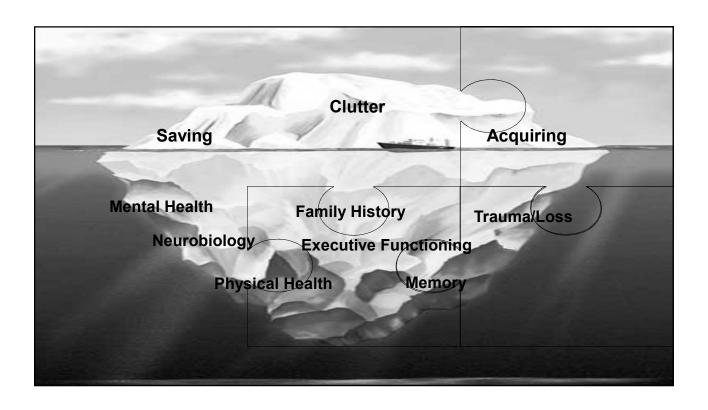


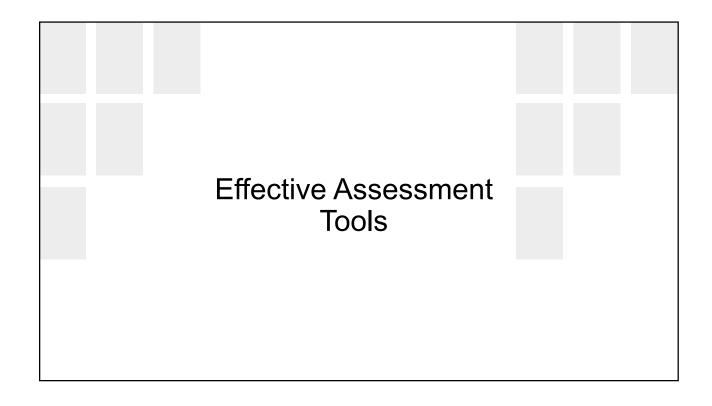




Defining Hoarding
Is there the acquisition of and failure to discard a large volume of possessions
$\sqrt{}$ Does the clutter make it difficult to use rooms for their intended purpose?
$\sqrt{\mbox{ Is there distress or impairment in functioning caused by the clutter?}$
(Frost & Hartl,1996)
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	Hoarding vs. Squalor
	•Hoarding and squalor are not the same
	<ul> <li>Squalor is defined as filthiness or degradation from neglect</li> </ul>
	<ul> <li>Hoarding is typically characterized as a cluttered living environment; clutter may</li> </ul>
	exist with or without poor sanitation
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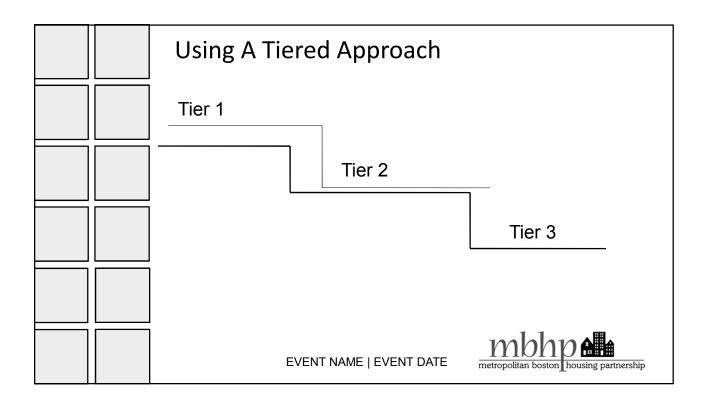
	Hoarding Interview
	Anyone (Property Managers, Maintenance staff, etc.) interacting with the resident should use the hoarding interview
	<ul> <li>Goal is to understand:</li> <li>Why the items being saved are important to the resident (regardless of your perspective about the items)</li> <li>Where the items are acquired</li> <li>What the resident's perspective is</li> </ul>
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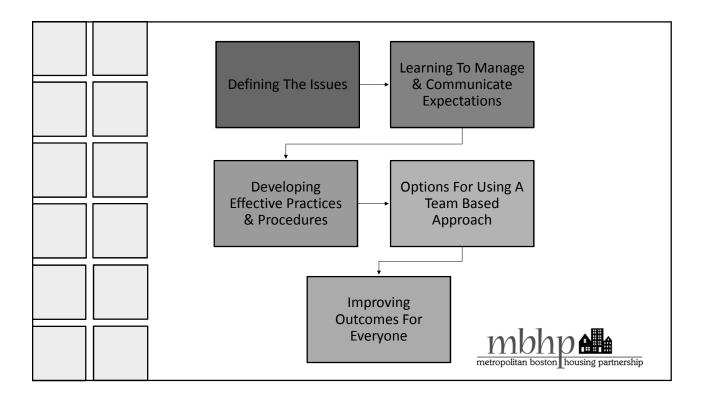
Hoarding Interview
<ul> <li>Tell me about your (tea pots, games, books, etc.)</li> <li>Are there ways that you would like to be able to do in your home that are difficult now?</li> <li>I wonder if there was a time when you felt that you successfully organized your home?</li> <li>Have others in your life commented on your clutter before?</li> <li>It seems that there are some health/safety concerns being expressed by your housing provider. What are your thoughts about those concerns?</li> <li>Are there ways that the clutter prevents you from doing things that are important to you?</li> <li>Has anyone offered to help you address your clutter before?</li> </ul>
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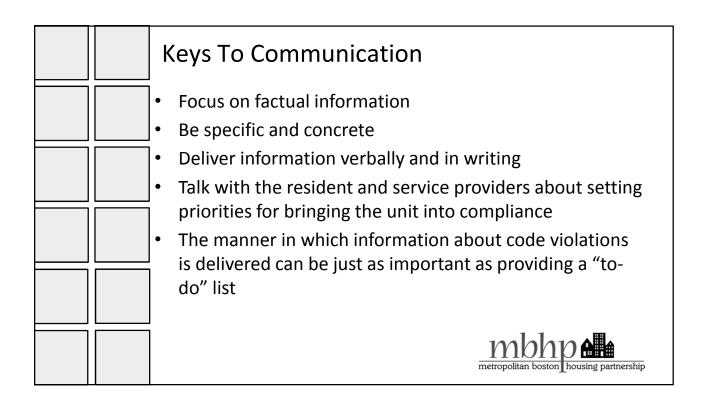
HOMES Risk Assessment Tool	
HOMES® Multi-disciplinary Hoarding Risk Assessment Health □Cannot use bathtub/shower □ Cannot prepare food □ Presence of spoiled food □ Presence of insects/rodents □ Cannot access toilet □ Cannot sleep in bed □ Presence of feces/Urine (human or animal) □ Presence of mold or □ Garbage/Trash Overflow □ Cannot use stove/fridge/sink □ Cannot locate medications or equipment □ Chronic dampness Notes:	
Obstacles  Cannot move freely/safely in home Inability for EMT to enter/gain access Notes:  General Unstable piles/avalanche risk Egresses, exits or vents blocked or unusable	
Mental health (Note that this is not a clinical diagnosis; use only to identify risk factors)  □ Does not seem to understand seriousness of problem □ Defensive or angry □ Unaware, not alert, or confused □ Does not seem to accept likely consequence of problem □ Anxious or apprehensive Notes:	_
Endangerment (evaluate threat based on other sections with attention to specific populations listed below)  ☐ Threat to health or safety of child/minor  ☐ Threat to health or safety of person with disability  ☐ Threat to health or safety of older adult  Notes:	_
Structure & Safety  Unstable floorboards/stairs/porch  Electrical wires/cords exposed  No running water/plumbing problems  Flammable items beside heat source  Storage of hazardous materials/weapons  Notes:  Blocked/unsafe electric heater or vents  Blocked/unsafe electric heater or vents  Blocked/unsafe electric heater or vents	-

	Documenting Violations
	<ul> <li>Use clear, simple language</li> <li>Be specific</li> <li>Make goals measurable</li> <li>Set realistic timeframes for compliance</li> <li>Avoid jargon when possible</li> <li>Work with service providers and the resident to answer questions or clarify information</li> </ul>
	EVENT NAME   EVENT DATE metropolitan boston housing partnership

	Documenting Violations
	Doors, passageways and exits shall be maintained free from hazardous conditions,
	obstructions and impediments. (629-28. TORONTO MUNICIPAL CODE CHAPTER 629, PROPERTY STANDARDS)
	Specific and measurable: Egress path must be 36" from door to window in each room and to all exits
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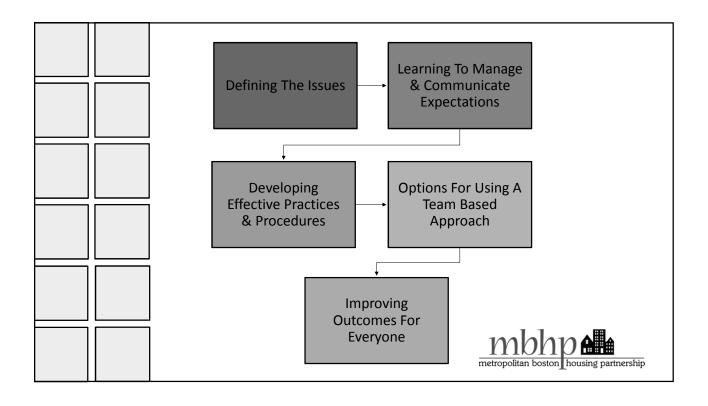


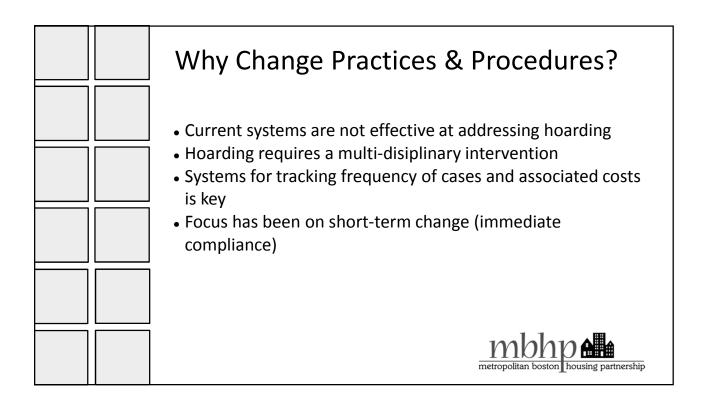




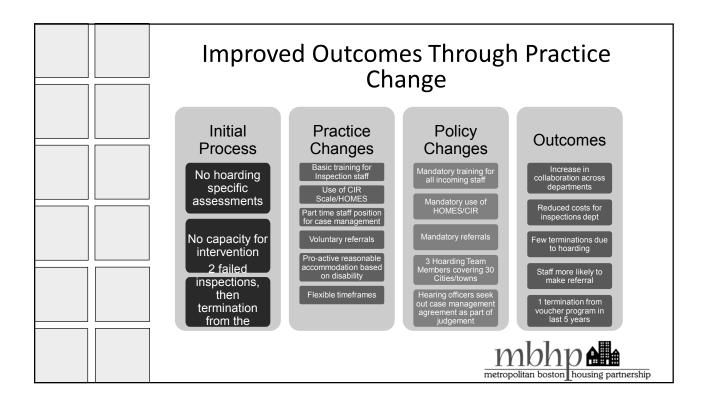
	Strategies for Communication and Coordination
	<ul> <li>Use carrot/stick approach</li> <li>If your professional identity is one of enforcement, it is helpful to pair with a supportive professional</li> </ul>
•	Use coordinated service plan
	<ul> <li>Clearly outlines roles/responsibilities of all agencies and resident</li> </ul>
	<ul> <li>Useful for clear communication and holding all accountable</li> </ul>
	Outlines limitations and contingency plans
•	Ensure everyone has a copy of all violations and an understanding of the compliance timeframes dingtes neuropolitan boston housing partnership

	ACES	
	Action Words:	Show me Tell me about
	Curious Questioning:	I wonder if Help me understand
	Empathetic Statements:	It sounds like you are feeling(worried about, feeling, etc)I can understand (how hard this is, that you are feeling sad, etc)
	Statements of Concern:	I worry that I am concerned because  metropolitan boston housing partnership

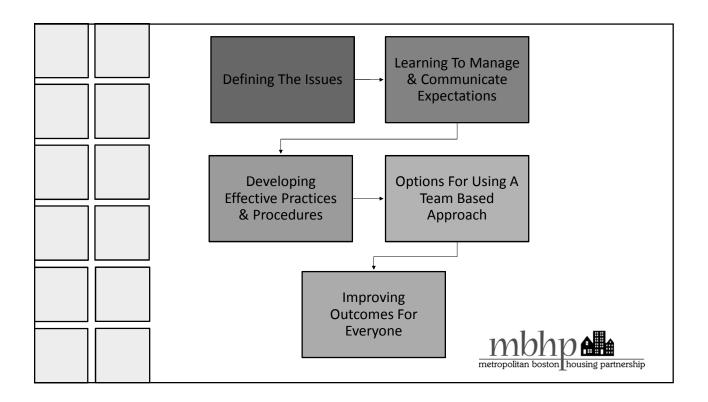




Questions To Consider
<ul> <li>What are the strengths and limitations of your organization</li> <li>Who are your community partners?</li> <li>What training can you institutionalize within your task force or organization?</li> <li>What is your assessment protocol? Is it voluntary or mandatory?</li> </ul>
<ul> <li>Are there ways to incorporate hoarding assessment and/or intervention into existing staffing patterns?</li> <li>What systems can you put into place to track data?</li> </ul>
EVENT NAME   EVENT DATE   metropolitan boston housing partnership

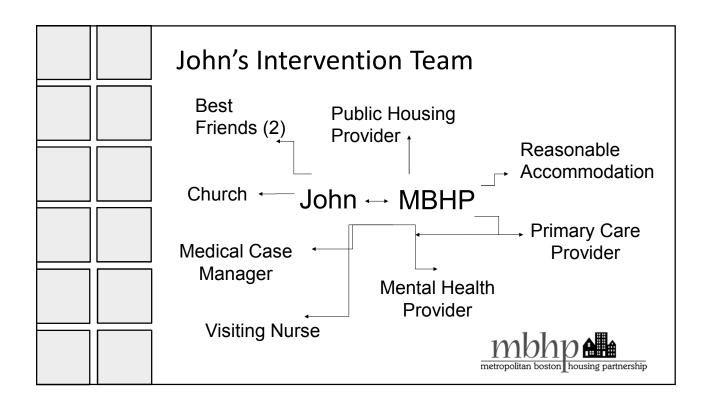


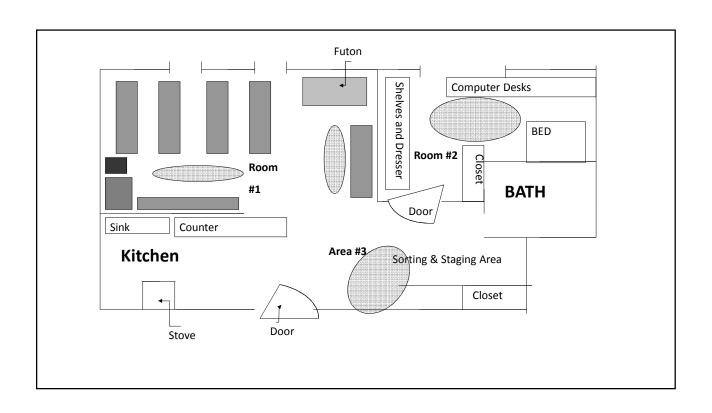
	Policy and Practice Change Example
	Initial Approach:
	<ul> <li>12 hours of voluntary training for all shelter, case management, clinical, and transitional housing staff</li> <li>No protocols for assessment or intervention</li> </ul>
	<ul> <li>Current Plan:</li> <li>12 hours of mandatory training for all shelter, case management, clinical, and transitional housing staff</li> <li>Required use of Clutter Image Rating and HOMES Tool for assessment</li> </ul>
	<ul> <li>Mandatory referral for case management and/or clinical intervention</li> </ul>
	mbhp and metropolitan boston housing partnership

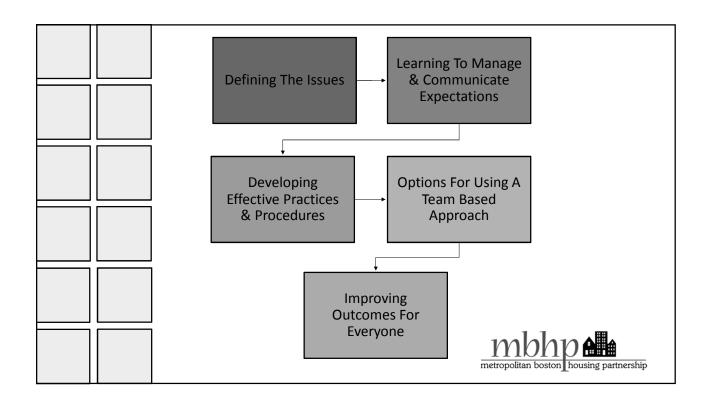


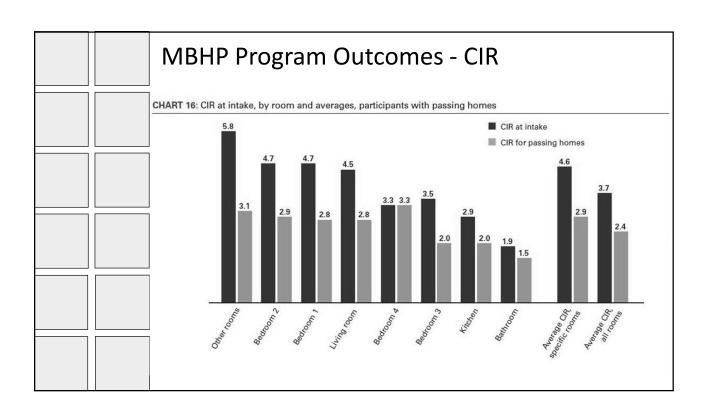
	LOOKING BEYOND SHORT TERM COMPLIANCE
	<ul> <li>Opportunity to reduce clutter AND address issues contributing to the hoarding behaviors</li> <li>No discipline has all the expertise needed; increases range of knowledge and skill available to resident</li> <li>Greater opportunity for resource identification; reduces resources required by any one agency</li> </ul>
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EXPANDING OPTIONS FOR INTERVENTION
<ul> <li>Supportive, step-by-step reduction of clutter</li> <li>Case management or behavioral coach (in home)</li> <li>Mental health treatment (specialized CBT for hoarding)</li> <li>Utilize harm reduction strategies</li> </ul>
Supported clean-out     Clean out without control/presence     Eviction/Condemnation









	MBHP Program Outcomes
	<ul> <li>Long-term reduction in Clutter Image Rating scores</li> <li>Fewer issues with recidivism</li> <li>Reduction in costs associated with non-compliance</li> <li>Termination and eviction rates due to hoarding have dropped</li> <li>Tenants and property owners contact MBHP for assistance before a crisis</li> <li>Earlier identification means more effective intervention</li> </ul>
	EVENT NAME   EVENT DATE    Moderate

