

## Hoarding Disorder in Geriatric patients

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## + 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

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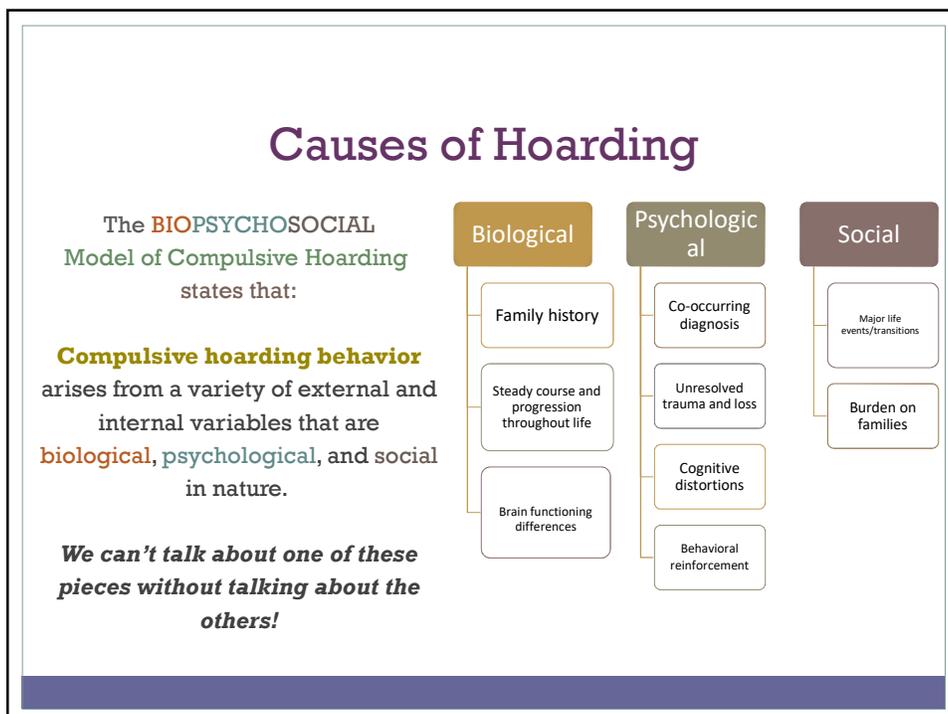
**+** **How many people hoard and are some people more likely to hoard than others?**

**Research projects that**

- About **2-6% 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)
- **Age of onset** is between 11-15 years
- People with **lower income** hoard more than people with higher income (Samuels, et al. 2008)
- **Gender differences?**



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## Biopsychosocial

- **Biological**
  - Family History
  - Medical background
  - Information processing deficits
- **Psychological**
  - Co-morbidity
    - Depression
    - Anxiety
    - OCD
    - ADHD
    - Personality Disorders
    - Severe and Persistent Mental Illness (SPMI)
- **Social**
  - Family relationships
    - Dynamics
    - Relational patterns
    - Closeness, flexibility, communication, conflict, satisfaction
  - Unresolved trauma and loss
  - Major life events, transitions
  - Societal messages
    - Stigma
    - Culture

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

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+ **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 75% of the time (Frost et al., 2011)
  - 57% major depressive disorder
  - 29% social phobia
  - 28% generalized anxiety disorder (Frost et al., 2006)
  - 20%: OCD (e.g. Frost, 2021)
  - 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., 2008)

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## 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)

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## What about hoarding and dementia?

- Hoarding behaviors occur in 15-49% of dementia cases (Tompkins, 2015, p. 16)
  - 1.9% of community dwelling in older adults
  - 22.6% admitted to a geropsychiatric ward
- In nursing homes, people who hoard had fewer diagnoses and impairments (Marx & Cohen-Masfield, 2003)
- In community day care, hoarding was associated with dementia, psychosis and agitation (Marx & Cohen-Masfield, 2003)

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## + Challenges with Hoarding in Older Adults

- General age related problems (Steketee et al, 2001)
  - Reduced capacity (cooking, cleaning, bathing, sleeping)
  - Decreased physical and emotional supports
- Organic brain illness (e.g. dementia, schizophrenia) or traumatic brain injury will limit effectiveness of standard therapy approaches (e.g. developing insight, changing behaviors)
  - Harm reduction models would be most beneficial

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## Hoarding and the Brain

## + A Cluttered Mind



“Doesn’t she see how filthy her house is?! Doesn’t she care?!”

“This is such a simple decision! Why is he getting so upset?!”

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Dr. David Tolin, 2019. Keynote Presentation, Northshore Hoarding Conference.

## + Two Main Questions

1. Why don't people who hoard seem to notice the clutter or get upset about it in daily life? (Failure to get upset)
2. Why do seemingly simple decisions feel so difficult for them? (Inability to make decisions)



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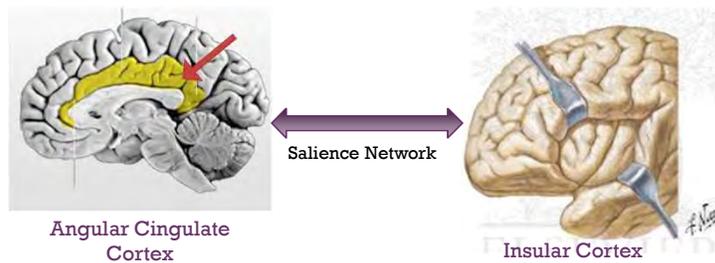
## + Main Brain Functioning Differences in Individuals with Hoarding Disorder

- Executive Functioning
- Decision-making
- Processing of reward value
- Failure to get upset
- Insight



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## + Salience Network



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The Salience Network is a collection of regions of the brain that select stimuli that are deserving of our attention

The **insular cortex** helps us detect specific things in the world that we should pay attention to and helps coordinate with the **angular cingulate cortex** to help us figure out how we should respond to these things behaviorally

This all happens *out of consciousness* or without us having to think about it

+ **Angular Cingulate Cortex involves tasks such as:**

- Emotional formation and processing
- Empathy-related responses
- Learning and Memory
- Error detection, outcome monitoring and action planning and decision making

+ **Insular Cortex involves tasks such as:**

- Motor tasks
- Amygdala activation
- Social emotions
- Language
- Time and decision making

## + Ventromedial Prefrontal Cortex plays an inhibitory role in:

- Expression of emotions
- Extinction of conditional emotional response (i.e. breaking habits)
- Damage or deficits include:
  - Behavioral control
  - Moral decision making

## + Orbitofrontal Cortex plays a role in order cognition like:

- Decision-making
- Impulse control
- Response inhibition
- Process of reward value

### + Salience Network In Action

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### + Failure to Get Upset: Resting State

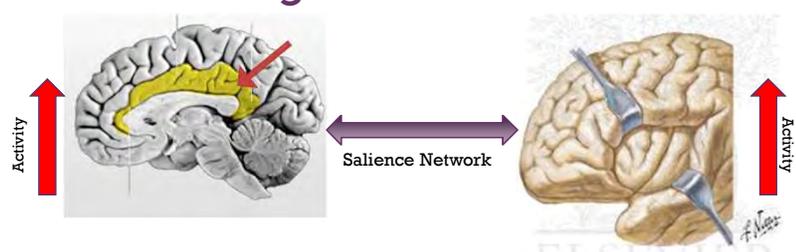
In a sample of people who hoard, during a **resting state** (making non-hoarding decisions) there was **under functioning** of the salience network

Both the ACC/Insula had **lower activity** in hoarding participants compared to OCD and Controls when making Non-Hoarding Decisions

Saxena et al., Am J Psychiatry 2004;161:1038-1048  
Tolin et al., Arch Gen Psychiatry 2012;69:832-841

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**+** **Failure to Get Upset:  
Hoarding-Related Decisions**



In a sample of people who hoard, while making hoarding-related decisions, there was *over functioning* of the salience network

Both the ACC/Insula had *excessive activity* in hoarding participants compared to OCD and Controls when making Hoarding-Related Decisions

Tolin et al., Arch Gen Psychiatry 2012;69:832-841 Copyright 2022. All rights reserved.

**+** **Inability to Make Decisions:  
Hoarding-Related Decisions**



**Ventromedial Prefrontal Cortex (vmPFC)** **Orbitofrontal Cortex (OFC)**

The **Ventromedial Prefrontal Cortex (vmPFC)** is involved in the extinction of conditioned emotional responses. The **Orbitofrontal Cortex (OFC)** plays a role in decision making and processing of reward value.

In a sample of people who hoard, while making hoarding-related decisions, there was *over functioning* of the VMPFC and the OFC

Seems related to the processing of reward value of items once behaviors had been conditioned

An et al., Mol Psychiatry 2009;14:318-331  
Tolin et al., PsycholMed 2009;38:1-12 Copyright 2022. All rights reserved.

**+** **Inability to Make Decisions: Indecisiveness Runs in Families?**

- Hoarding and indecisiveness are more common among family members who hoard
- **Specific genetic abnormalities have been found** (Samuels et al., Behav Res Ther 2007;45:673-686; Lochner et al., J Clin Psychiatry 2005;66:1155-1160; Samuels et al., Am J Psychiatry 2007;164:493-499)
  - L/L genotype of COMT Val158Met polymorphism
  - Chromosome 14
- **Has also been linked to Inattentive ADHD** (Frost et al., Depress Anxiety 2011;28: 876-884)

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**+** **Executive Function/Planning**



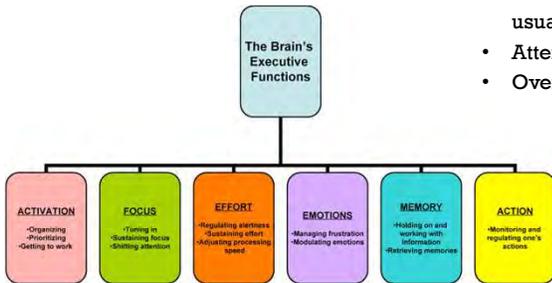
- Executive function is a set of mental skills that helps us get things done or achieve a goal
  - Involve mental control and self-regulation

**In Hoarding Populations:**

- Information processing difficulties
  - Over-reliance on visual (remembering where an vs. categorical memory cues (remembering where a certain category of item is usually placed)
  - Attention: Churning
  - Over- or undercategorization

(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)

**The Brain's Executive Functions**



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graph TD
    A[The Brain's Executive Functions] --- B[ACTIVATION]
    A --- C[FOCUS]
    A --- D[EFFORT]
    A --- E[EMOTIONS]
    A --- F[MEMORY]
    A --- G[ACTION]
    
```

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**+ Excessive/Exaggerated Feelings and Ideas about Possessions**

Beliefs	Attachment
<ul style="list-style-type: none"> <li>■ Responsibility                             <ul style="list-style-type: none"> <li>■ “Throwing this out wastes a valuable opportunity”</li> <li>■ “I’m responsible for this possession”</li> <li>■ “I must save this for someone who might need it”</li> </ul> </li> <li>■ Memory                             <ul style="list-style-type: none"> <li>■ “If I don’t leave this in sight, I’ll forget it”</li> </ul> </li> <li>■ Control                             <ul style="list-style-type: none"> <li>■ “If I don’t keep control over my stuff, I’ll lose control over my life”</li> </ul> </li> <li>■ Waste                             <ul style="list-style-type: none"> <li>■ “Nothing should ever be wasted”</li> <li>■ “If I save this then I’m not wasting it”</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Possessions as a source of identity                             <ul style="list-style-type: none"> <li>■ “My stuff helps define who I am”</li> </ul> </li> <li>■ Possessions as Friends                             <ul style="list-style-type: none"> <li>■ “Discarding this possession would be like losing a friend”</li> </ul> </li> <li>■ Possession as Memories                             <ul style="list-style-type: none"> <li>■ “Discarding this possession would be like throwing away an important time of my life”</li> </ul> </li> </ul>

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**+ How are these beliefs and attachments exaggerated?**

- Everyone thinks this way *some of the time* toward *some possessions*
- People with hoarding disorder
  - Think this way more often
  - Think this way more strongly
  - Extend this thinking to a broader range of possessions
  - Have difficulty being flexible with their beliefs (e.g. feeling like they must always “obey” their thoughts and feelings)

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## + Two Main Questions

1. Why don't people who hoard seem to notice the clutter or get upset about it in daily life? (Failure to get upset)
  - They have an underactive salience network
    - Brain isn't signaling that "this is important"
    - Unlikely to be explained by simple habituation
2. Why do seemingly simple decisions feel so difficult for them? (Inability to make decisions)
  - Brain is signaling that "everything is important"
  - Frontal lobes complicate reward processing
  - Cognitive deficits, especially attention
  - (Inherited?) indecisiveness
  - Feelings of emotional attachment
  - Maladaptive beliefs about possessions
  - It's easier to avoid making a tough decision

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## + Assessments and Interventions

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## + 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?

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## Hoarding Assessment Tool (Skelton & 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

- May require multiple visits to office and/or home
  - Home is ideal, but zoom with camera on is a great option too
- 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

Available at: [http://www.environmentalgeriatrics.com/pdf/assessment\\_tool.pdf](http://www.environmentalgeriatrics.com/pdf/assessment_tool.pdf)

## Clutter Image Rating Scale

### Clutter Image Rating: Bedroom

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



### HOMES® Multi-disciplinary Hoarding Risk Assessment

**Health**

<input type="checkbox"/> Cannot use bathtub/shower	<input type="checkbox"/> Cannot prepare food	<input type="checkbox"/> Presence of spoiled food	<input type="checkbox"/> Presence of insects/rodents
<input type="checkbox"/> Cannot access toilet	<input type="checkbox"/> Cannot sleep in bed	<input type="checkbox"/> Presence of hoarding (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/wk	<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"/> Egress, 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/infant	<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"/> Cracking 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: \_\_\_\_\_

© Brubaker, 2009

Need for various services providers to have a common understanding of a range of problems associated with hoarding  
Available at: <http://www.hoarders.org/HOMES%202011.pdf>

Uniform Inspection List: [www.masshousing.com](http://www.masshousing.com)

Additional assessments:

- ★ Hoarding rating scale
- ★ Saving inventory
- + self report measure

**Uniform Inspection Checklist- Quick Reference**  
 The inspector must be able to view, reach, and test all items on the inspection checklist.  
Items marked with an asterisk (\*) are not to be inspected. Items marked with a plus sign (+) are to be inspected if accessible.

**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 rooms & each bedroom for emergency exit
Stoves, ovens, refrigerators, washing machines/dryer, open flame heat sources, fireplaces, water heaters, etc. (inspector must be able to reach & test)
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
Toilets, bathtubs, & showers

**Priority #3: General Health and Safety Targets:** Inspectors: Place an "X" next to item if the general health and safety condition 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 fire
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.

+ ADL-H – Activities of Daily Living - hoarding

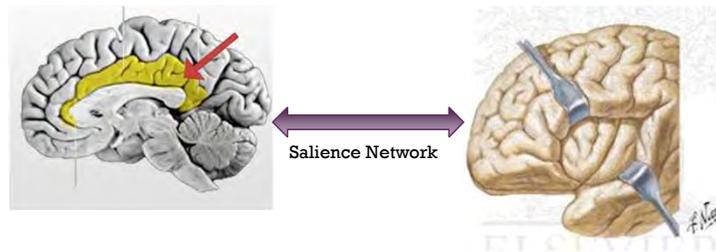
- In a study with case workers visiting older adults in their homes:
  - 80% impairment in movement
  - 70% unable to use sofas
  - 50% could not prepare food
  - 45% could not use their refrigerators
  - 42% could not use their kitchen sinks
  - 20% could not use their bathroom sinks
  - 10% could not use their toilets



## Assessment for Saliience Network Issues

- Clinical Markers:
  - Hyper- or hypo-arousal
- Clinical Treatment:
  - Mindfulness

Lanius et al., 2015. <http://www.ejpt.net/index.php/ejpt/article/view/27313>



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## Guidelines for utilizing telehealth: Assessment and screening

- Utilize the Clutter image rating scale
- Refer to the ICD Clutter Scale (next slide) to determine level of severity of hoarding
- Ask patient to use their camera to show you the room they are in, or take you on a tour of their home (within reason)
- Look behind them and be observant – what do you see?

+

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

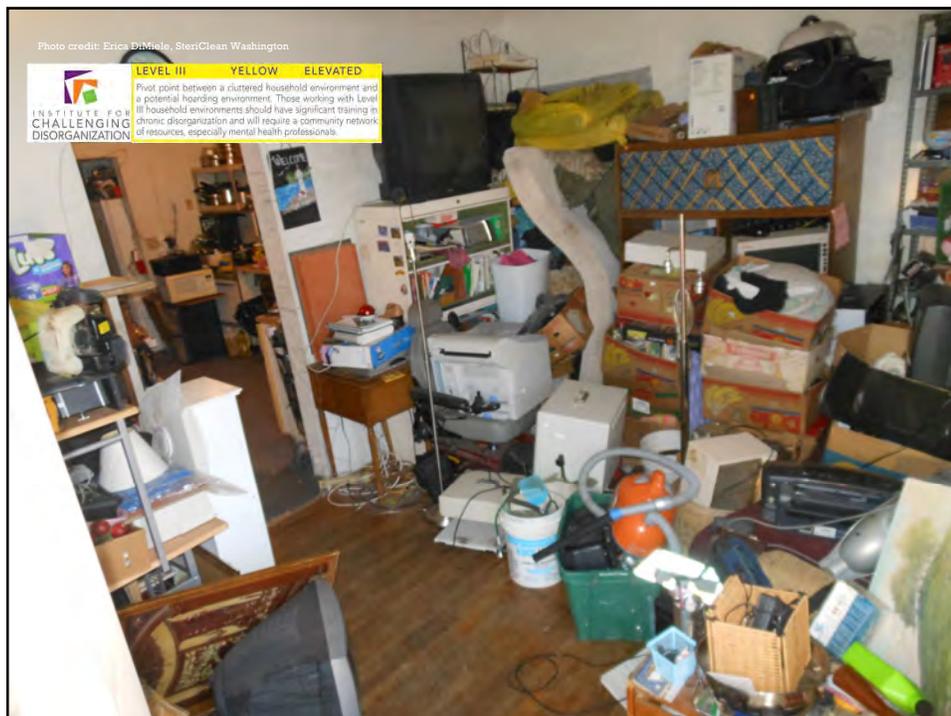
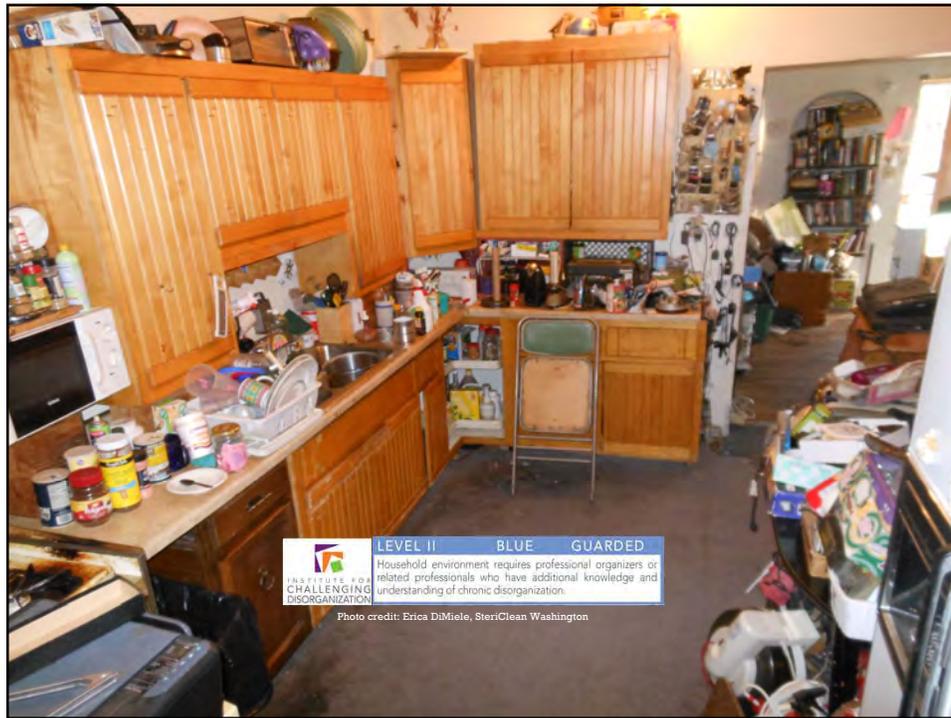
**CLUTTER — HOARDING SCALE (CHS)  
QUICK REFERENCE GUIDE**

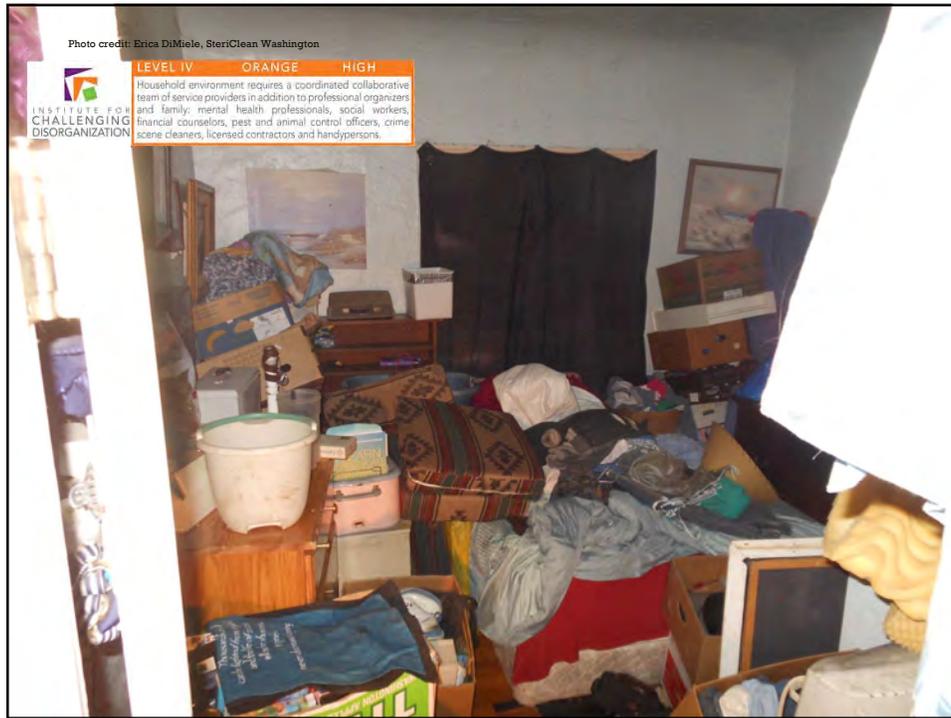
	Structure and Zoning	Animals and Pests	Household Functions	Health and Safety	Personal Protective Equipment (PPE)
<b>LEVEL I</b>	All doors, stairs and windows accessible, plumbing, electric and HVAC operational, fire and CO2 detectors, installed and functional	Normal animal control (barred) sanitation; 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; medications control OK	OPTIONAL
<b>LEVEL II</b>	1 major worklock, 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 pest fur/hair/feathers, light to medium evidence of common household pests/insects	Clutter beginning to obstruct living areas; slight congestion of beds, entrance, hallway and stairs; some household appliances not functional; inconsistent housekeeping and maintenance	Diminished appropriate sanitation, odors from dirty dishes, food prep, laundry, toilet; mild pest/medication control/questionable	LIGHT PPE Medical or work gloves; caps, disposable or only soft-foot; fire suit kit; insect repellent; insect sanitizer
<b>LEVEL III</b>	Outside clutter of items normally stored indoors; HVAC devices not working for longer than one season; fire or CO2 detectors non-existent or non-functional, one part of home has slight structural damage (cracking within past 6 months)	Animal population exceeds local regulations; inappropriate animal control; moderate evidence of pests; medium level of spiders, light insect infestation (such as bed bugs, flea, flea, mites, ants, silverfish, spiders, etc.)	Clutter obstructing functions of key living areas; building up around exits, entrance, hallway and stairs at least one item not being used for intended purpose; several appliances not functional; inappropriate usage of electric appliances and extension cords; substantial housekeeping and maintenance hazardous substances in small quantities	Limited evidence of appropriate sanitation (heavily soiled food preparation, dirty dishes, medicine, odors obvious and interfering); garbage cans not in use or overflowing; dirt, dust and debris; clutter nearby throughout house; Rx and OTC medications hazardous control (in children's path, multiple ingestion)	MEDIUM PPE Face masks or N95 respirator; double-eye protection gloves; disposable coveralls; shoe cover; work chowboots; fire suit kit; hand sanitizer; insect repellent
<b>LEVEL IV</b>	Excessive outdoor clutter of items normally stored indoors; HVAC devices not working for longer than one year; CO2 detectors non-existent or non-functional; structural damage to home (siding missing, holes in exterior wall, damaged roof, damaged walls and foundation, broken windows, doors or plumbing, odor or evidence of sewer backup)	Animal population exceeds local ordinances; poor animal sanitation; obstructive behavior; excessive spiders and water bugs; rodents, rodents in attic or basement; fleas and mites; medium insect infestation	Diminished use and accessibility to key living areas; several rooms cluttered to extent they cannot be used for intended purpose; clutter inhibiting access to doorway, hallway and stairs; inappropriate storage of hazardous combustible materials; appliances used inappropriately; improper use of electric space heaters, fans or extension cords	Rotting food; organic contamination; odors; leaking cans or bottles; blocked door and/or tops, dishes and utensils unusable; no lines on built-up; leaking on mattress; clutter on floor; infestation of bedding and/or furniture, medications, Rx and OTC medications easily accessible to anybody	FULL PPE Face masks or N95 respirator; safety goggles; medical or industrial grade latex or nitrile gloves; heavy duty work chowboots; disposable coveralls; shoe cover; work chowboots; fire suit kit; hand sanitizer; insect repellent; multi-lamp or flashlight
<b>LEVEL V</b>	Extreme indoor/outdoor clutter; sewage overflows; abandoned machinery; sanitation inadequate or nonexistent; HVAC systems not working; major damaged items; mold and mildew; foundation, broken windows, down or plumbing; unavailable electrical, water and/or gas; garbage, water or sewer backup; irreparable damage to vehicle and infrastructure	Animals at risk and dangerous to people due to behavior; health and number of pervasive spiders, cockroaches, mice, rats, squirrels, raccoons, bats, snakes, etc.; heavy infestation of insects (such as bed bugs, flea, flea, ticks, scabies, ants, fleas, etc.)	Key living spaces not usable; all rooms not used for intended purpose; entrance, hallway and stairs blocked; toilets, sinks and tubs not functioning; hazardous conditions observed by clutter; appliances unusable; hazardous and primitive use of kerosene, lanterns, candles, kerosene wickless as primary source of heat and/or light	Hazardous and unsecured presence; rotting food; organic contamination; cans or jars exposed; leaking or hazardous dishes and utensils found on non-existent beds inaccessible or unusable due to clutter or infestation; pervasive mold and/or mildew; multiple or burning water; Rx and OTC medications easily accessible to anybody; presence of animal filth	FULL PPE REQUIRED! N95 respirator mask or mask with organic filter; safety goggles; medical or industrial grade latex or nitrile gloves; heavy duty work chowboots; disposable coveralls; shoe cover; work chowboots; fire suit kit; hand sanitizer; insect repellent; multi-lamp or flashlight

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## Treatment Planning for Hoarding Disorder

- Safety First
- Integrated treatment approach for co-occurring disorders
- Mental Health: CBT most Evidenced Based Practice
  - Motivational Interviewing
  - Organization Training
  - Decision-making training
  - Exposure to non-acquiring
  - Cognitive restructuring
  - Coping Strategies

#### Medication for Hoarding Disorder

- Paroxetine (Paxil): not very helpful
- Venlafaxine (Effexor): appeared helpful
- Risperidone (Risperdal<sup>®</sup>), or Zyprexa
  - May No consensus about which medications may be the most effective – start with one SSRIs and add a 2<sup>nd</sup> med after 2 months is no improvement
- Donepezil (Aricept<sup>®</sup>) and galantamine (Reminyl<sup>®</sup>).
  - Almost no information is available about the use of non-serotonergic medications for HD. Few have benefited from glutamate modulators (a cognitive enhancers to treat Alzheimer's disease)
- Stimulants often used to treat ADD and ADHD may be helpful as they improve attention, etc...

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Dr. David Tolin, 2016. Keynote Presentation, Northshore Hoarding Conference.

+

## 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
- Legal problems: Risk of eviction and homelessness, applications for services

### Health

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

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### Mental Health & Public Safety:

Care providers need to balance protecting individual rights and autonomy while effectively responding to public health and safety imperatives (Satzl, 2010)

1. Thorough mental and physical health assessment, including mental capacity
2. Development of positive and trusting relationship with patient
3. Providing mental health treatment for co-occurring diagnoses even if treatment doesn't improve hoarding
4. Reducing risk by emphasizing increasing safety rather than eliminating hoarding behavior
5. Working with appropriate community agencies to improve communication and develop coordinated response

If the client has:	Goal of intervention:
High risk/high capacity	Accept client's right to self-determination
High risk/low capacity	Intervention required up to and including legal (guardianship, conservatorship, etc.)
High risk/moderate capacity	Reduce resistance; reduce risk; increase capacity

## + The Psychological Impact of Forced Cleanouts

Duration	Relative Psychological Impact
1 year	Low
2 year	Low-Mid
3 year	Mid
4 year	Mid-High
5 year	High
6 year	High-Mid
7 year	High
8 year	High-Mid
9 year	High
10 year	Very High
Cleanout	Very Low
1 month	Low
3 month	High
6 month	Very High

- Cleanouts:
  - Are not effective or sustainable
  - They can be traumatizing
  - They overlook the crisis/disaster nature of a cleanout event on a homeowner
- BUT, sometimes they are *necessary* in order to preserve public safety

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FAQ: SO IF I CAN'T CLEAN OUT A HOME THAT IS HOARDED, WHAT AM I SUPPOSED TO DO? WHAT IF THERE IS NO TIME TO DO THERAPY?

■ **Quick answer:** Safety comes first. Although it would be ideal to address underlying issues first, we can't always do that.

- **Rule of thumb:**
1. Safety first.
  2. Skills second.
    - Emotional regulation (self-soothing)
    - Self-awareness/mindfulness
    - Organization, categorization, etc.
  3. Therapy and everything else can follow.
    - Grief, loss, and trauma
    - Hoarding work: acquisition/discarding

## + Harm Reduction (Tompkins, 2014)

- Set of practical strategies that reduce the negative consequences of a particular health issue (Harm Reduction Coalition, 2010)
- Goal: not to eliminate behavior itself but to minimize negative, unwanted consequences that accompany behavior
- Does not require the individual to have “insight” into reasons for hoarding
  - Only recognize the potential for harm to them, others, or neighbors and to agree to minimize the risk
  - Doesn't prevent new items from coming in or increase discarding
- Helpful for individual with cognitive impairments or for people who are unwilling to seek treatment

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## What Harm Reduction Looks Like

- Safety
  - Moving flammable materials away from heat sources
  - Clearing walkways of trip hazards
  - Clearing enough room around doors and window
- Health
  - Clearing access to bathroom and washing facilities
  - Ensuring proper food storage
  - Addressing appropriate trash and waste disposal
  - Eliminating pest infestations
- Comfort
  - Addressing heating and cooling problems
  - Designating and clearing appropriate places to sleep and eat
  - Making space to conduct daily tasks

## Harm Reduction

- Not necessary to stop all acquiring nor clear all debris to reduce harm
- Problem of hoarding is a unique interaction between person, condition, and person's environment, and therefore requires a unique plan
- Person who hoards is an essential member of the harm reduction team
- Failures to honor the harm reduction plan are part of the approach and do not mean the approach is failing
- People who hoard can make positive changes in their lives even though they continue to hoard
- **Goals of Harm Reduction**
  - Keep people safe and comfortable in their homes
  - Focus on moving possessions away from high-risk areas
  - Focus on creating systems to minimize acquisition and maintain safety
  - Focuses on setting up systems for organization and effective living

Tompkins & Hartl (in preparation). Clinicians Guide to Managing Compulsive Hoarding: A Harm Reduction Approach. New York: Springer.



## Tips for Hoarding Work

- **Assessment**
  - Screen for hoarding behaviors in all of your clients
  - Identify all significant factors, including any co-occurring disorders
- **Prioritize treatment with all factors considered**
  - Safety first
  - Skill building second
  - Deeper processing third
- **Work collaboratively as resources allow**
  - Once physical space is “safe”, de-cluttering does not need to be prioritized as main focus of treatment
    - Working with organizer as adjunct to therapy can be helpful

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## 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)**, Bratiliotis, 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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## + Online Resources

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

- THP Consulting  
<https://www.northwestrelationships.com/thp.html>
- International OCD Foundation  
[www.iocdf.org](http://www.iocdf.org)
- Mental Health Association of San Francisco – Institute on Compulsive Hoarding and Cluttering (ICHC)  
[www.mentalhealthsf.org/programs/ichc/](http://www.mentalhealthsf.org/programs/ichc/)
- Institute of Challenging Disorganization  
[www.challengingdisorganization.org](http://www.challengingdisorganization.org)
- Children of Hoarders  
[www.childrenofhoarders.com](http://www.childrenofhoarders.com)

## Diagnostic Criteria for Hoarding Disorder:

1. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
2. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
3. The difficulty discarding possessions results in the 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).
4. The 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).
5. The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Willi syndrome).
6. The hoarding is not better explained by the symptoms of another mental disorder (e.g., obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder).

Specify if:

With excessive acquisition: If difficulty discarding possessions is accompanied by excessive acquisition of items that are not needed or for which there is no available space.

Specify if:

With good or fair insight: The individual recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.

With poor insight: The individual is 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.

With absent insight/delusional beliefs: The individual is 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.

Specifiers With excessive acquisition.

# HOARDING ASSESSMENT TOOL

By Randy Frost, Ph.D.

## Telephone Screening:

Date referral received: \_\_\_\_\_

Worker receiving call: \_\_\_\_\_

Department: \_\_\_\_\_

Client name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Type of dwelling: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral Source (may be omitted to preserve confidentiality): \_\_\_\_\_

Phone: \_(\_\_\_\_)\_\_\_\_-\_\_\_\_

Household members: \_\_\_\_\_

Pets/animals? \_\_\_\_\_

Own/Rent: \_\_\_\_\_

Family or other supports: (include names and phone numbers) \_\_\_\_\_

\_\_\_\_\_

Other Programs or private agencies involved: \_\_\_\_\_

\_\_\_\_\_

Physical or Mental Health Problems of client: \_\_\_\_\_

Are basic needs being met (i.e. food/shelter)? \_\_\_\_\_

Clients' attitude towards hoarding \_\_\_\_\_ Will client allow access: \_\_\_\_\_

Description of Hoarding Problem: (presence of human or animal waste, rodents or insects, rotting food, are utilities operational, are there problems with blocked exits, are there combustibles etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Problems/ Needs: \_\_\_\_\_

Initial Hoarding Severity Rating: None \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe \_\_\_

Others to Involve in Initial Assessment: \_\_\_\_\_

\_\_\_\_\_

\*Modified after Arlington County, VA Hoarding Task Force's Assessment Tool

**Condition of the Dwelling:** (to be completed at the property)

Date: \_\_\_\_\_

Response Team Members and Phone numbers: \_\_\_\_\_

*'Please indicate whether the following appliances/utilities are in working order.'*

	Yes	No	Unknown			Yes	No	Unknown
Stove/Oven	1	2	9		Fridge/Freezer	1	2	9
Kitchen sink	1	2	9		Bathroom sink	1	2	9
Washer/Dryer	1	2	9		Toilet	1	2	9
Electricity	1	2	9		Water heater	1	2	9
Furnace/Heat	1	2	9		Shower/Tub	1	2	9

Other:

*'Please indicate the extent of each of the following problematic living conditions.'*

	none	somewhat	severe	Comments
Structural damage to house	0	1	2	
Rotten food in house	0	1	2	
Insect or rodent infestation in house	0	1	2	
Large number of animals in house	0	1	2	
Animal waste in house	0	1	2	
Clutter outside of the house	0	1	2	
Cleanliness of the house	0	1	2	
Other (e.g. human feces)	0	1	2	

*'Please indicate the extent to which each of the following safety problems exist.'*

	Not at all	Somewhat	Very Much	Description
Does any part of the house pose a fire hazard? (e.g. unsafe electrical cords, flammable object next to heat sources like furnace, radiator, stove)	0	1	2	
How difficult would it be for emergency personnel to move equipment through the home?	0	1	2	
Are the exits from the home blocked?	0	1	2	
Are any of your stairwells unsafe?	0	1	2	
Is there a danger of falling due to the clutter?	0	1	2	

*'Please indicate the extent to which clutter interferes with the ability of the client to do each of the following activities.'*

<u>Activities of Daily Living</u>	N/A	Can do	Can do with difficulty	Unable to do	Comments
Prepare food (cut up food, cook it)	0	1	2	3	
Use refrigerator	0	1	2	3	
Use stove	0	1	2	3	
Use kitchen sink	0	1	2	3	
Eat at table	0	1	2	3	
Move around inside the house	0	1	2	3	
Exit home quickly	0	1	2	3	
Use toilet (getting to the toilet)	0	1	2	3	
Use bath/shower	0	1	2	3	
Use bathroom sink	0	1	2	3	
Answer door quickly	0	1	2	3	
Sit in your sofas and chairs	0	1	2	3	
Sleep in your bed	0	1	2	3	
Clean the house	0	1	2	3	
Do laundry	0	1	2	3	
Find important things (e.g. bills)	0	1	2	3	
Care for animals	0	1	2	3	

**Client Assessment:** (to be completed during an interview with the client)

Mental Health Issues: (e.g., Dementia; see guidelines) \_\_\_\_\_

Frail/ elderly or disabled: \_\_\_\_\_

Family and other social supports: \_\_\_\_\_

Financial status/ ability or willingness to pay for services: \_\_\_\_\_

**Hoarding Interview (questions to ask the client):**

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

Not at all Difficult                  Mildly                  Moderately                  Extremely Difficult

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

No Difficulty                  Mild                  Moderate                  Extreme Difficulty

3. To what extent do you currently have a problem with collecting free things or buying more things than you need or can use or can afford?

No Problem                  Mild Problem                  Moderate Problem                  Severe Problem

4. To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?

No Distress	Mild Distress	Moderate Distress	Severe Distress
----------------	------------------	----------------------	--------------------

5. To what extent does the clutter, problems discarding, or problems with buying or acquiring things impair or interfere with your life (daily routine, job/school, social activities, family activities, financial difficulties)?

Not at all	Mildly	Moderately	Severely
------------	--------	------------	----------

**Summary:**

Level of risk:           None           Mild           Moderate    Severe  
(Based on assessment of condition of the dwelling.)

Level of insight:       None           Mild           Moderate    Fully aware & cooperative

(Level of insight should be determined by comparing responses to the Hoarding Interview to the observed conditions of the dwelling.)

Complicating factors: (e.g., dementia, disabled) \_\_\_\_\_

---

**Recommendations:**

---

## Clutter Image Rating

---

Date: \_\_\_\_\_

Using the 3 series of pictures (CIR: Living Room, CIR: Kitchen, and CIR: Bedroom), please select the picture that best represents the amount of clutter for each of the rooms of your home. Put the number on the line below.

Please pick the picture that is closest to being accurate, even if it is not exactly right.

If your home does not have one of the rooms listed, just put NA for “not applicable” on that line.

<b>Room</b>	<b>Number of closest corresponding picture (1–9)</b>
Living Room	_____
Kitchen	_____
Bedroom #1	_____
Bedroom #2	_____

Also, please rate other rooms in your house that are affected by clutter on the lines below. Use the *CIR: Living Room* pictures to make these ratings.

Dining room	_____
Hallway	_____
Garage	_____
Basement	_____
Attic	_____
Car	_____
Other	_____

Please specify: \_\_\_\_\_

---

Scores above 3 in any room are cause for concern.

### Clutter Image Rating: Living Room

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



1



2



3



4



5



6



7



8



9

**Figure 2.1**

Clutter Image Rating Scale: Living Room

### Clutter Image Rating Scale: Kitchen

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



1



2



3



4



5



6



7



8



9

**Figure 2.2**

Clutter Image Rating Scale: Kitchen

### Clutter Image Rating: Bedroom

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



1



2



3



4



5



6



7



8



9

**Figure 2.3**

Clutter Image Rating Scale: Bedroom

# Clutter Image Rating Scale: Bathroom

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



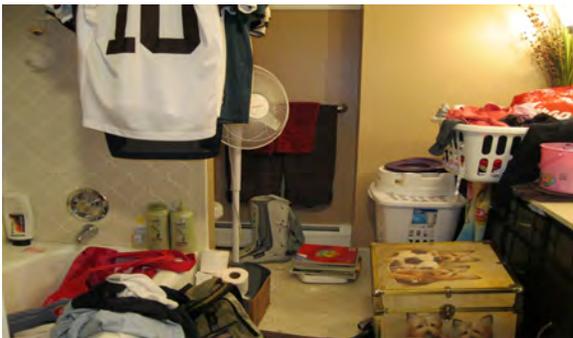
1



2



3



4



5



6



7



8



9

# Clutter Image Rating: Bedroom

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



1



2



3



4



5



6



7



8



9

# Clutter Image Rating Scale: Kitchen

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



1



2



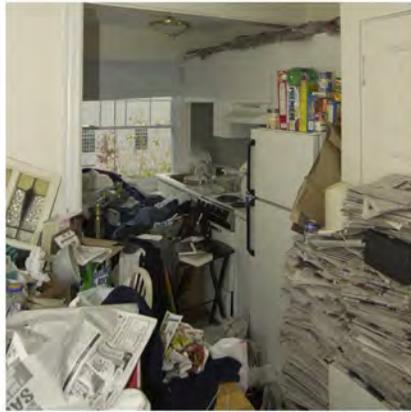
3



4



5



6



7



8



9

# Clutter Image Rating: Living Room

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



1



2



3



4



5



6



7



8



9

# 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 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.

# Uniform Inspection Checklist - Quick Reference

**RESIDENT:** The purpose of inspection is to ensure housing is decent, safe, sanitary, & in good repair. Inspector must be able to view, reach, and test all items on inspection checklist.

**The following items must be *UNOBSTRUCTED***  
**~ completely clear of any items ~**

	Egresses - means of exit
	Minimum of 36" wide clear pathways throughout residence
	Smoke detectors, CO detectors, & sprinkler heads <i>(all that apply)</i>
	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 home, a/c, heat thermostats, trash containers
	Emergency pull cords - end of cord must be no more than 18" from the floor <b><i>(if applicable)</i></b>

**The following items must be *ACCESSIBLE***  
**~ easily able to be reached by inspector ~**

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

**THE FOLLOWING CHECKLIST PROVIDES A GUIDE FOR ADDRESSING GENERAL HEALTH AND SAFETY.**

	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)
	All pilot lights must be lit (if gas)
	Stove, range w/ oven - interior, exterior, & top must be clean & free of debris <b>NO</b> flammable items on or within 6" of stove top
	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 inoperable or unregistered vehicles in yard
	No excessive pet odor, pet hair, pet waste

**Additional Safety and/or Sanitation Issues**


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Collaboration of North Shore Center for Hoarding and Cluttering, North Shore Peer Advisory Committee, North Shore Hoarding Task Force.  
 Translations in Spanish and Russian also available courtesy Professional Profiles, Inc.

## Hoarding Rating Scale

Please use the following scale when answering items below:

- 0 = no problem
- 2 = mild problem, occasionally (less than weekly) acquires items not needed, or acquires a few unneeded items
- 4 = moderate, regularly (once or twice weekly) acquires items not needed, or acquires some unneeded items
- 6 = severe, frequently (several times per week) acquires items not needed, or acquires many unneeded items
- 8 = extreme, very often (daily) acquires items not needed, or acquires large numbers of unneeded items

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

0	1	2	3	4	5	6	7	8
Not at all		Mild		Moderate		Severe		Extremely
Difficult								Difficult

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

0	1	2	3	4	5	6	7	8
No		Mild		Moderate		Severe		Extreme
difficulty								Difficulty

3. To what extent do you currently have a problem with collecting free things or buying more things than you need or can use or can afford?

0	1	2	3	4	5	6	7	8
None		Mild		Moderate		Severe		Extreme

4. To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?

0	1	2	3	4	5	6	7	8
None/ Not at all		Mild		Moderate		Severe		Extreme

5. To what extent do you experience impairment in your life (daily routine, job / school, social activities, family activities, financial difficulties) because of clutter, difficulty discarding, or problems with buying or acquiring things?

0	1	2	3	4	5	6	7	8
None/ Not at all		Mild		Moderate		Severe		Extreme

### **Interpretation of HRS Total Scores** (Tolin et al., 2010)

Mean for Nonclinical samples: HRS Total = 3.34; standard deviation = 4.97.

Mean for people with hoarding problems: HRS Total = 24.22; standard deviation = 5.67.

Analysis of sensitivity and specificity suggest an HRS Total clinical cutoff score of 14.

### **Criteria for Clinically Significant Hoarding:** (Tolin et al., 2008)

A score of 4 or greater on questions 1 and 2, and a score of 4 or greater on either question 4 or question 5.

Tolin, D.F., Frost, R.O., Steketee, G., Gray, K.D., & Fitch, K.E. (2008). The economic and social burden of compulsive hoarding. *Psychiatry Research*, *160*, 200-211.

Tolin, D.F., Frost, R.O., & Steketee, G. (2010). A brief interview for assessing compulsive hoarding: The Hoarding Rating Scale-Interview. *Psychiatry Research*, *178*, 147-152.

## Saving Inventory – Revised

Date: \_\_\_\_\_

For each question below, circle the number that corresponds most closely to your experience DURING THE PAST WEEK.

0 ----- 1 ----- 2 ----- 3 ----- 4  
 None      A little      A moderate amount      Most/Much      Almost All/Complete

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. How much of the living area in your home is cluttered with possessions? (Consider the amount of clutter in your kitchen, living room, dining room, hallways, bedrooms, bathrooms, or other rooms). | 0 | 1 | 2 | 3 | 4 |
| 2. How much control do you have over your urges to acquire possessions?   | 0 | 1 | 2 | 3 | 4 |
| 3. How much of your home does clutter prevent you from using?   | 0 | 1 | 2 | 3 | 4 |
| 4. How much control do you have over your urges to save possessions?  | 0 | 1 | 2 | 3 | 4 |
| 5. How much of your home is difficult to walk through because of clutter?   | 0 | 1 | 2 | 3 | 4 |

For each question below, circle the number that corresponds most closely to your experience DURING THE PAST WEEK.

0 ----- 1 ----- 2 ----- 3 ----- 4  
 Not at all      Mild      Moderate      Considerable/Severe      Extreme

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 6. To what extent do you have difficulty throwing things away?  | 0 | 1 | 2 | 3 | 4 |
| 7. How distressing do you find the task of throwing things away?  | 0 | 1 | 2 | 3 | 4 |
| 8. To what extent do you have so many things that your room(s) are cluttered?   | 0 | 1 | 2 | 3 | 4 |
| 9. How distressed or uncomfortable would you feel if you could not acquire something you wanted?  | 0 | 1 | 2 | 3 | 4 |
| 10. How much does clutter in your home interfere with your social, work or everyday functioning? Think about things that you don't do because of clutter. | 0 | 1 | 2 | 3 | 4 |
| 11. How strong is your urge to buy or acquire free things for which you have no immediate use?  | 0 | 1 | 2 | 3 | 4 |

## Saving Inventory – Revised

For each question below, circle the number that corresponds most closely to your experience  
DURING THE PAST WEEK:

- |   | 0                     | 1                     | 2                     | 3                       | 4                     |
|---|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|
|   | Not at all            | Mild                  | Moderate              | Considerable/<br>Severe | Extreme               |
| 12. To what extent does clutter in your home cause you distress?                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| 13. How strong is your urge to save something you know you may never use?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| 14. How upset or distressed do you feel about your acquiring habits?                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| 15. To what extent do you feel unable to control the clutter in your home?                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| 16. To what extent has your saving or compulsive buying resulted in financial difficulties for you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |

For each question below, circle the number that corresponds most closely to your experience  
DURING THE PAST WEEK.

- |  | 0                     | 1                     | 2                          | 3                     | 4                     |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
|  | Never                 | Rarely                | Sometimes/<br>Occasionally | Frequently/<br>Often  | Very Often            |
| 17. How often do you avoid trying to discard possessions because it is too stressful or time consuming?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| 18. How often do you feel compelled to acquire something you see? e.g., when shopping or offered free things?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| 19. How often do you decide to keep things you do not need and have little space for?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| 20. How frequently does clutter in your home prevent you from inviting people to visit?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| 21. How often do you actually buy (or acquire for free) things for which you have no immediate use or need?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| 22. To what extent does the clutter in your home prevent you from using parts of your home for their intended purpose? For example, cooking, using furniture, washing dishes, cleaning, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| 23. How often are you unable to discard a possession you would like to get rid of?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |



# CLUTTER – HOARDING SCALE<sup>©</sup>

a residential observational tool

FIVE LEVELS. FIVE CATEGORIES.

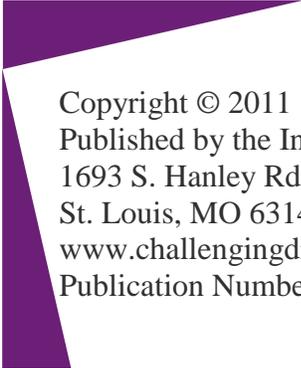


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This document is to be used as an assessment/guideline tool only. The Institute for Challenging Disorganization is not responsible for any work performed by a professional organizer or other related professional when using the ICD Clutter – Hoarding Scale.

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# THE ICD CLUTTER – HOARDING SCALE

a residential observational tool



## SCOPE OF THE SCALE

### *For Use in Residential Observational Assessments*

The Institute for Challenging Disorganization (ICD) developed the *ICD Clutter – Hoarding Scale* (CHS) to serve as an observational guideline tool for the assessment of residential environments, and is intended for the assessment of the household environment only.

- The CHS was created specifically for use in the assessment of a home's interior, except where the outside structure affects the overall safety of the interior.
- The CHS is not intended for the assessment of sheds, unattached garages or outbuildings.
- It is not to be used for diagnostic purposes or for any psychological evaluation of a person or persons.
- The ICD is not responsible for any work performed by a professional organizer, related professional, or any other person when using the CHS.

## *For Use as a Guideline Tool by Professional Organizers, Related Professionals and Collaborating Team Members*

The CHS provides definitive assessment parameters relating to health and safety issues, and presents a potential range of environments in which professional organizers, related professionals and others might choose to work.

The ICD acknowledges and defines the following categories of support providers that the CHS may serve:

### Professional Organizers

Professional organizers are those who receive remuneration for organizing services, maintain professional standards and ethics defined by association affiliations, and continually educate themselves in the organizing field and/or specialty areas.

### Related Professionals

Related professionals are those whose professional relationships with individuals specifically target issues of challenging disorganization. Related professionals include, but are not limited to, psychiatrists, psychologists, physicians, nurses, health department professionals, social workers, educators, researchers, municipal planners and code enforcers, and ADD/ADHD coaches.

### Collaborating Team Members

Collaborating team members may include any combination of professional organizers, related professionals, therapists, coaches, family members and community service agencies. All those whose professional or personal relationships with an individual involve them in the process of creating and maintaining environmental change in the home are considered collaborating team members.



The ICD is a not-for-profit 501(c)(3) educational organization. The ICD's mission is to benefit people affected by chronic disorganization. The ICD explores, develops and communicates information, organizing techniques and solutions to professional organizers, related professionals and the public.



## PARAMETERS OF THE SCALE

### Five Levels

The ICD has established five levels to indicate the degree of household clutter and/or hoarding from the perspective of a professional organizer or related professional.

The levels in the scale are progressive, with Level I as the lowest and Level V the highest. The ICD considers Level III to be the pivot point between a household that might be assessed as cluttered, and a household assessment that may require the deeper considerations of working in a hoarding environment.

LEVEL	COLOR	LEVEL OF CLUTTER – HOARDING
I	GREEN	LOW
II	BLUE	GUARDED
III	YELLOW	ELEVATED
IV	ORANGE	HIGH
V	RED	SEVERE

## Five Assessment Categories

Within each level are five specific categories that describe the degree of clutter and/or hoarding potential.

### 1. Structure and Zoning

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

### 2. Animals and Pests

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

### 3. Household Functions

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

### 4. Health and Safety

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

### 5. Personal Protective Equipment (PPE)

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

LEVEL I

GREEN

LOW

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

<p><b>Structure and Zoning</b></p>	<ul style="list-style-type: none"> <li>• All doors, stairways and windows accessible</li> <li>• All plumbing, electrical, HVAC (heating, ventilation and air conditioning) systems fully functional</li> <li>• Installed and functional fire and carbon monoxide (CO) detectors</li> </ul>
<p><b>Animals and Pests</b></p>	<ul style="list-style-type: none"> <li>• Appropriate animal control (behavior and sanitation)</li> <li>• Number of animals in compliance with zoning regulations</li> <li>• No evidence of non-pet rodents or insects</li> </ul>
<p><b>Household Functions</b></p>	<ul style="list-style-type: none"> <li>• No excessive clutter</li> <li>• All rooms being used for intended purposes</li> <li>• All household appliances fully functional</li> <li>• Consistent routine housekeeping and maintenance</li> </ul>
<p><b>Health and Safety</b></p>	<ul style="list-style-type: none"> <li>• Safe and maintained sanitation conditions</li> <li>• No odors (animal, food or natural gas)</li> <li>• Medications: quantity within normal limits; appropriately stored, current dates and child-proof lids as indicated</li> </ul>
<p><b>Personal Protective Equipment (PPE)</b></p>	<ul style="list-style-type: none"> <li>• PPE Optional</li> <li>• First aid kit, hand sanitizer, flashlight and insect repellent</li> </ul>

LEVEL II

BLUE

GUARDED

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

<p><b>Structure and Zoning</b></p>	<ul style="list-style-type: none"> <li>• One major exit blocked</li> <li>• One major appliance or HVAC device not working for longer than one season (regionally appropriate)</li> <li>• Some plumbing or electrical systems not fully functional</li> <li>• Nonexistent or non-functional fire and carbon monoxide (CO) detectors</li> </ul>
<p><b>Animals and Pests</b></p>	<ul style="list-style-type: none"> <li>• Animals: evidence of inappropriate animal control (behavior and sanitation)</li> <li>• Visible or odorous pet waste</li> <li>• Visible pet fur/hair/feathers</li> <li>• Light to medium evidence of common household pests/insects</li> </ul>
<p><b>Household Functions</b></p>	<ul style="list-style-type: none"> <li>• Clutter obstructs some functions of key living areas</li> <li>• Slight congestion of exits, entrances, hallways and stairs</li> <li>• Some household appliances not fully functional</li> <li>• Inconsistent routine housekeeping and maintenance</li> </ul>
<p><b>Health and Safety</b></p>	<ul style="list-style-type: none"> <li>• Evidence of non-maintained sanitation conditions</li> <li>• Odors related to dirty dishes, food preparation surfaces, laundry, toilets; mildew in bathroom or kitchen</li> <li>• Medications: quantities questionable; expired, current Rx and OTC commingled; haphazard storage; pills not in Rx containers</li> </ul>
<p><b>Personal Protective Equipment (PPE)</b></p>	<ul style="list-style-type: none"> <li>• Light PPE: as needed and suggested</li> <li>• Medical or industrial grade latex or nitrile gloves and heavy-duty leather or cloth work gloves with reinforced palms</li> <li>• Caps (such as baseball) or disposable polyester bouffant caps</li> <li>• Disposable shoe covers</li> <li>• First aid kit, hand sanitizer, flashlight and insect repellent</li> </ul>

LEVEL III

YELLOW

ELEVATED

The ICD considers Level III to be the pivot point between a household environment that can be assessed as cluttered and a household assessment that may require the deeper considerations of working in a hoarding environment. Professional organizers, related professionals or others who are working with Level III household environments should have significant training in chronic disorganization and have developed a helpful community network of resources, especially mental health professionals.

<p><b>Structure and Zoning</b></p>	<ul style="list-style-type: none"> <li>• Outside clutter of items normally stored indoors</li> <li>• HVAC devices not working for longer than one season (regionally appropriate)</li> <li>• Nonexistent or non-functional fire and carbon monoxide (CO) detectors</li> <li>• One part of home exhibits light structural damage (having occurred in preceding six months)</li> </ul>
<p><b>Animals and Pests</b></p>	<ul style="list-style-type: none"> <li>• Animal population exceeds local legal regulations</li> <li>• Evidence of inappropriate animal control</li> <li>• Inadequate sanitation (fish tank stagnant, reptile aquarium not well maintained, animal odor and waste, bird droppings)</li> <li>• Audible evidence of pests; medium level of spider webs in house</li> <li>• Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)</li> </ul>
<p><b>Household Functions</b></p>	<ul style="list-style-type: none"> <li>• Clutter obstructing functions of key living areas</li> <li>• Clutter exists around exits, entrances, hallways and stairs</li> <li>• At least one room not being used for intended purpose, e.g., items stored in shower; limited bed access or space</li> <li>• Several appliances not fully functional</li> <li>• Inappropriate usage of electric appliances and extension cords</li> <li>• Substandard housekeeping and maintenance</li> <li>• One or two obvious hazardous materials in small quantities, such as chemical spills, broken glass, etc.</li> </ul>
<p><b>Health and Safety</b></p>	<ul style="list-style-type: none"> <li>• Evidence of non-maintained sanitation conditions (food preparation surfaces heavily soiled, dirty dishes, dirty toilets, visible mildew in bathroom or kitchen)</li> <li>• Odors obvious and irritating</li> <li>• Garbage cans not in use, full or overflowing</li> <li>• Presence of accumulated dust, dirt and debris</li> <li>• Dirty laundry scattered throughout the house</li> <li>• Medications: Rx and OTC easily accessible to people and pets; presence of expired Rx medications</li> </ul>
<p><b>Personal Protective Equipment (PPE)</b></p>	<ul style="list-style-type: none"> <li>• Medium PPE</li> <li>• Face masks: surgical mask or healthcare particulate respirator mask</li> <li>• Eye protection and gloves: eyeglasses, safety goggles, medical or industrial grade latex or nitrile gloves; work gloves with reinforced palms</li> <li>• Disposable coveralls, polyester bouffant caps, work shoes/boots</li> <li>• First aid kit, hand sanitizer, flashlight and insect repellent</li> </ul>

LEVEL IV

ORANGE

HIGH

Household environment requires a coordinated collaborative team of service providers in addition to professional organizers and family. Such providers might include mental health professionals, social workers, financial counselors, pest and animal control officers, crime scene cleaners, licensed contractors and handypersons. Mental health and/or medical and financial issues are frequently involved.

<p><b>Structure and Zoning</b></p>	<ul style="list-style-type: none"> <li>• Excessive outdoor clutter of items normally stored indoors</li> <li>• HVAC devices not working for longer than one year</li> <li>• Nonexistent or non-functional fire and carbon monoxide (CO) detectors</li> <li>• Structural damage to home existing longer than six months</li> <li>• Water damaged floors, damaged walls and foundations, broken windows, doors or plumbing</li> <li>• Odor or evidence of sewer backup</li> </ul>
<p><b>Animals and Pests</b></p>	<ul style="list-style-type: none"> <li>• Animal population exceeds local ordinances</li> <li>• Evidence of poor animal sanitation; destructive behavior</li> <li>• Excessive spiders and webs</li> <li>• Bats, squirrels, rodents in attic or basement (audible and visible)</li> <li>• Medium insect infestation (bedbugs, lice, fleas, cockroaches, ants, silverfish, etc.)</li> </ul>
<p><b>Household Functions</b></p>	<ul style="list-style-type: none"> <li>• Diminished use of and accessibility to key living areas</li> <li>• Several rooms cluttered to extent they cannot be used for intended purposes, e.g., items stored in shower; limited bed access or space</li> <li>• Clutter inhibits access to exits, entrances, hallways and stairs</li> <li>• Inappropriate storage of hazardous/combustible materials, e.g., gasoline, leaking paint or chemicals</li> <li>• Appliances used inappropriately, e.g., refrigerator being used for storing non-food items</li> <li>• Improper use of electric space heaters, fans or extension cords</li> </ul>
<p><b>Health and Safety</b></p>	<ul style="list-style-type: none"> <li>• Rotting food, organic contamination</li> <li>• Expired, leaking or buckling cans and/or jars</li> <li>• Dishes and utensils unusable</li> <li>• No linens on beds; sleeping on mattress, chair or floor; infestation of bedding and/or furniture</li> <li>• Mold and/or mildew obvious; visible moisture or standing water</li> <li>• Medications: Rx and OTC easily accessible to people and pets; presence of expired Rx medications</li> </ul>
<p><b>Personal Protective Equipment (PPE)</b></p>	<ul style="list-style-type: none"> <li>• Full PPE</li> <li>• Face masks: surgical mask, healthcare particulate respirator mask, or respirator with organic filter(s)</li> <li>• Safety goggles; medical or industrial grade latex or nitrile gloves; heavy duty work gloves</li> <li>• Disposable coveralls, caps, and shoe covers; work shoes/boots</li> <li>• First aid kit, hand sanitizer, headlamp/flashlight and insect repellent</li> </ul>

LEVEL V

RED

SEVERE

Household environment will require intervention from a wide range of professionals. Professional organizers should not work alone in a Level V environment. A collaborative team of related professionals needs to be assembled to create and implement clearly defined goals and negotiated timetables. Members might include family, mental health professionals, social workers, building manager, zoning, fire, and/or safety agents. The individual with a Level V home might be involved in legal proceedings, such as a conservatorship, guardianship, divorce, custody, eviction or condemnation proceedings. Formal written agreements among the parties should be in place before proceeding.

<p><b>Structure and Zoning</b></p>	<ul style="list-style-type: none"> <li>• Extreme indoor/outdoor clutter; foliage overgrowth; abandoned machinery</li> <li>• Inadequate or nonexistent ventilation; HVAC systems not working</li> <li>• Non-existent or non-functional fire and carbon monoxide (CO) detectors</li> <li>• Water damaged floors, walls and foundation; broken windows, doors or plumbing</li> <li>• Unreliable electrical, water, and/or sewer septic systems; odor or evidence of sewer backup</li> <li>• Irreparable damage to exterior and interior structure</li> <li>• Nonexistent or non-functional fire and carbon monoxide (CO) detectors</li> </ul>
<p><b>Animals and Pests</b></p>	<ul style="list-style-type: none"> <li>• Animals at risk and dangerous to people due to behavior, health and numbers</li> <li>• Pervasive spiders, mice, rats, squirrels, raccoons, bats, snakes, etc.</li> <li>• Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)</li> </ul>
<p><b>Household Functions</b></p>	<ul style="list-style-type: none"> <li>• Key living spaces not usable</li> <li>• All rooms not used for intended purposes</li> <li>• Exits, entrances, hallways and stairs blocked</li> <li>• Toilets, sinks and tubs not functioning</li> <li>• Hazardous conditions obscured by clutter</li> <li>• Appliances unusable</li> <li>• Hazardous and primitive use of kerosene, lanterns, candles, fireplace/woodstove as primary source of heat and/or light</li> </ul>
<p><b>Health and Safety</b></p>	<ul style="list-style-type: none"> <li>• Human urine and excrement present</li> <li>• Rotting food; organic contamination; expired, leaking or buckled cans and/or jars</li> <li>• Dishes and utensils buried or nonexistent</li> <li>• Beds inaccessible or unusable due to clutter or infestation</li> <li>• Pervasive mold and/or mildew; moisture or standing water</li> <li>• Medications: Rx and OTC easily accessible to people and pets; presence of expired Rx medications</li> </ul>
<p><b>Personal Protective Equipment (PPE)</b></p>	<ul style="list-style-type: none"> <li>• Full PPE required</li> <li>• Face masks: healthcare particulate respirator mask or respirator with organic filter(s)</li> <li>• Safety goggles; medical or industrial grade latex or nitrile gloves; heavy duty gloves</li> <li>• Disposable coveralls, caps and shoe covers; work shoes/boots</li> <li>• First aid kit, hand sanitizer, headlamp/flashlight and insect repellent</li> </ul>



## SUPPLEMENTAL INFORMATION

### *Animal Hoarding*

Dr. Gary Patronek, founder of The Hoarding of Animals Research Consortium (HARC) (Public Health, 1999), defines animal hoarding as:

- “Having more than the typical number of companion animals
- Failing to provide even minimal standards of nutrition, sanitation, shelter, and veterinary care, with this neglect often resulting in illness and death from starvation, spread of infectious disease, and untreated injury or medical condition
- Denial of the inability to provide this minimum care and the impact of that failure on the animals, the household, and human occupants of the dwelling
- Persistence, despite this failure, in accumulating and controlling animals”

The costs of animal hoarding intervention can be significant due to requirements for veterinary services, animal housing, litigation and/or clean up or demolition. Euthanasia is often only option for many animals due to ill health, contagious disease and the large numbers of animals being hoarded. The significant and permanent deterioration of a home’s sanitary condition can result in building condemnation.

Intervention of animal hoarding falls within multiple jurisdictions including any of the following state and local government agencies: mental health, public health, aging, child welfare, zoning, building safety, animal control, sanitation, and fish and wildlife. Professional organizers are cautioned that working with animal hoarding cases will likely involve exposure to complicated and hazardous work environments and requires advanced training with a team approach intervention.

## *Severe Domestic Squalor*

Severe domestic squalor (SDS) is a term used to describe homes whose interior conditions have become unsanitary to the point of being a threat to the health and safety of those who live or work in them. Assessment of severe domestic squalor may include the following:

- Accumulated filth and dirt (potentially including animal or human feces)
- Rotting food
- Infestations of rodents and insects
- Months or years of accumulated trash
- Decaying wood
- Few signs of repair efforts
- Broken or non-functioning facilities inside or outside the home

The natural decomposition process of the squalid environmental conditions contributes to dangerous development of surface and airborne molds, or other bacteria-laden sludge-like substances in the home.

SDS can be found in all types of housing situations, including very upscale homes and neighborhoods. SDS often involves hoarding; however, hoarding does not always involve squalor. It is dangerous and can be potentially life threatening. SDS is often associated with a lack of social contact and mental or physical incapacity.

The client living with SDS might be involved in legal proceedings, such as a conservatorship, guardianship, divorce, custody, eviction, or condemnation proceedings. In addition to professional organizers, clients living with SDS require the help of other professionals or community agencies. Reporting of concerns to appropriate community agencies is highly recommended for professional organizers and is legally mandated for many related professions.

## *Proper Disposal Of Prescription Drugs*

The U.S. Food and Drug Administration (FDA) recommends the following:

- Do not flush prescription drugs down toilet or drain unless specifically instructed to do so by the label or attached information sheet. Improperly flushed medications have been found to contribute to excessive ground-water contamination.
- Safe disposal of prescription drugs may be accomplished through community drug take-back programs or household hazardous waste collection.
- If a drug take-back program is not available, the FDA recommends the following:
  1. Remove prescription drugs from original containers
  2. Mix drugs with an undesirable substance – used cat litter or coffee grounds
  3. Put mixture into sealed bag or container
  4. Conceal identifying information from empty container (name and Rx number) with black permanent marker pen
  5. Place mixture in sealed container
  6. Dispose empty drug container into trash

(Partial excerpts from the White House Office of National Drug Control Policy, October 2009)



## ADDITIONAL ICD RESOURCES

The ICD website contains additional resources on subject matter related to the CHS and to challenges with disorganization. These include publications and fact sheets on such topics as hoarding, the elderly, time management, AD/HD, mental health issues, medical health issues, family dynamics, grief, goal setting and more.

### Free Fact Sheets

*Are You Chronically Disorganized?* (Fact Sheet 001)

*Are You Situationally Disorganized?* (Fact Sheet 002)

*Conditions Commonly Associated with Disorganization* (Fact Sheet 004)

*Tips For Communicating With The Chronically Disorganized* (Fact Sheet 007)

*Collaborative Therapy for Clutter Management* (Fact Sheet 011)

### Suggested Publications

*Reading & Resource List for Professionals Working with Chronically Disorganized People*

*Heirs of the Chronically Disorganized* (Publication 005)

*Introduction to Compulsive Hoarding* (Publication 024)

*Working with the Elderly* (Publication 009)

*Body Double Work* (Publication 014)

Please visit <http://www.challengingdisorganization.org> for more information.

