Based on appearance, hoarded homes suggest irresponsibility and/or laziness.
- In reality, those who hoard are often perfectionists and take excessive responsibility for possessions.
- Rather than being lazy, those who hoard are often depressed and overwhelmed.
- The sheer volume of possessions makes house-keeping extremely difficult.

Hoarding: A Complex Mental Health Disorder

- Hoarding behaviors (saving, clutter, acquisition) are due to:
 - Vulnerabilities (e.g., family values about saving, indecisiveness, attentional problems)
 - Beliefs about possessions (e.g., perceived need, that 'adding to landfill' needs to be avoided)
 - Positive emotions evoked by hoarding (e.g., pleasure in acquiring and saving/owning possessions)
 - Negative emotions evoked by behaviors that reduce hoarding (e.g., anxiety, guilt, or even sadness caused by discarding)



Hoarding: A Complex Mental Health Disorder

- Currently hoarding is diagnosed as Obsessive Compulsive Disorder (OCD) or as Obsessive Compulsive Personality Disorder.
- However, hoarding does not respond well to standard treatment for OCD (therapy and/or medication).
- There is increasing evidence that OCD and hoarding are separate disorders (Pertusa *et al.*, 2010).
- Hoarding will be included as a separate disorder in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* due to be published in May 2013.

Hoarding: A Complex Mental Health Disorder

- Comorbidity is common among those who hoard
 - “Comorbidity” is the presence of more than one mental health problem
 - According to one study, over 90% of those who meet criteria for hoarding also meet criteria for an additional diagnosis (Steketee & Frost, 2007)
 - Common comorbid diagnoses include Major Depression, Social Anxiety, and Generalized Anxiety

Hoarding: A Complex Mental Health Disorder

- People with hoarding may also have a comorbid personality disorder (PD).
- PDs are ways of seeing the world and others that interfere with personal relationships and with making changes.
- Those who hoard may have Paranoid PD, Borderline PD, or Narcissistic PD.
- Even when people with hoarding do not meet criteria for a full PD, they often display features or parts of such disorders.

Hoarding: A Complex Mental Health Disorder

- Insight is varied and can be very poor
 - "Insight" is the ability to understand that one has a problem or disorder.
 - In many cases, those with a hoarding problem deny that there is a problem
 - Many truly do not see their homes as hoarded
 - Others have some perception of having a problem but are impeded by *the disorder* from solving the problem
 - Motivation to change is often lacking or difficult to sustain, hence the need for external incentive

Consequences of Hoarding

- **Safety** – Individuals of all ages are at risk of injury from tripping/falling over possessions or from possessions falling on them. Emergency personnel often cannot easily enter the home to offer help.
- **Fire** – Hoarded homes have the potential for a range of fire-related threats, e.g., combustible materials near stoves, blocked access for firefighters.

Consequences of Hoarding

- **Social Isolation** – With increasing severity, hoarding leads to shame and embarrassment, resulting in fewer and fewer visitors to the home, including family members. Depression, anxiety and shame may prevent the person from reaching out to others.
- **Abuse/Neglect** – Hoarding interferes with the needs of vulnerable individuals, e.g., a place to eat meals, do homework (children), or bathe; safe access to a bed or chair

Consequences of Hoarding

- **Public Health**
 - Threat of personal harm and illness
 - Individuals may consume foods past perishable safety guidelines and become ill.
 - Individuals may suffer insect and rodent bites and contract illnesses (e.g., choriomeningitis).

Consequences of Hoarding

- **Public Health**
 - Threat of insect and rodent infestation
 - Items brought into the home can contain insects or rodents (e.g., bed bugs).
 - Clutter in the home and poor housekeeping interfere with detecting and remedying infestation.
 - Infestation can spread to other homes.

Consequences of Hoarding

- Housing stability—hoarding can result in eviction of tenants, loss of housing vouchers, or condemnation of private property
- Most if not all state codes explicitly state that tenants must maintain the home in a clean and sanitary condition.
- HUD requires that voucher holders maintain the home in a clean and sanitary condition.
- Home owners are subject to city ordinances regarding the state of their property and are also subject to public health and fire safety codes inside their homes.

Medication

- Medication in combination with general Cognitive Behavioral Therapy (CBT) can be effective in reducing symptoms of hoarding (Black, et al., 1998; Winsberg, et al., 1999)
- Paroxetine (an SSRI) has been found to reduce symptoms of hoarding, as well as anxiety and depression (Saxena, et al. 2007)

Specialized Treatment for Hoarding

- “Compulsive Hoarding and Acquiring” developed by hoarding experts, Drs. Gail Steketee and Randy Frost.



Treatment Modules

Minimum of 26 treatment sessions with monthly home visits to work on:

- Understanding hoarding
- Challenging hoarding beliefs
- Exposure to distress due to discarding and not acquiring
- Organization (possessions, papers, rooms)
- Managing motivation to change
- Maintenance of changes

Skills Taught in Treatment

- Sorting
- Discarding
- Organizing
- Decision-making
- Problem Solving
- Non-acquisition

Treatment Outcomes

•In a wait-list controlled study of 41 participants who engaged in this treatment, measures of hoarding showed 39-41% improvement in symptoms by the end of the study.

•81% of participants rated themselves as “much/very much improved” and their therapists rated 71% of the participants the same.

(Steketee, Frost, Tolin, Rasmussen, & Brown, 2010)

Assessment Tools: HOMES

- HOMES – A multidisciplinary hoarding risk assessment tool (Bratiotis, 2009)
 - An initial, brief assessment tool that can be used by a wide range of professionals to determine the nature and scope of the hoarding problem.
 - The assessor makes a visual scan of the environment and talks to the resident to gather information about 5 domains.

Assessment Tools: HOMES

1. Health
2. Obstacles
3. Mental Health
4. Endangerment
5. Structure

Assessment Tools: HOMES

- Information about family composition, imminent risk, and capacity is gathered at the end of the tool.
 - Client capacity can help to address the problem
- The HOMES is used to organize a plan from which further action may be taken, including immediate intervention, additional assessment, or referral.

HOMES® Multi-disciplinary Hoarding Risk Assessment

Health

- Cannot use bathtub/shower
- Presence of spoiled food
- Cannot access toilet
- Cannot prepare food
- Presence of insects/rodents
- Cannot sleep in bed
- Presence of feces/Urine (human or animal)
- Garbage/Trash Overflow
- Cannot locate medications or equipment
- Presence of mold
- Cannot use stove/fridge/sink

Notes: _____

Total= /11

Obstacles

- Cannot move freely/safely in home
- Unstable piles/avalanche risk
- Inability for EMT to enter/gain access
- Egresses, exits or vents blocked or unusable

Notes: _____

Total= /4

Mental health (Note that this is not a clinical diagnosis; use only to identify risk factors)

- Does not seem to understand seriousness of problem
- Defensive or angry
- Does not seem to accept likely consequence of problem
- Anxious or apprehensive
- Unaware, not alert, or confused
- Suspicious

Notes: _____

Total= /6

Endangerment (evaluate threat based on *Health & Obstacle* sections above with attention to specific populations listed below)

- Threat to health or safety of child/minor
- Threat to health or safety of person with disability
- Threat to health or safety of older adult
- Threat to health or safety of animal

Notes: _____

Total = /4

Structure & Safety

- Unstable floorboards/stairs/porch
- Leaking roof
- Electrical wires/cords exposed
- No running water/plumbing problems
- Flammable items beside heat source
- Caving walls
- No heat/electricity
- Electric heater or vents unsafe
- Storage of hazardous materials/weapons
- Person who smokes in presence of flammable materials

Notes: _____

Total= /10

HOMES® Multi-disciplinary Hoarding Risk Assessment (page 2)

Household Composition ...

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 of the person 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
- Ability to psychologically tolerate intervention
- Willingness to accept intervention assistance

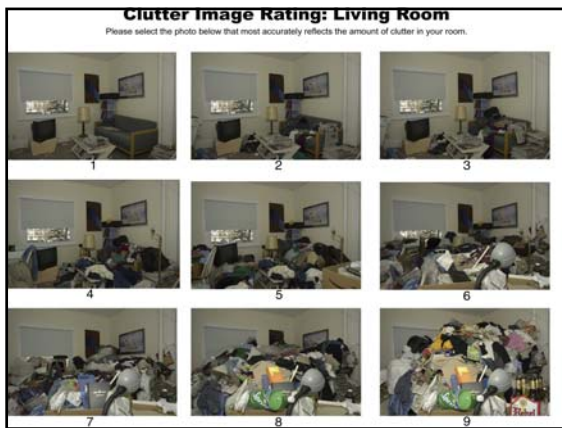
Post-Assessment Plan/Referral ...

Assessment Tools: HOMES

- Can be downloaded from www.masshousing.org (search for "hoarding" on website search field; see Resources)

Assessment Tools: Clutter Image Rating (CIR)

- Visual scale of clutter severity designed for use by professionals of all kinds and by clients themselves
- Comparison of observer and client scores provides an indication of insight
- Picture set for comparison with living room, kitchen, and bedroom (living room pictures used for other areas, such as hallway or bathroom)



Assessment Tools: Clutter Image Rating (CIR)

- Owned by Oxford University Press
- Available in “Compulsive Hoarding and Acquiring” (Therapist Manual) and “The Hoarding Handbook: A Guide for Human Service Professionals”

Case Example: Roy and Rachel

- Example of “how not to talk to someone with a hoarding problem”: Roy and his daughter, Rachel (from “Extraordinary Hoarders,” 2007, Zig Zag Productions, United Kingdom)

Case Example: Roy and Rachel

- Some features of hoarding that Roy exhibits
 - High standards and perfectionism (“You would be surprised” re: trying to sell a hot water bottle stopper vs. discarding it)
 - Focus on details at the cost of the “big picture” (washing dishes when there’s a room full of things to sort)
 - Difficulty trusting others (e.g., has not let his wife help)

Case Example: Roy and Rachel

- Dialog that builds uncooperativeness:
 - Rachel: Throw!
 - Roy: What are they?
 - Rachel: They are packaging from Christmas puddings and syrup sponges and the like.
 - Roy: That’s what I rather thought.
 - Rachel: Throw them in the bin.
 - Roy: The trouble is...

Case Example: Roy and Rachel

Rachel: Yeah, but Dad, you're wasting time!
Roy: I'm not wasting time!
Rachel: You are!
Roy: But not anywhere near th—
Rachel: I will take them to the recycling.
Roy: Well, why?! Just leave them there!

Case Example: Roy and Rachel

- Persuasion and arguing are not effective for motivating change
 - Arguing builds resistance and stops change in its tracks
- Time pressure builds resistance—decision-making is very hard for those who hoard and pressuring the person only make the problem worse.
- Roy will likely choose to keep many things (since he has a hoarding problem)

Case Example: Roy and Rachel

- Rachel would do better to collaborate with Roy
 - Whenever possible, she should let Roy make the decision about what to keep and what to discard
 - There are many strategies to help with this, e.g.,
 - Establish 3 categories, "Keep", "Sell", "Discard"
 - Use questions about possessions, "How many of these do I need? Can I get by without this?, etc."
 - Have the person imagine the area were being evacuated, what would he/she bring?
 - See *Compulsive Hoarding and Acquiring Treatment Manual* for more

Case Example: Roy and Rachel

- A different dialog about the moldy stopper:
Rachel: What do you want to do with this, Dad?
(i.e., Roy will make the decision)
Roy: Oh, I don't know. [pause] Let's try to sell it.
Rachel: Is there a water bottle to go with it, Dad?
(Asks question about the possession to promote discarding)
Roy: Erm, not, that I've seen; maybe it's in here though.
Rachel: Maybe this goes in the "Unsure" pile? (A suggestion, now that it's clear there's some uncertainty about the value of the stopper)
Roy: Well, ok.

Approaching the Person who Hoards: "Dos"

- Those who hoard are often sensitive to the language others use to talk about them and their homes.
- To the extent possible, do the following:
 1. Imagine yourself being approached by someone in your role to assess or address a problem in the home that shames or embarrasses you.
 2. Match the person's language in describing themselves or their things, e.g., "collector."
 3. Use encouraging language and be positive.
 4. Highlight strengths and things that are going well.

Approaching the Person who Hoards: "Dos"

5. Focus initially on safety and organization and save work on discarding for later (in the meeting or in your work with the person).

Approaching the Person who Hoards: “Don’ts”

- To the extent possible, avoid the following:
 1. Using judgmental language, e.g., “What a mess in here!”
 2. Using words that devalue possessions, e.g., “junk”
 3. Communicating negative thoughts with your face or body e.g., a disgusted expression
 4. Making suggestions about discarding the person’s belongings, e.g., “I think you should just throw this out.”
 5. Arguing with or trying to persuade the person
 6. Touching the person’s belongings without their explicit permission

Clean Outs

- Cleaning out the home is a common intervention for hoarding
- Clean outs have been popularized by television shows such as A & E Hoarders
- The appeal of cleaning out the home is that it is the fastest way to resolve safety, fire, and public health threats, and lease violations

Clean Outs

- However, clean outs have many disadvantages:
 - Clean outs only address the consequences of hoarding but neglect the underlying mental disorder that *causing* those consequences.
 - Clean outs can exacerbate hoarding, leading to renewed acquisition and clutter.

Clean Outs

- Clean outs can create distrust or even break trust making the person who hoards resistant to further intervention.
- Valuable items will be discarded during a clean out since no sorting occurs and the hoarded home invariably contains important items (jewelry, deeds) mixed in with unimportant ones.

Clean Outs

- Cleaning out homes is costly, e.g., one town in Massachusetts paid \$16,000 to clean out a home only to have the problem recur within a year (Frost et al., 2000).
- Vulnerable individuals (children, elders) who were removed from the home are subject to further abuse/neglect due to recurrence of hoarding.

Clean Outs

- Clean outs evoke strong negative emotions that can lead to unwanted results.
 - Loss and anger can lead to decreased discarding and/or renewed acquiring.
 - Grave emotional response to clean outs can lead to mental crisis (i.e., decompensation), that may require hospitalization. An example is Eugenia Lester in the film, *My Mother's Garden*.
 - In some cases, cleanouts are associated with death. For example, three homeowners in Nantucket, MA died shortly after their homes were cleaned out by the Health Department (Nantucket Independent, November 21, 2007).

Clean Outs

- When an outside team comes in and cleans out the home, it **prevents the person with hoarding from taking responsibility for their possessions.**
- By not holding the person who hoards accountable for their hoarding, **clean outs allow the person to continue to neglect their responsibility to themselves and others and to continue to put their home, families, neighbors at risk.**

Dilemma

Fixing the "home" problem

Quick
Clearly visible
(Results obvious)
Full compliance
(of the home)
Hard on the client



Fixing the hoarding problem

Slow
Easy to miss
(Results subtle)
Partial compliance
(of the home)
Hard on others

Dilemma

Each hoarding case involves balancing a risk:

+ **on the one hand**, there is the risk to the person, others in the home, the building, and the community due to hoarding consequences

AND

+ **on the other hand**, there is the risk of worsening the hoarding problem through the choice of intervention due to increased hoarding behaviors and increased resistance to overcoming hoarding.

Harm Reduction

- Common in addiction treatment
- An alternative to abstinence
 - Change is difficult, often gradual, and people’s motivation varies
 - Abstinence often requires extreme measures (e.g., residential program, daily 12-step meetings, medication)
 - There is no equivalent for hoarding (i.e., no residential programs to promote discarding and curtail acquisition, little availability of Clutterer’s Anonymous)

Harm Reduction

- Harm reduction views changes that “move” the person in the “right” direction as improvement and affirms/rewards such changes.
- The person/home/community, etc. is “better off” with some improvement than no improvement or unsustainable improvement (e.g., imposed change).

Reasonable Accomodation

- The Americans with Disabilities Act and the Fair Housing Act make provision for equal access to housing by people with disabilities.
- According to federal law (and most, if not all, state laws), a person with a disability is someone who—
 - Has a physical or mental impairment that substantially limits one or more major life activities
 - Has a record of such impairment, or
 - Is regarded as having such impairment(From “Notice of Right to a Reasonable Accomodation,”
Colorado Department of Human Service)

Reasonable Accomodation

- Moderate to severe hoarding meets criteria for a disability.

****If assessment reveals that the home is safe enough:**

1. The person who hoards may request a reasonable accomodation, e.g., adjustment of the rules and policies regarding their housing so as to have continued access to housing.

OR

2. Housing providers can negotiate a reasonable accomodation agreement with a resident who hoards.

Reasonable Accomodation

- The reasonable accomodation provides the opportunity to contract for specific changes under a reasonable timeline.

*** The tenant is accountable for making changes if she/he has the capacity.**

- This is an alternative to a full clean out as well as to an immediate eviction process.
- This type of accomodation is a form of harm reduction.

Reasonable Accomodation

- **Benchmarks**

1. "Create a pathway 24" wide from the front door to the back door of the home; create a 24" pathway to the bed/couch/toilet".

2. "All items removed from stovetop except kettle; no flammable items (e.g., paper plates) within 12" of stove."

3. "Trash to be emptied every week."

Reasonable Accomodation

- **Deadlines**
 1. "Create a pathway 24" wide from the front door to the back door of the home; there will be a 24" pathway to the bed/couch/toilet".
 - * By next home inspection in 2 weeks.
 - ...
 4. "Clear couch of all items"
 - * By 60 days from today.

Reasonable Accomodation

- **Consequences:** If little or no compliance with immediate safety goals—
 - Give warning of consequence: "If the goal is not met in one week, x will happen."
 - Can call in fire department
 - Can commence (or continue) eviction process
- **Incentives—**establish weekly inspections, but consider bi-weekly inspections after, e.g., 1 month of compliance; if goal not met, conduct more frequent inspections.

Combined Intervention Approaches

- A full clean out may be the only possible choice for a squalid home.
- With less severe hoarding and consequences, those involved can determine what approach to use.
 - Where possible, gradual sorting work with a helper (e.g., social worker) over time can help address the underlying hoarding problem.
 - Where resources are available (e.g., family members), the unit can be sorted by others; the resident and a helper make discarding decisions.

Combined Intervention Approaches

- One or more areas of the home may need to be cleaned out (e.g., a squalid kitchen) but other areas may be simply organized (e.g., bedroom).
- An alternative to a full clean out is removing possessions by packing them up: helpers (paid or volunteer) come into the home with plastic or paper boxes (or tubs) and pack possessions.
 - Boxes/tubs may be kept in the unit for further sorting and/or placed in storage.

Combined Intervention Approaches

Simultaneously

Resident's kitchen has squalor, so it is fully cleaned out

Resident's living room does not have pathways, so it is partially cleaned out to create pathways (if possible with sorting)

Resident's bedroom is sorted and organized with little discarding (resident to discard multiples)

Combined Intervention Approaches

Over time

July 2010, reasonable accomodation, gradual sorting and de-clutter work with home health aide; public health inspector visits home monthly

December 2010, some rooms do not have pathways, sink is always full, so partial clean out of items to a storage unit

June 2011, client has failed inspections for the past 3 months, so full clean out

Case Example: Chris



Clips from the case of Chris shown on Season Two of A&E Hoarders (2009)

Case Example: Chris

- Chris has insight into her hoarding problem and the consequences (losing her children).
- Chris has the capacity to help herself.
- The intervention is a combination of gradual sorting by Chris and a partial clean out by a clean out team.
- Limit setter (implied) = Department of Children and Families
- Helpers = Dr. Renee Renardy and Matt Paxton (and team)

Case Example: Chris

- The intervention began with some background work (assessment of the home, consequences, capacity; establishing relationship with helpers).
- Helpers make clear that Chris is in charge.
- Sorting and making decisions begins with a simple strategy: "stay" or "go"
- Day 1 is slow!
- But Chris is *learning* how to sort and discard.
- Positive remarks, "You're doing awesome!"
- Motivating remarks, "But look behind you [at what's left]."

Case Example: Chris

- At the end of the intervention (Day 2), one room is storage, since the team put items in boxes and tubs.
- Chris has the skills to sort the things in storage.
- Ideally someone in a helper role would continue working with Chris to help her stay motivated.
- Chris acknowledges the shame she has felt about hoarding but now also has the positive experience of overcoming clutter through a combined intervention.

Multisystem (Collaborative) Intervention

- Hoarding cases that are moderate to severe often require coordinated efforts, either from more than one agency or from more than one individual in an agency.
 - The complexity of these cases can be too overwhelming for one individual or agency to address.
 - Collaborative intervention can provide the needed motivation to make necessary changes.

Motivating Change

1. *Limit-setting* – the agency or individual that clarifies the conditions that would lead to a negative outcome and enforces the consequences of not meeting these conditions
2. *Support* – the agency or individual that provides assistance in meeting conditions to avoid a negative outcome

Motivating Change

Limit-setting – Affordable housing management agency, the board of health, the fire department, adult or child protective services, the legal system

Support – a community mental health organization (e.g., case worker, psychotherapist), a housing organization (e.g., a resident services coordinator), a medical agency (e.g., visiting nurse) the legal system (e.g., a lawyer)

Motivating Change

Limit-setting Role

Support Role

•Non-judgmental

- Sets limit
- Can offer support
- Enforces consequence of non-compliance

•Non-judgmental

- Provides assistance with ideas
- Offers hands-on assistance
- Understands limits and reminds, but does not enforce

Motivating Change

•Pressure to change usually evokes strong negative feelings that can impede a change process (e.g., anger, fear).

•However, most people have positive feelings mixed in with negative ones (e.g., hope, desire for things to be better).

Motivating Change

- Having two roles helps individuals separate out the negative feelings from the positive feelings so that (with support) they can act on their positive feelings and engage in resolving their hoarding problem.

Motivating Change

- *However*, no agency or individual is truly “the bad guy”.
- The agencies or people in the two roles are part of a coordinated effort to motivate change and solve the hoarding problem.
- This depends on maintaining a “united front”, collaboration, and good communication among and between agencies/individuals in the limit-setting and support roles.

Obstacles to Change

- Financing hoarding assessment and intervention is a chronic problem with no general solution
 - Some examples of funding sources:
 - Medical/health insurance for services like mental health treatment, visiting nurses, occupational therapy
 - Salaried professionals who incorporate limit setting or helping roles as part of their work (e.g., housing directors, resident service coordinators, public health inspectors, fire marshals, child and adult protective service professionals, judges and lawyers)
 - State Rehabilitation Department budgets for services like professional organizing for disabled individuals.

Obstacles to Change

- Working with hoarding is often very challenging.
 - Aside from extreme cases, no two cases are the same due to the complexity of hoarding.
 - Hoarding cases often take a great deal of time and effort to resolve.
 - Those who hoard require patience and tact (because they feel embarrassed, ashamed, anxious, and/or angry or because they may have personality problems).
 - Empathy is key, yet those in limit-setting and helper roles may be frustrated.

Multisystem (Collaborative) Intervention

- It is vital for individuals and agencies involved with hoarding cases to support one another, formally or informally.
- In several parts of the country (e.g., Orange county, CA; Beverly, MA), individuals and agencies have created hoarding task forces to triage hoarding cases and provide education, feedback, and support to those involved with assessing and intervening with hoarding.



A hands-on guide to hoarding assessment and intervention

The Hoarding Handbook

- Overview of the nature of hoarding and its consequences
- The Hoarding Task Force Model (creating a collegial network)
- Assessment and intervention information
- Chapters specific to particular professions/domains:
 - Housing
 - Child and Adult Protective Services
 - The Legal System
 - Public Health
 - The Medical System, Professional Organizers, etc.

Other Resources

- MassHousing website, www.masshousing.com
 - Click on “Rental Housing”
 - Click on “Property Managers”
 - Click on “Hoarding Resources”
 - Under “Assessment and Forms” find HOMES and “How to Talk to Someone with Hoarding”

Other Resources

- *Stuff: Compulsive Hoarding and the Meaning of Things* by Randy O. Frost and Gail Steketee.
- *Buried in Treasures: Help for Compulsive Acquiring, Saving and Hoarding* by David Tolin, Randy Frost, & Gail Steketee.
- *Overcoming Compulsive Hoarding: Why You Save and How You Can Stop* by Fugen Neziroglu, Jerome Bublick, Jose Yaryura-Tobias, & Patricia Perkins.
- *Digging Out: Helping Your Loved One Manage Clutter, Hoarding and Compulsive Acquiring* by Michael Tompkins & Tamara Hartl.

Other Resources

- Animal Hoarding
 - Chapters in *Stuff* and *The Hoarding Handbook*
 - vet.tufts.edu/hoarding (click on “Publications”)
