EFFECTIVE HOARDING INTERVENTION

Using a case management model for reducing clutter and changing behavior

A manual for non-clinical professionals

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INTRODUCTION

Metropolitan Boston Housing Partnership (MBHP) is a leading nonprofit dedicated to connecting the residents of Greater Boston with safe, decent homes they can afford. MBHP is the largest regional provider of rental assistance vouchers in Massachusetts. Our Leased Housing department oversees multiple subsidized housing programs in Boston and 32 surrounding communities. These programs include the Department of Housing and Urban Development’s (HUD) Housing Choice Voucher Program (commonly known as Section 8), Massachusetts Rental Voucher Program, and Continuum of Care (formerly known as Shelter Plus Care), among others. Our Inspections department works with owners, as necessary, to ensure that apartments meet all necessary health and safety compliance standards as required by HUD.

MBHP’s Housing Supports department is home to a number of programs designed to support tenants, property owners, and homeowners throughout our region. These services include our Housing Consumer Education Center (HCEC), housing search assistance, and work with families in the state’s emergency shelter system, as well as training and technical assistance on rights and responsibilities under fair housing laws. The HCEC provides brief counseling for residents and property owners in need of utility assistance, housing search, referrals for legal assistance, and more. This department also includes Specialized Intensive Programs and Services (SIPS), a team of case managers that was created to provide more intensive, long-term assistance to residents at risk for homelessness. Referrals are made to the SIPS team from Leased Housing, Inspections, Housing Supports, as well as our extensive network of partners from outside the agency. As such, SIPS clients tend to work with all three MBHP departments (see Fig. 1).

Through the “Housing First” approach to housing and homelessness issues, the SIPS team’s services start with a comprehensive assessment of need and continue with supports that range from assistance with navigating service systems, to gaining access to mental health, medical and/or substance abuse resources and/or entitlement benefits, to practical hands-on help with daily living skills, to financial and legal advocacy. The intensive, personalized, and at-home focus is pivotal in engaging clients and stabilizing them in their homes and communities.

Housing First is a housing model first developed by Pathways to Housing in the early 1990s. The approach places the client in permanent housing and then develops a service plan to address a wide range of issues including mental health, physical health, substance abuse, education, employment, and others. These “wrap-around” services are determined through coordination between client, case manager, and the other professionals working with the resident. Client choice and involvement in service planning is an important part of the approach used in the Housing First model. These principles have been particularly important in our work with clients who have challenges with hoarding.

In 2006, MBHP, working in partnership with the Boston University School of Social Work, sought a new strategy to address hoarding with the hope of reducing the number of lost subsidies and evictions caused by the problem. At the time, cleaning out the home and time-limited mental health treatment were the only available intervention options for hoarding. MBHP chose to develop a hoarding intervention model using case management that merges harm reduction strategies with cognitive behavioral therapy techniques. This dynamic case management approach relies on collaborations between property management, service providers, the client, and the MBHP team.

Figure 1: MBHP SIPS clients work with staff in multiple departments.
CHAPTER 1. HOARDING OVERVIEW

THE IMPORTANCE OF TRAINING AND PRACTICE CHANGE

The importance of ongoing, intensive training and feedback regarding hoarding intervention cannot be stressed enough. Though they take time to develop, the skills in this training manual are proven to be successful in addressing the problem of hoarding. Training, however, is not enough. Professionals working with people with hoarding must be empowered to shift procedures, in conjunction with supervisors, in order to put their training into practice. MBHP believes that the following are key to building a successful intervention program:

- Investment in training.
- Openness to practice change.
- Written policies for addressing hoarding cases.
- Ongoing coaching and case consultation.

TRAINING MANUAL OVERVIEW

Over the past nine years, MBHP has assisted hundreds of residents in preventing hoarding-related evictions by reducing the clutter in their homes and developing the skills necessary for maintaining their homes more safely moving forward. The information found in this training manual is a step-by-step approach to tools used in MBHP's pioneering case management approach.

The structure of this manual will help the reader to develop a default process assessing the condition of the home, differentiating between hoarding and squalor, engaging with clients about clutter-related concerns, working to reduce clutter volumes, and finally, providing critical after-care once the home is safe.

WHAT IS HOARDING?

Hoarding is the acquisition of and failure to discard a large number of possessions. The condition impacts approximately 15 million people in the United States. Because hoarding has a chronic and worsening course, possessions build over time, congesting living areas, and creating unsafe living conditions. People with hoarding living in rental units, particularly those with low or moderate incomes, face the risk of eviction and homelessness due to their hoarding behaviors. Those who are homeowners face fines from municipalities, as well as the risk of condemnation.

Hoarding was initially defined by Dr. Randy Frost and Tamara Hartl as the acquisition of and failure to discard a large number of possessions with little or no value. According to Frost and Hartl’s definition, clutter in hoarded homes builds until rooms cannot be used for the purpose intended. Additionally, residents are found to have distress or impairment in functioning caused by the hoarding. We use Frost and Hartl’s definition as it is appropriate for a case management setting.

For professionals in housing, visiting nursing, and social services who are trying to determine if the client that they are working with has a hoarding problem, focus on determining if you are able to say ‘yes’ to the questions below.

☐ Is there a large accumulation of possessions (regardless of value)?
☐ Are there rooms that cannot be used for their intended purpose due to the volume of possessions?
☐ Is anyone experiencing distress or impairment in functioning caused by the clutter?

If you say yes to ALL THREE questions, then it is reasonable to conclude that there are hoarding related concerns that should be addressed.

SQUALOR

When thinking about the assessment of and intervention in hoarding situations, it is important to distinguish hoarding from squalor. Squalor is defined as degradation from neglect or filth. Examples of squalor include rotting food, human or animal waste, and infestation. In contrast, hoarding focuses strictly on the volume of possessions in a space. While hoarding and squalor can be found together, it would be improper to assume that the presence of hoarding would automatically lead to squalid conditions in a home. We will explore this distinction more in Chapter 2.
Differentiating Between Hoarding and Squalor

Is there a large accumulation of possessions (regardless of value)?
☑ Yes, there is a large collection of books in the room. The piles are stacked 4-7 feet high.

Are there rooms that cannot be used for their intended purpose due to the volume of possessions?
☑ Yes, one is unable to walk freely or safely in the room. There is nowhere to sit because books cover all surfaces and the majority of floor space.

Is anyone experiencing distress or impairment in functioning caused by the clutter?
☑ Yes, the potential for a fire and/or injury to the resident due to the conditions is high. Additionally, the occupant would struggle with activities of daily living due to the cluttered conditions.

Is there a presence of rotting food, insects, human/animal waste, filth or other squalid conditions?
☒ Although there is a large volume of clutter, there are no indications of squalor in the photograph.

Is there a large accumulation of possessions (regardless of value)?
☑ Yes, there is a moderate accumulation of possessions including bins filled with possessions, piles on the floor, and items in boxes.

Are there rooms that cannot be used for their intended purpose due to the volume of possessions?
☑ While the resident of this room can access the unit, it is very difficult to use it as a bedroom due to the cluttered conditions.

Is anyone experiencing distress or impairment in functioning caused by the clutter?
☑ The occupant of this room has difficulty locating medications and has fallen out of their wheelchair due to the clutter. As a result, they are having both distress and impairment. The property manager and service providers also have a high level of distress due to the conditions.

Is there a presence of rotting food, insects, human/animal waste, filth or other squalid conditions?
☑ Yes, there is a presence of human waste on the mattress and the floors of the unit are sticky.
EXERCISE 1. EXAMINING OUR PERSONAL PERSPECTIVES

While communication will be discussed in the chapters ahead, understanding our thoughts, feelings, and ways of communicating about hoarding play a critical role in our work with clients to address their hoarding. Changing our perceptions of hoarding and the words that we use to talk with others about hoarding is, for many of us, some of the most difficult work necessary to better assist our clients in making their homes safer.

Take a moment to write down all of the words that come to mind (positive and negative) when you hear the word “hoarding.”

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Now, write down all the words that come to mind (positive and negative) when you hear the word “depression.”

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

As an experiment, a group of people on social media, including people with hoarding, were asked to list five to seven words that came to mind when they saw the word hoarding. Then the same people were asked to list the first five to seven words that came to mind for the word depression. The images on the next page reflect their responses. Please turn to Page 7 (Fig. 3) to see what they said.

How are your responses similar to or different from the people in the poll? How does your personal perspective on organization, clutter, and cleaning inform your response to hoarding? Take a moment to write about your perspective.

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_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_____________________________________________________________________________________________
HOW TO TALK ABOUT HOARDING
The language that we use to describe hoarding can have a direct impact on the client’s ability to hear the feedback we have about their living conditions. It can also be a barrier to the client’s acceptance of help and impact our ability to help coordinate the services necessary for de-cluttering the home. By focusing on factual evidence and open-ended questions, we can more effectively engage the resident and help them prepare to change their living environment.

Statements based on other factors
“This place is a mess!”
“How can you live like this?”
“You have to throw this junk away!”
“You can’t cook in this kitchen!”

Statements based in fact
“You need an egress path of 36 inches throughout your home.”
“You are not allowed to have papers on the stove because of the potential for fire.”
“You piles must be reduced to no more than four feet to prevent any avalanches of your items.”

Key Phrases (ACES)

<table>
<thead>
<tr>
<th>Action words</th>
<th>Curious Questioning</th>
<th>Empathetic Statements</th>
<th>Statements of Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell me about... Show me...</td>
<td>I wonder if... Help me understand...</td>
<td>It sounds like you are feeling (worried about, frustrated, etc.)... I can understand (how hard this is, that you are feeling sad, etc.)...</td>
<td>I worry that... I am concerned because...</td>
</tr>
</tbody>
</table>

STOP
Before moving on to the next section of this training manual, you will need to download the Clutter Image Rating Scale and HOMES Multi-Disciplinary Risk Assessment Tool.

Clutter Image Rating Scale:
http://hoarding.iocdf.org/cir.pdf

HOMES Multi-Disciplinary Risk Assessment Tool:
THE PHASES OF INTERVENTION
The case management model developed by MBHP has four distinct phases (see Fig. 2). The first phase is geared toward developing a relationship with the client and identifying goals. The second phase has a focus on reducing clutter levels and developing skills necessary for successful, long-term management of the hoarding problem. The last two phases are designed to help a client transition to focusing on clutter management, celebrate the work accomplished, and plan to prevent recidivism.

THE ROLE OF A CASE MANAGER IN INTERVENTION
As professionals, for many of us, our first inclination is to obtain basic information from our client, formulate a plan to address the health/safety concerns caused by the clutter, and carry out the de-cluttering plan as quickly as possible. Successful intervention in hoarding cases, however, requires a shift in perspective and practice away from a “fix it” mode of thought to seeing the role of the case manager as a facilitator and coach. When thinking of hoarding intervention, the case manager sets the stage and provides the resources to help make change possible. In this role, case managers:
1. Guide clients through the stages of change.
2. Listen to clients’ perspective on their belongings.
3. Help brainstorm alternatives to maintaining current clutter levels.
4. Teach new skills for managing clutter.
5. Identify potential barriers to success, client needs, and options for additional resources.
6. Discuss consequences for non-compliance with health/safety codes.

Our role is NOT:
• To fix the problem. (It isn’t our stuff, we can’t make decisions about items.)
• Tell the client how to feel about their belongings.
• Establish a de-cluttering plan without input from the resident.

In hoarding cases, it is often necessary for a case manager to speak directly with a property manager, code enforcement officer, or other party regarding the client’s hoarding problem. When communicating with property owners, it is important to ask for a written list of the health and safety concerns that they have identified, explain the scope of services provided to address the health and safety risks, and establish the plan for ongoing communication about the concerns. Additional information about working as a team and reasonable accommodation has been provided at the end of this training manual.

THE PHASES OF MBHP’S MODEL FOR HOARDING INTERVENTION
PHASE 1: Intake & Assessment (Getting to know you)
PHASE 2: Active Engagement (Getting the work done)
PHASE 3: Monitoring (Maintaining ground and moving forward)
PHASE 4: Re-assess and Close Case

Figure 2: The four phases of MBHP’s model for hoarding intervention

When asked for the first words describing hoarding that come to mind, many are judgmental in nature and focus on the physical manifestations of hoarding. When asked the first words that come to mind for depression, respondents focused more on emotions and options for assistance.

Figure 3: When you are done reading the words above, turn back to Page 5 to complete the exercise.
CHAPTER 2. PHASE 1: ASSESSMENT AND INTAKE

ASSESSMENT

Keys to Success
- Focus on the facts.
- Address clutter early (when possible).
- Consider household composition.
- Clearly identify safety issues/risks.
- Communicate in clear language that the resident can understand.

Proper assessment is an important first step in addressing the problem of hoarding. There are a number of factors that impact the assessment process. Professionals from a variety of fields see the problem of hoarding and clutter differently. A clear understanding of how various professionals assess health/safety issues will make establishing a work plan for de-cluttering and communicating expectations and timeframes easier for everyone involved.

Housing inspectors and public health officials focus their attention in cluttered homes on violations of local, state, or subsidized housing regulations. Property owners may not be familiar with health or safety codes but may have concerns about the potential for fire or infestation in the unit. Nurses, social workers, and others may feel concerned about the resident’s ability to shower, cook, or find his/her medication, among other concerns, when assessing the level of clutter in a home. Ideally, code enforcement officers or property owners will formally write up a list of health/safety violations for correction and provide those violations to the resident, case manager, and other supportive intervention partners. At times, though, this step does not happen. As a result, it is important that case managers and others be able to effectively spot health/safety concerns in order to remedy potential conditions that could lead to eviction or a health/safety emergency.

Regardless of the professional perspective of the individual assessing a home for hoarding, there are several key safety risks that should be examined. During the assessment process, one should consider not only the type and volume of objects in the home, but also the household composition, resident health concerns, and activities such as smoking taking place in the home. A high volume of clutter is a concern for any household, but the presence of children, elders, those with disabilities, and/or someone who is smoking in the home can present an increase in risks associated with the clutter.

Personal experiences, preferences, or expectations for housekeeping also impact our assessment of cluttered homes. Professionals may fall into the trap of feeling that they have seen more severe clutter in other homes and therefore, while cluttered, a home may not be “so bad” in comparison to other homes. When developing assessment procedures to address clutter and hoarding, it will be important to use tools such as those outlined in this chapter to focus on factual health and safety issues rather than comparison to other homes or our personal expectations and preferences for how a home should look.

When assessing any home for hoarding conditions, a multi-step process that differentiates between hoarding and squalor or housekeeping issues is necessary. If hoarding is present, it is critical to provide details about which clutter-related health/safety concerns have been found. The first step of the assessment process is a return to the three questions. If you answer “yes” to all three of these questions, then proceed with the understanding that you need to begin thinking about facilitating a hoarding-related intervention.

- Is there a large accumulation of possessions (regardless of value)?
- Are there rooms that cannot be used for their intended purpose due to the volume of possessions?
- Is anyone experiencing distress or impairment in functioning caused by the clutter?
EXERCISE 2: IDENTIFYING HOARDING

For the photos below, indicate the best description of the home and provide evidence to support your answer. Remember to ask yourself the following:

1. Can I respond “yes” to the three key questions in identifying hoarding?
2. Can I see any evidence of squalor?
3. What facts can I use as evidence to support my answer?

Example:

The room in this photo exhibits:
- [ ] Hoarding only
- [ ] Squalor only
- [ ] Neither hoarding nor squalor
- [ ] Both hoarding and squalor

**Reasoning:** While this living room is heavily cluttered, there are no signs of infestation, mold, rotting food, human/animal waste, or other characteristics associated with squalid conditions. As a result, the assessment determined that hoarding was the only concern.

The room in this photo exhibits:
- [ ] Hoarding only
- [ ] Squalor only
- [ ] Neither hoarding nor squalor
- [ ] Both hoarding and squalor

**Reasoning:** ____________________________
______________________________
______________________________
______________________________
______________________________
The room in this photo exhibits:

- Hoarding only
- Squalor only
- Neither hoarding nor squalor
- Both hoarding and squalor

Reasoning: ____________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

The room in this photo exhibits:

- Hoarding only
- Squalor only
- Neither hoarding nor squalor
- Both hoarding and squalor

Reasoning: ____________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________
The Clutter Image Rating (CIR) Scale measures the volume of possessions in a room. It does not evaluate the risks associated with the volume of clutter.

Common Health/Safety Concerns Caused by Clutter and Hoarding

- Lack of required 36-inch egress path throughout home (including to one window per room) poses a safety risk during emergency and can lead to the resident falling.
- Items on or near a heat source such as items in the oven or on top of the stove are considered a fire hazard.
- An avalanche risk includes boxes stacked higher than three to four feet or piles of papers, clothing, and other items that could collapse. This can even happen when piles are neatly stacked or placed in bins.
- Trip hazards include boxes or small piles stored in the egress path. This can cause a resident to fall.
- Sewer gas build-up can be caused when water does not periodically flow through a drain. This can occur when items are being stored in bathtubs or access to bathrooms is blocked due to clutter.
- When a high accumulation of combustible materials (high fire load) are present, fire fighters worry about a more rapid spread during fires.
- The accumulation of large quantities of food can lead to infestation and concerns about squalor if the resident struggles to part with expired and/or spoiled food.

Clinical, hoarding begins with a rating of 4 on the CIR scale. Generally, health and safety violations are not noted until a CIR of 5 or higher. It is important for code enforcement officers, housing providers, and others to make referrals for services, whenever possible, when clutter is found at CIR of 4 or 5. Although successful intervention can be done with higher clutter ratings, concerns such as imminent eviction and fire hazards may make the intervention process more challenging. Because hoarding has a chronic and worsening course, early identification of a hoarding problem is important.

There are several ways that the CIR scale can be used by case managers and other professionals when addressing hoarding. Case managers, inspectors, court staff, and others can use the CIR to rate the volume of clutter at intake/inspection and re-assess at subsequent inspections or home visits. The tool is also useful in assessing the resident’s perspective on the rooms of the home. If a client looks at the CIR Scale and assesses their living room at a 6 and a case manager has a similar rating, you can see that the client perceives the volume of clutter in a similar way. However, if the client rates a living room as a 2 and the case manager rates the same room as a 6, the client may be lacking insight into their hoarding behaviors.

There are several tricks to using the CIR Scale for assessment. First, objects such as tables, sofas, windowsills, and paintings can be used to evaluate the height of clutter found in photos one through nine. If you are evaluating a room with neatly stacked boxes or shelves of possessions, imagine the height and density of the clutter if those boxes or shelves were to be knocked over.

Please take out the Clutter Image Rating Scale.

The Clutter Image Rating (CIR) Scale was developed by Dr. Randy Frost to assess the volume of clutter in homes with hoarding. The CIR Scale includes a series of photos that depict a room in worsening states of disarray, numbered from one to nine. The case manager assesses each room by selecting the photo that has the most similar volume of clutter. The CIR Scale includes photos of three rooms: living room, kitchen, and bedroom. For other rooms such as basements, hallways, attics, and dining rooms, the living room photos are most appropriate for assessment.
EXERCISE 3: USING THE CIR SCALE
Use the Clutter Image Rating Scale to rate the volume of clutter in each of the photos below. Explain the factors that led you to the rating that you selected. (See Page 6 for information on obtaining the CIR Scale.)

Example: Clutter Image Rating 6

Explanation of CIR: There appears to be a substantial accumulation of papers, books, video tapes, and other items in this room. The path is covered, up to 12 inches deep in places. If the items stacked throughout the room were to topple over, the room’s contents would be quite high and very dense.
Clutter Image Rating ___

Explanation of CIR:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
The HOMES tool, developed by Dr. Christiana Bratiotis, is designed to measure common risks associated with high levels of clutter in a home. This instrument can be used by anyone who comes into contact with a resident with hoarding behaviors. The first page of the tool highlights concerns found by the evaluator in five key areas:

**Health:** Are there one or more threats to the health of the unit occupants?

**Obstacles:** Is there a concern about egress, trip hazards, ability of first responders to access the unit, or possessions avalanching?

**Mental Health:** Does the resident appear to be defensive, angry, or apprehensive? Please note: You are not being asked to provide a diagnosis or medical opinion about the occupant’s mental health status.

**Endangerment:** Is there a threat to any one of the populations listed? If so, a call to the appropriate authorities may be appropriate.

**Structure/Safety:** Is there a risk of structural instability or other safety issue as a result of the volume of clutter?

To use the HOMES Tool, simply complete both pages of the tool. Check the boxes that identify the risks that you feel need to be addressed as part of the hoarding intervention. A notes field has been provided in order to note details about your concerns (as needed). For example:

- **Cannot sleep in bed**
- **Notes:** Can sleep in bed but only with difficulty

This living room, in a one-bedroom apartment, is home to a 59-year-old woman with low insight about her hoarding. She was defensive when engaging with housing inspectors and case management staff about the condition of her home. The resident at times became angry and denied that she was at risk of homelessness due to the clutter in her home.

**Health:** None.

**Obstacles:** All items under obstacles.

**Mental Health:** Does not seem to understand seriousness of problem. Does not seem to accept likely consequence of problem. Defensive or angry.

**Endangerment:** None.

**Structure and Safety:** Flammable items beside heat source. Blocked/unsafe electric heater or vents.
EXERCISE 4: USING THE HOMES TOOL
For each photo below, complete Page 1 of the HOMES Tool.

Health: __________________________________________
                                           __________________________________________
                                           __________________________________________
                                           __________________________________________

Obstacles: _______________________________________
                                           _______________________________________
                                           _______________________________________
                                           _______________________________________

Mental Health: ___________________________________
                                           _______________________________________
                                           _______________________________________
                                           _______________________________________

Endangerment: ___________________________________
                                           _______________________________________
                                           _______________________________________
                                           _______________________________________

Structure and Safety: _____________________________
                                           _______________________________________
                                           _______________________________________
                                           _______________________________________

Health: __________________________________________
                                           __________________________________________
                                           __________________________________________

Obstacles: _______________________________________
                                           _______________________________________
                                           _______________________________________
                                           _______________________________________

Mental Health: ___________________________________
                                           _______________________________________
                                           _______________________________________
                                           _______________________________________

Endangerment: ___________________________________
                                           _______________________________________
                                           _______________________________________
                                           _______________________________________

Structure and Safety: _____________________________
                                           _______________________________________
                                           _______________________________________
                                           _______________________________________
A TIERED APPROACH TO ASSESSMENT AND WORK PLANNING

It is often difficult for clients and service providers to determine where to start the de-cluttering process in hoarded homes. This is particularly true when faced with competing needs, such as the inspector’s desire for a clear egress path, versus the area most likely to motivate the client. Breaking health and safety violations down into tiers can help the client, service provider, and enforcement staff structure an intervention that meets the needs of everyone associated with the case.

When using the tiered approach to assessment and work planning, list the changes that must be made immediately due to imminent health and safety risks under Tier 1. In some cases, a home may not have any Tier 1 violations. In other cases, there may be multiple crisis-level violations in the home. All non-emergency health and safety concerns that must be addressed before the home can pass inspection should be listed under Tier 2. Sometimes, there may be items that the housing provider, case manager, or others may recommend but cannot mandate. These recommendations focus on low-risk issues and should be placed in Tier 3.

It is important to use clear, simple language to indicate the changes needed, regardless of which tier the safety concerns are in. This language should be specific and measurable. See Figure 4 below for an example.

**Figure 4:** A tiered approach to assessment and work planning

<table>
<thead>
<tr>
<th>TIER 1: Imminent risk</th>
<th>TIER 2: Must be corrected in order to pass inspection</th>
<th>TIER 3: Cannot be required but may improve quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear egress path to 24 inches from front door to rear exit.</td>
<td>Reduce clutter by 25 percent.</td>
<td>Clear bed for sleeping.</td>
</tr>
<tr>
<td>Remove items on stovetop and within 12 inches of stove/oven.</td>
<td>Clear egress path to full 36 inches from front door to rear exit and one window per room.</td>
<td>Put sheets/towels in linen closet.</td>
</tr>
<tr>
<td>Remove items from within 12 inches of heating system.</td>
<td>Reduce stacks to no higher than four feet.</td>
<td></td>
</tr>
</tbody>
</table>
EXERCISE 5: PRACTICING THE TIERED APPROACH
Complete Tiers 1 through 3, listing the health and safety concerns you see in the photo below.

TIER 1: Imminent risk

TIER 2: Must be corrected in order to pass inspection

TIER 3: Cannot be required but may improve quality of life
INTAKE

**Keys to Success**
- Use reflective listening skills.
- Communicate with ACES.
- Focus on relationship building instead of clutter reduction.

The intake process, particularly for hoarding cases, is about more than gathering basic demographic data about a client. Instead, the intake process should be used as a vehicle for better understanding how the client’s living situation reached a crisis point, what their goals and needs are, both related to the de-cluttering process and other areas of their lives, and to anticipate potential barriers that may come up during the intervention process.

**EFFECTIVE COMMUNICATION**

The way that we, as professionals, structure the intake process will also set the tone for the client-case manager relationship and the flow of the intervention. If we are focused on the de-cluttering process, we risk creating a dynamic where the resident feels defensive, afraid, or as if they are losing control of their possessions.

Instead, our focus in the beginning should be on the relationship between the resident and their possessions, the ways that the clutter works or does not work well for them, and identifying areas of common ground (passing inspection, preventing eviction, locating important items such as medications). By reframing our work as a collaboration, rather than a problem to solve, we are more likely to get buy-in and cooperation with the resident.

Whether communicating about health and safety concerns, conducting an intake, or talking about the de-cluttering process, there are some key tools and strategies for successful client engagement. These include reflective listening, using open-ended questions, and identifying client goals. In our case management program, we use ACES® as a strategy for ensuring that we are using open-ended, non-judgmental language when engaging clients.

The structure of ACES helps to ensure that we do not fall into a pattern of focusing solely on problem-solving or directives around what we feel the client should do. Instead, the language engages clients in sharing their perspective, examining alternative perspectives, and offers openings to explore options through brainstorming. It also allows you, as the case manager, to share your concerns about potential problems in a way that reduces the likelihood for a client to react defensively. As with many issues that arise during case management, our success or failure in communicating about hoarding is frequently more about how we say something and less about the issue itself. See Tables 1 and 2 on the following page for examples.

### Key Phrases (ACES)

<table>
<thead>
<tr>
<th>Action words</th>
<th>Tell me about... Show me...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curious Questioning</td>
<td>I wonder if... Help me understand...</td>
</tr>
<tr>
<td>Empathetic Statements</td>
<td>It sounds like you are feeling (worried about, frustrated, etc.)... I can understand (how hard this is, that you are feeling sad, etc.)...</td>
</tr>
<tr>
<td>Statements of Concern</td>
<td>I worry that... I am concerned because...</td>
</tr>
</tbody>
</table>
## Table 1. Ineffective communication

<table>
<thead>
<tr>
<th>Dialogue</th>
<th>Dynamics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case manager:</strong> John, it sounds like if you don’t get rid of some of your things that you are going to be evicted. Which items are you planning to let go of? Maybe you don’t need these old newspapers any more.</td>
<td>The communication focus, from the case manager, is on eviction prevention and discarding items. The case manager is also directive about solutions rather than seeking to engage the client’s perspective and brainstorm ideas.</td>
</tr>
<tr>
<td><strong>Client:</strong> I just need to re-organize. My things are important—stop telling me what to do and what to get rid of!</td>
<td>The client reacts in a defensive and avoidant (with a focus on re-organizing) manner.</td>
</tr>
<tr>
<td><strong>Case manager:</strong> Well, I just don’t want to see you get evicted so I am trying to help you stay here.</td>
<td>The case manager expresses good intentions but does not reflect the information he has received from the client.</td>
</tr>
<tr>
<td><strong>Client:</strong> It doesn’t feel like you are helping. I don’t want to be homeless but my stuff is important. I just need some time to get it under control.</td>
<td>The client remains closed following the case manager’s directive.</td>
</tr>
</tbody>
</table>

## Table 2. More effective communication

<table>
<thead>
<tr>
<th>Dialogue</th>
<th>Dynamics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case manager:</strong> So, John, it sounds like you are in danger of losing your housing. Can you help me understand how things got to this point and how you are doing? It sounds pretty stressful!</td>
<td>The case manager asks for the client’s perspective and story. They also acknowledge that the situation might be stressful.</td>
</tr>
<tr>
<td><strong>Client:</strong> That property manager is out to get me. She says I have too much stuff and that I haven’t passed inspection but I don’t buy it! Things are just fine. I just want people to leave me alone so I can live in peace. I’ve been here 15 years and never had a problem ‘til now!</td>
<td>The client is a bit defensive with respect to the property owner but not toward the case manager. The client also makes it clear that they want people to leave them alone. This could be a point of leverage, down the road, for the case manager.</td>
</tr>
<tr>
<td><strong>Case manager:</strong> So, it looks like you want to stay here if we can find a way to resolve things with the property manager. It would be really helpful to have a sense of your belongings and what you’d like to see in all of this.</td>
<td>The case manager is working to establish a common goal (stabilizing the tenancy) and also asks for more information about the client’s needs. This sets up a conversation with the client as part of the team, rather than an observer.</td>
</tr>
<tr>
<td><strong>Client:</strong> I do want to stay here. Moving is expensive and I’m old! I just don’t want people telling me what I can keep and what I can’t keep. I don’t even know what they want me to do. All the manager told me was to clean it up or else!</td>
<td>The client agrees that stabilizing the tenancy is a common goal while also re-iterating their desire for control of their environment and possessions. The client also clearly needs additional information about what specific changes must be made.</td>
</tr>
<tr>
<td><strong>Case manager:</strong> All right, so I am pretty confident that we can work together to find a way for you to stay here. It might mean making some changes, but I wonder if we could look at the things that failed inspection and then talk about options for addressing those items?</td>
<td>The case manager suggests that changes may be necessary but is not directive about what those will be. Instead, they review violations together and work as a team to brainstorm options for resolving the issues. The client may not fully “buy in” to the idea but will more likely be willing to engage as long as s/he has some voice and control in the process. The case manager presents options, the client makes the call.</td>
</tr>
</tbody>
</table>
It can be helpful to think of hoarding as an iceberg (see Fig. 5). As professionals, we often focus solely on the physical manifestations of hoarding, the clutter, saving, and acquiring. These physical manifestations, though, are only a small part of the hoarding problem.

When going beyond the surface of the hoarding problem, we find co-morbid mental health conditions, physical health concerns, challenges with executive functioning, trauma/loss history, and more. While these underlying concerns may not cause a hoarding problem, they do play a significant role in shaping the intervention process and the client’s ability to carry out tasks related to de-cluttering. When done well, the intake process allows us to better understand the relationship between the physical manifestations of hoarding and the underlying issues highlighted here.

**Case study: John**

John is a 74-year-old Caucasian gay man living in the Greater Boston area. The unit he lives in is a small housing authority studio apartment that he has occupied for more than 15 years. John has large stacks of old mail, family photographs, and various desks, tables, and other furniture throughout his home. Additionally, John collects bulletins from his church, articles from his local religious newspaper, and obituaries for church members, former classmates, and others. These items are stored in bins stacked as high as six feet throughout the unit. Egress paths are as narrow as 12-18 inches with little access to the windows of the home. At the time of intake, John is facing eviction after failing multiple inspections due to the clutter in his home.

John comes from a deeply religious Catholic family. Three of his sisters are nuns. John was in seminary as a young man but left when he came out as a gay man. Since that time, he has had a strained relationship with some of his family.

John was forced to retire from his job as a van driver for a local college after a mental health crisis. He has a history of being suicidal, depression, and has a high level of anxiety. John has some insight into his hoarding problem but struggles to manage his level of motivation as well as his issues focusing his attention on the necessary work. In addition to concerns about John’s mental health, he has a number of physical health concerns including a heart condition, the effects of childhood polio, and incontinence. Finally, John struggles with executive functioning tasks such as decision-making, maintaining attention, perception, and planning.
**Intake example: John**

Here is some of the dialogue from an initial intake meeting with John. Note the phrasing of the questions by his case manager and the information gained from the conversation. You will need this information as we move forward in order to plan his hoarding intervention.

<table>
<thead>
<tr>
<th>Dialogue</th>
<th>Engagement strategy</th>
<th>Reason for using strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case manager:</strong> Hi, John, thanks for making time to meet today. I’m pretty worried about your housing situation! How are you feeling about all of this? <strong>John:</strong> Ah, that property manager has it out for me. She doesn’t understand that I have good stuff in here that I need!</td>
<td>Open-ended questions focused on acknowledging the housing situation and his feelings about the potential eviction.</td>
<td>Gauging John’s level of insight, stress level, and motivation.</td>
</tr>
<tr>
<td><strong>Case manager:</strong> I want to make sure that we figure out what steps we can take to stop your eviction, if possible. First though, can you tell me a bit about your stuff and how things got to this point? <strong>John:</strong> The property manager says I have too much paper. I put it all in these boxes and bins to make it safer, though! I need this paper—what happens if a bill collector knocks and I don’t have a way to show that I’ve paid my bills! And these church bulletins are important—I need the information about my church. I was going to be a priest but then life got in the way. My church needs me to keep these things! This is good stuff. I’ve paid money for some of this. I can’t waste it!</td>
<td>Making an effort to understand the types of possessions and why they are important to John while also holding the eviction concern up.</td>
<td>It is clear that John does not feel that the property owner has heard or acknowledged the importance of his possessions. This acknowledgement is important to facilitate engagement in case management. Note that John has made some effort based on his understanding of the clutter issue. He also has some specific reasons/fears for holding onto items. John appears to be expressing concern about his financial situation. We can honor his financial concerns without agreeing that keeping ALL of the papers is necessary. The statement used here suggests that there may be alternatives to his kind of all-or-nothing thinking.</td>
</tr>
<tr>
<td><strong>Case manager:</strong> So, it sounds like you are really worried about making sure you are up-to-date on bills and about keeping connected with your church. I wonder how we balance these things with your need for a place to live?</td>
<td>Reflective listening. Open-ended questions. Connection with client goals/needs.</td>
<td></td>
</tr>
</tbody>
</table>
EXERCISE 6: THE TIP OF THE ICEBERG

Based on information from the case study on the previous pages, including the intake dialogue, identify the physical manifestations (clutter, saving, acquiring) of John’s hoarding problem. Identify information provided about life experiences, family history, mental health, etc. that may be contributing to John’s hoarding.

<table>
<thead>
<tr>
<th>Physical manifestations of hoarding (the tip of the iceberg)</th>
<th>Factors contributing to hoarding behaviors (issues under the water line)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How do the factors contributing to John’s hoarding impact decisions he may make about which items to save and which items to discard?

________________________________________________________________________

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Based on the information above, are there items that may be more important to John to keep during the de-cluttering process? Why/why not?

________________________________________________________________________

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________________________________________________________________________
ASKING DIFFICULT QUESTIONS
During the intake process, it is important to ask about several challenging topics including physical and mental health concerns, history of trauma and/or loss, and about substance abuse. While some providers prefer to ask questions about these issues in a direct manner, it may be helpful to use a lighter touch when addressing these issues or to ask questions about some of these concerns at a later date. For example:

Direct communication: I wonder if there are any concerns about drug or alcohol use that I should be aware of?

Alternative approach: I know that when we met last week to do our intake paperwork, you mentioned that you are under a lot of stress right now. We all deal with stress in a variety of ways, both good and bad. How are you managing right now? I noticed the bag of empty beer cans on the way. Could we talk about that for a minute?

ENCOUNTERING RESISTANCE
When a client refuses assistance or has low levels of insight, we have to make a difficult decision about how to proceed. Fig. 6 illustrates three options for dealing with resistance.

**Figure 6: Options when meeting resistance**
BEGINNING THE DE-CLUTTERING PROCESS

In many ways, the structure of the sorting and discarding process is, by necessity, simple and straightforward. We recommend using the “three-pile” system described below. The simplicity of this system helps clients who are struggling with attentional difficulties, executive function challenges, and the feeling of being overwhelmed by the de-cluttering process. First, we will walk through the piles and techniques for sorting. From there, the sorting process will be detailed.

During the sorting process, developed by Dr. Gail Steketee and Dr. Randy Frost for clinical treatment of hoarding, clients sort their possessions into one of three piles: the “Keep” pile, “Maybe” pile, or “Discard” pile. See Figure 7 at right for descriptions of each of these piles.

To assist the client in determining which items to keep and which items to part with, there are a number of strategies to use when beginning the sorting and discarding process. Many of these strategies were designed by Steketee and Frost as part of mental health treatment for hoarding. These cognitive behavioral strategies can be effectively used in a case management context to help build client insight, boost motivation, and guide the de-cluttering process.

PREPARING FOR DE-CLUTTERING

Many clients with hoarding will struggle with identifying the steps necessary to carry out the sorting and discarding process. As a result, we must teach the clients how to plan and carry out this process. This includes identifying and obtaining necessary tools or materials, labeling boxes, identifying the final home for items that are being kept, and preparing an area for sorting and discarding.

Clients often over- or underestimate the length of time that it will take to carry out the sorting process. Using a timer can help clients to both manage anxiety during the sorting process and begin to understand to establish reasonable, realistic goals for a sorting session.

All items placed in the “Keep” pile will remain in the home. In the beginning, the client is likely to put most items into this pile. As you proceed in the active engagement phase of intervention, the amount of items placed in the “Keep” pile should reduce.

If a client is struggling to make a decision about a particular item, they can place it into the “Maybe” pile. They must make a final decision about the item at the end of the sorting and discarding session. When the final decision is made, have them place the item into either of the other piles.

Any items that the client agrees to part with should be placed in the “Discard” pile. Options for discarding include: trash, recycling, donations, items for sale, items to give to someone. Once the item is placed in the discard pile, the client should not remove it from the pile. All items for trash and recycling should be immediately taken out after sorting ends. Items for donation, sale, etc. should have a timeline attached to them and a back-up plan if those plans fall through.

Figure 7: The three-pile system
It is often helpful to clear a small area to work in during the sorting and discarding process. It may be helpful to use colorful wrapping paper, painter’s tape, or other visual aids to assist the resident in keeping this area clear. Often, client homes may be so cluttered that it is not possible to put items designated for keeping in their final location (e.g., plates in cabinets or canned food in pantry). As a result, it may be necessary to obtain boxes for storing items that are assigned to the “Keep” pile. Before beginning the sorting process, label each of these boxes “KEEP—SORTED.” This differentiates these boxes from the other possessions in the home.

Resist the temptation to create a “Keep” box for each room in the home or to organize items by type in the boxes. Doing so becomes confusing and overwhelming for clients and service providers alike. Instead, place all items from a sorting session into the box. Once the room or home is de-cluttered, you can work with the resident to put items into their final location.

**Identifying where to start**

There will be times when the housing inspection report, property owner, or court will determine where the de-cluttering work must begin. This is particularly true when there is little or no egress in case of emergency, items near a heat source, or concerns about other imminent health/safety concerns. Whenever possible, the resident should have some control over where to begin the process. By ensuring that the resident is charged with making decisions about the intervention process, we help to boost motivation to address the physical environment.

Room mapping is one strategy for determining which order in which the rooms will be de-cluttered. To do this, take a blank sheet of paper and draw a rough floor plan of each floor in the home. Make boxes on the drawing to represent beds, dressers, and other furniture. Also, be sure to note where doorways, closets, and windows are located in the home. In consultation with any enforcement parties and the resident, prioritize the order in which areas should be addressed. From there, divide each room into four to six sections labeled A through D or A through F. You will then work with the resident to sort Area 1, Section A first. Once that area is complete, have the resident mark area A off on the room map and move on to area B. See Fig. 8 below for an example of a room map.

It is often helpful to work with the client to make a list of “must do” items and “would like to do” items during the sorting and discarding process.
room mapping process. The “must do” items would include health/safety concerns. The “would like to do” includes projects that the client and/or case manager feel may improve the client’s ability to use their home. By using this process, the client has an opportunity to highlight areas that they would like to address outside of health/safety requirements. For example, in the case study on Page 20, John felt strongly about organizing his religious medals and other items. He worked with his case manager to reduce the clutter in his living room in order to address code violations there. Afterward, he was able to place his religious objects on shelving. This helped to motivate him during the de-cluttering process and kept him focused on the objective and timeline set out by his housing provider.

### Must Do
- Reduce piles to 3 feet or less.
- Create 36-inch egress path from door to window.
- Reduce clutter by 25 percent.
- Remove items from heaters, stove, etc.
- Take out trash.

### Would Like To Do
- Organize book collection.
- Put papers in filing cabinet.
- Clear dining room table and chairs.

### THE SORTING PROCESS
To begin the sorting process, set up the boxes or bags labeled “Keep,” “Discard,” and “Maybe.” Ask the resident to pick one pile, box, or bag in the area where you will be sorting. Set a timer for five to 15 minutes and ask the client to pick up the top item from those selected for sorting. Use the tools outlined in the following section to assist the client in determining which pile the item selected should go in. Proceed until the timer rings and then take a break from sorting. If the client is able, set the timer for another five to 15 minutes. As the client becomes more comfortable with the sorting process, you can increase the length of time allotted for sorting.

Clients and case managers often feel that sorting for longer periods of time such as two to three hours may help reduce clutter quickly. Unfortunately, these longer timeframes may trigger feelings of anxiety and the client’s decision-making process may not be as effective over long periods of sorting and discarding. As a result, these longer sessions may be counterproductive. One strategy for working over long periods of time may be to schedule breaks every thirty minutes. This allows the client to manage any emotions that may arise during the sorting process and can help them to refocus if the sorting process breaks down. A focus on the process is more important over the long-term than a focus on a quick reduction in clutter.

### Focus on the sorting process rather than a quick reduction in clutter in order to build the skills necessary for managing the hoarding issue over the long-term.

### Tips for sorting and discarding
1. Focus on one area and one room at a time.
2. Use visual cues for where items belong (boxes clearly labeled, signs for each pile, etc.).
3. Take out items for discarding immediately after the sorting session is complete.
4. Use music, tea, or other strategies for helping a client to relax.
5. Make a specific plan for items designated for donation. Set a time by which the client must remove these items from the home. Determine where those items will go if they are not donated within the established timeframe.
COGNITIVE BEHAVIORAL TOOLS FOR HOARDING INTERVENTION

Dr. Gail Steketee and Dr. Randy Frost developed the first mental health treatment model for hoarding. Case managers at MBHP utilize many of the strategies outlined in their book, *Compulsive Hoarding and Acquiring: A Clinician’s Guide*.

Clients struggle to decide what items to keep and which to discard during the process of sorting their possessions. Although case managers may not have difficulty determining categories for items in the home or determining which possessions are likely to be used most often, hoarding impairs the ability of clients to carry out tasks such as gross categorization, setting limits, etc. As one MBHP client stated, “I can’t tell trash from treasures at this point.” Other clients may fear what would happen if they ran out of items such as food or clothing, parting with objects saved for sentimental reasons, or items that they may need in the future. The strategies below help clients to sort out the likelihood of using objects in the near future, options for obtaining more if necessary when they are needed, and options for addressing a host of other “what if” concerns the client may have.

Questions about Possessions

As the client begins the sorting and discarding process, using Questions about Possessions provides a structure for thinking about setting priorities for sorting and discarding. Asking these questions also offers a strategy for addressing the internal monologue a client may have about their possessions and the reasons why they have held onto them.

In the beginning, the case manager will ask the client some Questions about Possessions during the sorting and discarding process. Do not ask more than two to three questions in a row. Instead, use ACES, reflective listening, or another strategy to engage with the client. Asking multiple Questions about Possessions without switching to another engagement strategy can cause a client to feel defensive or cause them to focus on reasons for holding onto their items in anticipation of your next question. When used properly, these questions can help clients to develop a rational, well-reasoned rubric for determining what types of items are priorities for saving.

As the client becomes more comfortable with the sorting process, the case manager can have the client ask themselves aloud the Questions about Possessions the client finds most helpful. This way, the client begins to develop a sense of independence and ownership of the sorting process.

After Questions about Possessions have been introduced to the client, it can be helpful for the case manager and client to make a list of Questions about Possessions to post on a wall or other area for use by the client between meetings. As the client is using Questions about Possessions during sorting, the case manager should note any patterns in the types of items that are kept or discarded. These patterns can inform the list of rules for sorting and discarding discussed on the following pages.

Example Questions about Possessions

1. How many of these do you currently own?
2. How often do you use this item?
3. Does holding onto this item get you closer to passing your housing inspection or further from that goal?
4. Is this item broken, torn, or stained?
EXERCISE 7: QUESTIONS ABOUT POSSESSIONS
In the dialogue below, identify the Questions about Possessions used by the case manager.

<table>
<thead>
<tr>
<th>Dialogue</th>
<th>Questions about Possessions used</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Manager:</strong> So, it looks like the first item you picked up is a bank statement from 2012. How often do you use bank statements from that time period?</td>
<td></td>
</tr>
<tr>
<td><strong>John:</strong> Well, I haven’t used them in a while but I keep them in case someone says I haven’t paid my bills from then! I have to be able to show them I have paid my bills!</td>
<td></td>
</tr>
<tr>
<td><strong>Case Manager:</strong> OK, on one hand, you are worried about what would happen if you can’t show someone you paid your bill. On the other, you haven’t needed them yet. I wonder what you would do if you didn’t have this bill and someone asked you about it?</td>
<td></td>
</tr>
<tr>
<td><strong>John:</strong> That would be horrible. I guess I could call my bank and get bank statements from that time. Or I could ask the company to give me a record of my payments.</td>
<td></td>
</tr>
<tr>
<td><strong>Case Manager:</strong> So, it sounds like you have some options. They may not be ideal but you’ve identified a number of ways you could prove that this bill was paid. Knowing that and knowing that your housing inspection is coming up and you have to reduce your paper by 50 percent, does keeping this get you closer to passing inspection?</td>
<td></td>
</tr>
</tbody>
</table>

What Questions about Possessions would you likely use with your clients? Create a list of three to five Questions about Possessions below. Do not repeat any of the questions noted above.

________________________________________

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________________________________________

________________________________________
Exploring alternative options

There are times when clients express concerns about running out of food, clothing, or other items without the ability to purchase or acquire new replacements. When this happens, it is important to brainstorm potential back-up plans so that the client feels there is a “safety net” in place if something negative happens as a result of discarding an item or group of items.

In one case, a client with a food hoarding issue was concerned that he was not always able to afford new food if he ran out. He worked with his case manager to discard old and rotting food. Then, they worked to create a bi-weekly shopping list. The case manager went with the client to the grocery store on several occasions and agreed to drop off milk, bread, and a small quantity of vegetables in case of emergency if the client’s fear of running out of food happened. Through this process, the client learned how to budget money for food more effectively while addressing the health concerns found in their home.

Rules for sorting and discarding

Rules for sorting and discarding help clients and those working with them to establish a hierarchy for items and to speed up the sorting and discarding process. Clients may struggle to establish rules for sorting and discarding without some probing by case management staff. However, asking a client to develop three to five rules for sorting as homework at the intake appointment can give the case manager valuable information about working with the client. The two examples below highlight the ways that asking a client to develop rules for sorting after the first home visit can be helpful in determining strengths and potential challenges the client may face during de-cluttering.

Example #1: Margaret
Margaret has a large collection of clothing, including several thousand tank tops, pants, dresses, and accessories. Her case manager asked her to establish three rules for sorting and discarding to help establish which items were most important to keep during the de-cluttering process. The case manager provided examples of rules for sorting established by other clients. The following week, Margaret had written down the following rules for the next home visit with her case manager:

1. I will keep any clothing that is size Medium.
2. I will discard any clothing that is torn or stained.
3. I will not keep clothing or other items that I purchased for other people or for yard sales.
4. I will keep any jewelry that was my grandmother’s.

Example #2: Robert
Robert had a large book collection that caused him to fail his housing inspection. He had approximately 5,000 books on a variety of subjects such as engineering, history, and politics. To reduce the fire hazard in his home, Robert needed to reduce his book collection by at least half. Robert’s case manager asked him to create a list of rules for sorting and discarding the books in his home. When Robert’s case manager arrived the following week, he found that Robert had not written any rules down. Robert stated that he hadn’t had time to write down any rules but did give them some thought. Upon further exploration though, it became clear that Robert was struggling to create these rules. Instead of pushing further, the case manager introduced Robert to the sorting process and Questions about Possessions. The case manager pointed out patterns in the types of items that Robert was keeping and discarding. At the end of the session, Robert and the case manager created the following list based on these patterns:

1. I will donate any duplicate books.
2. I will donate any fiction books.
3. I will throw away any books that are in poor condition.

You can post rules for sorting and discarding along with Questions about Possessions in a pre-determined location on a wall near the area that the client is working. Alternatively, you can place these lists in a three-ring binder tied to a doorknob, refrigerator door, or other location so that it does not get lost.

Brainstorming alternatives to keeping items can be a good way to shift the way a client thinks about their possessions.

Creating a “safety plan” can help clients feel safer as they discard items they fear they will need in the future.
Using pros and cons
Examining pros and cons provides the client with the opportunity to reflect on the ways that keeping a particular item or category of items is impacting their life. Using pros and cons can also help to move a client who appears to struggle with insight and/or motivation to action. In that case, the case manager can ask the client to write down pros/cons about their overall clutter. From there, the case manager and client can then engage in dialogue about the direction the client wishes to take. Using a four-quadrant chart (see Fig. 9) can assist this process. It is important to complete all four quadrants.

The pros and cons exercise can be used as a break from asking Questions about Possessions when a client seems stuck or defensive. As with rules for sorting, clients may struggle initially to complete this exercise on their own. It may be helpful for the case manager to offer examples of potential pros and cons of keeping or discarding particular items. If a client does not wish to hear examples but seems stuck, the case manager could then use conversations prompts such as “Talk to me about what led you to keep this item in the past,” or, “What are the ways that keeping this might get in your way moving forward?”

### Figure 9: Using a four-quadrant chart to list pros and cons

<table>
<thead>
<tr>
<th>Pros of keeping items</th>
<th>Cons of keeping items</th>
</tr>
</thead>
<tbody>
<tr>
<td>- I have things if I need them.</td>
<td>- I could lose my housing!</td>
</tr>
<tr>
<td>- I can prove that I paid my bills.</td>
<td>- I can’t find anything that I need.</td>
</tr>
<tr>
<td>- I feel better knowing that I have proof that I paid my bills.</td>
<td>- I am losing items like my keys in the mess.</td>
</tr>
<tr>
<td>- I miss my friends/family—these are my memories.</td>
<td>- I am afraid of what housing will say.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pros of discarding items</th>
<th>Cons of discarding items</th>
</tr>
</thead>
<tbody>
<tr>
<td>- I won’t lose my housing.</td>
<td>- I’ve always done it like this.</td>
</tr>
<tr>
<td>- Can find important things again.</td>
<td>- I don’t know how to tell what I need (bills, etc.).</td>
</tr>
<tr>
<td>- See my important things like photos/memories again.</td>
<td>- What if I need it?</td>
</tr>
<tr>
<td>- I won’t have to worry as much about housing or bills.</td>
<td>- I am afraid of what my housing provider will say.</td>
</tr>
</tbody>
</table>
Connection with client goals
On occasion, clients may need to be reminded of the overarching goal for their de-cluttering process. Remember that the case manager’s goals may not be the same as the client’s goals. When trying to boost a client’s motivation, it will be important to hold the client’s goals as equally valuable, or perhaps more important, than the case manager’s goal.

When grounding the client’s sorting and discarding work in the established goals for the de-cluttering process, it will be important to use a light touch. The goal is to enhance motivation, not to shame or guilt the client into increasing their pace or making different decisions about their possessions. Remember, communication that involves debating the merits of keeping an item, guilt, shame, or fear are not effective with clients with hoarding. In fact, these approaches often shut down the sorting process, or a client will discard an item to appease the case manager but will not change their behavior once the hoarding-related crisis has passed.

Below is an inappropriate attempt to connect with client goals:

**Dialogue**
Case manager: “So, you said that you really do not want to lose your housing and that you want to be able to sit comfortably in your living room to watch TV once we are done with sorting your items. However, I haven’t seen enough progress and your housing inspector comes in two weeks to check on how things are going.”

**Dynamics**
The case manager’s tone and language may cause the resident to be fearful, which in turn may cause them to shut down and make less progress. The language used by the case manager may also indicate that they do not believe the resident is working hard enough.

Here is an appropriate connection to client goals:

**Dialogue**
Case manager: “So, I know when we started this work you focused on passing inspection and then making your living room more comfortable for sitting and watching TV. I’m worried that you have an inspection in two weeks and I’m concerned we aren’t making the progress they expect. I wonder what our options are for getting you closer to both of these important goals.”

**Dynamics**
The case manager here reminds the client of the goals established at the beginning of the process. The case manager expresses concern for the client rather than making statements that may put the client on the defensive. The case manager then seeks to start a conversation about how to speed up the process to get closer to achieving these goals.

Tracking the number of items kept and discarded
Due to issues with perception, clients may feel that they are discarding more than they are in reality. During the sorting process, it can be helpful to track the number of items being kept and discarded. Divide a piece of paper into two columns marked “Keep” and “Discard.” Make a small mark in the “Keep” column each time the client holds onto an item and a mark in the “Discard” column for each item the client discards. At the end, ask the client to guess what percentage of items they are keeping. Add up the total number of items kept and the total number of items discarded. Compare this to the percentage of items the client believes they discarded.

You can use this chart for helping clients to know how to achieve their clutter reduction goals:

<table>
<thead>
<tr>
<th>% Reduction Goal</th>
<th>Number of items to discard</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>Discard 1 item for every 3 kept</td>
</tr>
<tr>
<td>50%</td>
<td>Discard 1 item for every 1 kept</td>
</tr>
<tr>
<td>75%</td>
<td>Discard 3 items for every 1 kept</td>
</tr>
</tbody>
</table>
EXERCISE 8: ROLE PLAY

**Necessary Items:** 4 pens, 1 bag/box of random items, list of Questions about Possessions, red card, yellow card, green card, envelope, 1 client scenario and 2 observer sheets (see Appendix B, Page 48).

**Directions:** Divide into groups of four people.

1. Assign the following roles: Client, Case Manager, Observer 1, Observer 2.

2. Give the envelope marked “Client” to the person playing the role of the client. The Client should read the information and pass it to both observers to read. Do not pass the information to the Case Manager.

   **Client:** Read the scenario in the envelope you have been given. Based on that scenario, prepare to sort and discard with the Case Manager for a period of 10 minutes. Find a balance between letting go of items easily and being too challenging. Moderation is key in order for the person playing the role of Case Manager to build their skills.

   The yellow, red, and green cards should be used by the person playing the role of the Client to indicate to the Case Manager that the communication used by the Case Manager needs to shift. For example, if the Client does not feel that the Case Manager is listening to their concerns in the role play or is communicating in an inappropriate manner, they would hold up a yellow (warning) card as a cue for the Case Manager to reassess their approach. If the Case Manager does not shift their approach, use the red card to give a stronger signal for the need to change strategies or communication. The green card should be used by the Client to signal to the Case Manager that the concerns leading to a yellow or red card have been addressed.

   **Case Manager:** Your job is to engage the Client in the sorting and discarding process using the strategies outlined in this chapter. The goal is to reduce items so that the risks to their health, housing, safety, etc. are reduced. The Client may also have goals that they wish to incorporate into the intervention. If a Client flashes a yellow or red card, this is a signal that you should pause and make adjustments to your communication and/or the skills and strategies you are using to engage them. A green card indicates that you have made appropriate adjustments.

   **Observer 1:** Your job is to write down as much of the back and forth dialogue as possible. Particularly note dialogue that highlights what is working well and what is not working in the interaction between the Case Manager and the Client. If a client shows one of the colored cards, note the behaviors or communication style that may have led to use of that card.

   **Observer 2:** Your job is to note the types of tools and strategies used by the Case Manager during the de-cluttering process. Are they using ACES to engage the client? Which of the cognitive-behavioral therapy and/or harm reduction strategies are being used? How does the Client respond?

3. Set a timer for 10 minutes. Set up space for the “Keep” pile, the “Discard” pile, and the “Maybe” pile.

4. Begin the sorting process.

5. After the 10 minutes have elapsed, discuss the role play within your group and prepare to report to the larger group.
ENCOUNTERING RESISTANCE
Even under the best of circumstances, case managers are likely to encounter resistance during a hoarding intervention. The form and reason for resistance will vary by client. It is important to understand the root of resistance, acknowledge to the client that you have concerns about the resistance, and be armed with a variety of tools to address the resistance without reducing a client’s motivation to continue their de-cluttering work.

Examples of resistance
- Missing appointments.
- Arriving late for appointments.
- Consistently not following through on homework between sessions.
- Failure to try strategies for de-cluttering.
- Changing the subject during meetings.

Strategies for addressing resistance

<table>
<thead>
<tr>
<th>Form of resistance</th>
<th>Strategy for moving forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing appointments</td>
<td>Allow one no-show without penalty. If the client misses another appointment, call a case conference with all providers to discuss expectations for program participation and brainstorm causes/solutions.</td>
</tr>
<tr>
<td>Arriving late</td>
<td>Allow two to three late arrivals. Wait 15 minutes before cancellation of the home visit. After three late appointments, hold a case conference with all providers to discuss expectations for program participation and brainstorm causes/solutions.</td>
</tr>
<tr>
<td>Failure to attempt homework</td>
<td>Engage client, using ACES, about what interfered with their ability to follow through on agreed-upon tasks. Review the sorting process and tools such as Questions about Possessions, do additional practice sorting/discard with the client. Talk about any client emotions that impacted the failure to follow through. Acknowledge that sorting/discard is hard but that you feel the client can succeed. Use visual cues, signs, notebooks, etc. to assist in addressing barriers to completion. Use a calendar to help client schedule daily practice one to three times per day for short periods of time.</td>
</tr>
<tr>
<td>Failure to complete homework</td>
<td>Acknowledge the homework that was done. Ask the client to show you their process for completing a portion of the homework. Brainstorm barriers to completion. Review tools such as Questions about Possessions if needed. Use visual cues, signs, notebooks, etc. to assist in addressing barriers to completion.</td>
</tr>
</tbody>
</table>
DEVELOPING PARTNERSHIPS FOR INTERVENTION

Increasingly, hoarding is seen as an issue requiring a multi-disciplinary team for appropriate intervention. Few professionals have all of the necessary skills to address a hoarding issue on their own. In addition, hoarding cases can be frustration, exhausting, and expensive for agencies who do not use an appropriate intervention approach. Creating partnerships, both formal (task force or coalitions) and informal (client cases), are a key component of working with those with hoarding. The following are examples of the types of disciplines and their roles in hoarding interventions:

**Visiting nurse.** Assists with medication management.

**Occupational therapist.** Can be trained to assist with the sorting and discarding process.

**Homemaker.** Can help client with household tasks such as laundry, trash disposal, etc.

**Mental health provider.** Can address co-morbid mental health issues and assist client in addressing the concerns underlying the hoarding problem.

**Protective services.** Elder and child protective services can assist with accessing clean-out services (in emergencies), connection with additional service providers, and provide feedback about potential health and safety concerns.

**Case manager.** May assist with the clutter reduction process in addition to advocacy regarding housing, health concerns, access to entitlement benefits, etc.

Creativity is a key to building a successful team for hoarding intervention. There may be times when a client needs bins, bookshelves, or other materials to bring their unit into compliance. Rather than focusing on the need to find money to purchase these items, case managers may choose to partner with local retail stores or nonprofit organizations to request donations. Similarly, if a client needs someone to sit with them once a week as they practice sorting and discarding, reaching out to support systems such as faith communities, local colleges, or volunteer organizations may be appropriate. The case manager could provide a small amount of coaching to these volunteers about the sorting process as part of the team-building process. See Fig. 10 for one example of a diverse intervention team.

Intervention team members will likely include both short- and long-term support services. Some services may be put in place by the case manager at the beginning of the intervention while others may not be necessary until later stages of working with a client. It is important to periodically review the services in place with the client and to ask if they feel that any additional services are necessary. Periodic team meetings are an excellent time to coordinate service plans and engage the client in discussion about the services they are receiving.

---

**Figure 10:** Creating partnerships are a key component in hoarding intervention
EXERCISE 9: TEAM BUILDING

John is a 74-year-old Caucasian gay man living in the Greater Boston area. The unit he lives in is a small housing authority studio apartment that he has occupied for more than 15 years. John has large stacks of old mail, family photographs, and various desks, tables, and other furniture throughout his home. Additionally, John collects bulletins from his church, articles from his local religious newspaper, and obituaries for church members, former classmates, and others. These items are stored in bins stacked as high as six feet throughout the unit. Egress paths are as narrow as 12–18 inches with little access to the windows of the home. At the time of intake, John is facing eviction after failing multiple inspections due to the clutter in his home.

John comes from a deeply religious Catholic family. Three of his sisters are nuns. John was in seminary as a young man but left when he came out as a gay man. Since that time, he has had a strained relationship with some of his family. John’s primary support comes from his priest, his best friend Robert, and his friend Mary-Anne.

John was forced to retire from his job as a van driver for a local college after a mental health crisis. He has a history of being suicidal, depression, and has a high level of anxiety. John has some insight into his hoarding problem but struggles to manage his level of motivation as well as his issues focusing his attention on the necessary work. In addition to concerns about John’s mental health, he has a number of physical health concerns including a heart condition, the effects of childhood polio, and incontinence. John struggles with executive functioning tasks such as decision-making, maintaining attention, perception, and planning.

Although John has a moderate level of insight about his hoarding problem, he struggles to follow through on the sorting and discarding required to reduce clutter levels and pass inspection. This is particularly true as his physical health deteriorates. He is open to working with his case managers and others, if necessary, to prevent homelessness.

Take five minutes to brainstorm all of the possible team members who could assist John in addressing his clutter problem. Create a service map like the one found on Page 34. Remember, it is important to build a team that can work with John to reduce the physical clutter, but it is equally important to recruit team members to address the reasons for the clutter build-up.
At times, service providers can work together in a “carrot and stick” fashion if there are concerns about a client’s follow-through, insight, or motivation. Using this approach, one party (“the stick”), would highlight the required changes to the living environment, timeframes for compliance, and potential negative consequences if the volume of possessions is not reduced. Ideally this party would be in a role naturally suited to an enforcement capacity, such as code enforcement or a property manager. The second party (“the carrot”), can help with sorting and discarding, make referrals for services, etc. The “carrot,” ideally a service provider or other supportive party, should focus on how to meet the requirements set out by the enforcement party.

Joint-service plans are an excellent tool for outlining health and safety concerns, setting timeframes for clutter reduction, and coordinating services. Service plans serve as a valuable tool in eviction cases and other settings where a clear plan to address health and safety risks is required.

REASONABLE ACCOMMODATION AND HOARDING
Hoarding impacts one or more daily life activities. As a result, a client can request a reasonable accommodation from their housing provider in order to meet the terms and conditions of their housing program or lease. Service providers, mental health and medical providers, or others can also make a reasonable accommodation request on behalf of a client. In many cases, the reasonable accommodation would include an expanded timeframe to de-clutter the apartment or access to resources that they would not normally have access to, such as a dumpster, in order to dispose of the clutter.

FAIR HOUSING FACTS: HOARDING AND SANITATION

What is hoarding?
Hoarding is:
• The acquisition of, and failure to discard, a large number of possessions that appear to be useless or of limited value.
• Living spaces that are sufficiently cluttered so as to preclude activities for which those spaces were designed.
• The presence of significant distress (to any concerned party) or impairment in functioning caused by the hoarding.

What would persons who hoard be covered under fair housing laws?
Someone who hoards is considered a person with a disability because they meet the definition of disability under both state and federal fair housing laws: (1) a physical

Who must follow fair housing laws?
Property owners, developers, condo associations, and homeowner associations are covered parties under fair housing laws. Their employees, such as property managers, clerical staff, maintenance workers, and all others, are responsible for performing their duties in a manner consistent with fair housing. Attorneys and real estate agents must act and advise their clients in a compliant manner. Other residents in the building or development can be held responsible under fair housing laws and regulations if their behavior is considered to be discriminatory. Developers, architects, and contractors can be held liable under the accessible design and construction fair housing mandates for units built for persons with disabilities and their families.

What types of housing is covered by fair housing?
To some degree, fair housing laws apply to all types of housing. The private real estate market and all types of government-funded housing must be compliant. Fair housing laws are not restricted to rentals. Condos, co-ops, “rent-to-own,” and single-family ownership units are covered as well.

Are there other applicable anti-discrimination laws for housing authorities and Section 8 programs?
Federally-funded public housing authorities (PHA) and Section 8 voucher-administering agencies must follow both state and federal fair housing laws and the disability anti-discrimination provisions of Section 504 of the Rehabilitation Act of 1973. If they receive direct state or local government funding, then they also are covered by the Americans with Disabilities Act (ADA). All PHA- or a Section 8-administering agency staff, including but not limited to managers, maintenance staff, and inspectors, must provide reasonable accommodations to person with disabilities in a manner compliant with state/federal fair housing, Section 504 and the ADA.

What is fair housing?
Fair housing is a set of principles and laws which mandate equal access and opportunity in housing. Fair housing covers all housing-related activities, from search and application, to amenities, management policies, terms and conditions, plus termination of tenancy. Fair housing covers persons who are members of a protected class which are designated as groups of persons and their families that historically have experienced discrimination. In Massachusetts, those classes are: race, religion, national origin, gender, disability, familial status, marital status, sexual orientation, public assistance (including rental vouchers), and military status.
or mental impairment which substantially limits one or more of such person’s major life activities (seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning, speaking, or working), (2) a record of having such an impairment, or (3) being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance.

How can a person who is hoarding prove that they have a disability?
Documentation is not necessary if a person’s disability is known or apparent. If the housing provider is aware that the person meets the definition of hoarding as stated above, then the disability is apparent. If the disability is not apparent or unknown to the housing provider, documentation can be requested from a health care provider. The health care provider can be a primary physician, nurse, nurse practitioner, licensed social worker, counselor, psychologist, etc. The documentation does not need to disclose the nature or severity of the disability. It need only say that their patient is a person with a disability and, due to that disability, a reasonable accommodation is needed.

What types of protections does a person with a disability have under fair housing law?
People with hoarding, as persons with disabilities, are protected in almost every type of housing transaction, from advertising, screening, terms and conditions, amenities, reasonable modification, and, most importantly, the right to request reasonable accommodation. A reasonable accommodation is a request for a waiver or change in policies, practices, procedures, and services to provide equal access and opportunity in housing for persons with disabilities or for those associated with persons with disabilities. There must be a direct connection between the person’s disability and the reasonable accommodation request.

What is an example of a reasonable accommodation that could assist a person whose housing is at risk due to hoarding?
If the housing provider is considering eviction of a person with a disability due to the hoarding, a remedy plan can be offered as a reasonable accommodation to preserve the tenancy. This remedy plan could include support services plus an individualized schedule for cleanup and inspections.

Must the housing provider approve a reasonable accommodation request?
The request must be approved as long as it does not cause an undue administrative and financial burden or change the basic nature of the housing program.

Can a reasonable accommodation in a hoarding situation be beneficial to the housing provider as well?
Depending on the actual request, a reasonable accommodation could remedy the hoarding situation as well as avoid the costs of the eviction process and finding a new tenant for that unit. If one of the support services secured for the individual is the actual cleanup, then the housing provider could be spared that expense.

If there was a reasonable accommodation in place that initially remedies the situation, but the hoarding happened again, is there any recourse?
Due to the nature of hoarding, it would be practical to make it flexible enough to accommodate any future set-backs. While neither the state nor federal fair housing laws limit the number of times a reasonable accommodation can be requested, if it causes an undue administrative and financial burden to the housing provider, it can be denied. Failure to meet the sanitation and/or building codes could be interpreted as an undue financial and administrative burden for the housing provider.

For an example of a reasonable accommodation request letter, see Appendix D on Page 53.
When clutter reduction is happening at a more rapid pace, the client is comfortable with the skills necessary to manage their clutter moving forward, and the risks associated with hoarding (eviction, health/safety violations, fire hazards, etc.) are addressed, it is time to begin transitioning toward the monitoring phase of intervention. The monitoring phase of intervention is important for a number of reasons. First, clients will continue to get comfortable with their new clutter-management skills for weeks or months following the active intervention phase. During this time, having the support and feedback of their case managers is critical.

As a client approaches the end of the more active phase of the de-cluttering process, ask what may be helpful in maintaining the home safely as work with a case manager comes to a close. Some clients may feel that they will not struggle with clutter issues moving forward. Remind them that it is important to have a structure in place to ensure that they do not re-clutter the home. That structure must focus not only on the physical clutter. It is critical that the plan include strategies or support systems to address the issues underlying the hoarding.

Once a plan for ongoing maintenance of the clutter is in place, the case managers will begin to reduce the frequency and duration of the home visits. If a case manager is meeting with a client every two weeks for 60 to 90 minutes, moving to a monthly home visit of 30 to 45 minutes would be appropriate. If the client feels the need for additional support, a phone or email check-in could be scheduled.

Monitoring visits are shorter than a normal home visit and can be as short as 20 minutes. The case manager should focus on scanning the home for signs of relapse, talking with the client about what they are doing to manage the clutter, and brainstorming solutions if the client has faced setbacks in their maintenance plan. When the final monitoring visit has been completed, it is important for the client to have a person they can contact in cases of emergencies. Should clutter levels rise at a later date, this will help a client to seek assistance before the volume of possessions reaches a crisis point.

After three months of monthly home visits, the case manager would see the client again in two to three months. If the home is properly maintained during this time, the case manager would schedule a final home visit to the home four to six months later. The final home visit should focus on several specific components:

1. Review the progress made by the client including physical changes to the home environment and skills developed during the intervention process.

2. Discuss potential triggers for the re-accumulation of clutter and strategies for the client to notice if clutter begins to build.

3. Identify a person or agency who can be “on call” if a client experiences a crisis or notices a re-accumulation of clutter. It is important that if a client does call to ask for assistance that they are praised for doing so rather than shamed for allowing the clutter to build.

A final Clutter Image Rating and HOMES tool should be completed at the close of the case. When several providers are involved with a case, it may be helpful to schedule a final team meeting to ensure that everyone has the information necessary to move forward in their work with the client, including information about who to call if clutter should begin to build.
Case management can be a highly effective tool to assist clients at risk of eviction or facing health or safety risks as a result of the clutter in their homes. For professionals, a change in practice may be necessary to best assist clients with hoarding. Just as our clients must work to develop new skills, the skills outlined in this training manual take time to develop and require practice. There are times when we, as professionals, fall back into old patterns, such as being directive or not using reflective listening. When this happens, we must be aware of how our old communication patterns impacted the interaction with the client and then our focus should turn toward looking at alternative methods to engaging the client. The Process Recording Form found on Page 54 of the appendix may be helpful in reviewing how to help a client move forward after a negative interaction.

By incorporating the tools and techniques from this training manual, you will become better equipped to assist clients in not only achieving a short-term reduction in clutter but in developing the skills and access to resources they need to successfully manage their clutter over a lifetime.

MBHP provides training, coaching for small teams and task forces, case consultation, and opportunities for replicating the Hoarding Intervention and Tenancy Preservation Project. For more information, contact Jesse Edsell-Vetter at (617) 425-6658 or jesse.vetter@mbhp.org

NOTES

1. https://pathwaystohousing.org/housing-first-model
APPENDICES

APPENDIX A
Hoarding Intervention and Tenancy Preservation Project Intake and Assessment Forms

Date __________________________ Referral source _______________________________________________________
Interviewer ____________________________________________ Referral contact number __________________________
Unit address _______________________________________________________________________________________
City / Zip code ____________________________________________________________________________________
Resident phone number(s) __________________________________________________________________________

HEAD OF HOUSEHOLD

Name ____________________________________________ Social Security Number ________________________________
Date of birth _______________________ Age ___________ Sex:  □ M   □ F   □ Other ____________________________

How would you describe your race or ethnicity? (Please mark all that apply)

□ Asian/Pacific Islander □ Black/African American □ Hispanic/Latino
□ Native American □ White □ Other ________________________________

What language do you speak most at home? (Please mark one)

□ English □ Spanish □ Portuguese □ Cape Verdean Creole
□ Mandarin □ Vietnamese □ Albanian □ ASL
□ Italian □ Polish □ French □ Haitian Creole
□ Arabic □ Russian □ Serbian □ Somali
□ Other ________________________________

Marital Status

□ Single individual □ Married □ Divorced/Separated
□ Widowed □ Domestic partner □ Other ________________________________

What is the highest level of education you have completed? (Please mark one)

□ 0–8 grades □ 9–12 grades (no diploma) □ High school diploma/GED
□ Associate’s degree □ Some college □ Bachelor’s degree
□ Some graduate school □ Graduate degree

Do you have a state ID card or license?   □ Yes   □ Needs
What health coverage does your household have? (please mark all that apply)
- Private health insurance through work/union
- Private health insurance bought on own
- Commonwealth Choice
- Commonwealth Care
- MassHealth
- Medicare
- No health insurance

What type of transportation do you use?
- Drive
- MBTA
- Other _________________

Currently employed?
- Yes
- No
Place of employment ______________________________________________
If yes:
- Full-time
- Part-time (hours per week) ______

Are any household members veterans?
- Yes
- No

Are any household members pregnant?
- Yes
- No

Current medical Issues
____________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Current mental health Issues
____________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Can the resident find their medications easily?
- Yes
- No

Does the resident drink?
- Yes
- No
If so, how often/much ____________________

Does the resident use recreational drugs?
- Yes
- No

OTHER HOUSEHOLD MEMBERS
Significant other/Partner/ Spouse:
Name ___________________________________________ Relationship ________________________________________
Date of birth _______________________ Age ___________ Sex: □ M □ F □ Other ____________________

Currently employed?
- Yes
- No
Place of employment ______________________________________________
If yes:
- Full-time
- Part-time (hours per week) ______

Current medical Issues
____________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Current mental health Issues
____________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Other adult:

Name ___________________________________________ Relationship ________________________________________

Date of birth _______________________ Age ___________ Sex:  □ M  □ F  □ Other ______________________

Currently employed?  □ Yes  □ No  Place of employment ______________________________________________

If yes:  □ Full-time  □ Part-time (hours per week) ______

Current medical Issues __________________________________________________________

_____________________________________________________________________________________________

Current mental health Issues __________________________________________________________

_____________________________________________________________________________________________

Child 1:

Name ___________________________________________ Sex:  □ M  □ F  □ Other ______________________

Relationship to HOH __________________________________________________________

Date of birth _______________________ Age ___________ Social Security Number ______________________

School (name/location) ____________________________________________________________ Grade ______

Other school/program _____________________________________________________________

If not in school, who provides daily care? _________________________________________

Is child in daycare:  □ Yes (where) ________________________________________________ □ Needs daycare  □ N/A

Current medical Issues __________________________________________________________

_____________________________________________________________________________________________

Current mental health Issues __________________________________________________________

_____________________________________________________________________________________________
Child 2:
Name ___________________________________________ Sex: ☐ M ☐ F ☐ Other ________________
Relationship to HOH ____________________________________________________________________________
Date of birth _______________________ Age ___________ Social Security Number __________________________
School (name/location) ___________________________________________ Grade __________
Other school/program ____________________________________________________________________________
If not in school, who provides daily care? _____________________________________________________________
Is child in daycare: ☐ Yes (where) ____________________________________________ ☐ Needs daycare ☐ N/A

Current medical Issues ____________________________________________________________________________

Current mental health Issues _______________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Child 3:
Name ___________________________________________ Sex: ☐ M ☐ F ☐ Other ________________
Relationship to HOH ____________________________________________________________________________
Date of birth _______________________ Age ___________ Social Security Number __________________________
School (name/location) ___________________________________________ Grade __________
Other school/program ____________________________________________________________________________
If not in school, who provides daily care? _____________________________________________________________
Is child in daycare: ☐ Yes (where) ____________________________________________ ☐ Needs daycare ☐ N/A

Current medical Issues ____________________________________________________________________________

Current mental health Issues _______________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Is there any DCF/other social service involvement?  □ Yes (see below)  □ No

Child_____________________________ Agency ________________________________
Worker_____________________________ Phone number ________________________

Child_____________________________ Agency ________________________________
Worker_____________________________ Phone number ________________________

Child_____________________________ Agency ________________________________
Worker_____________________________ Phone number ________________________

Child_____________________________ Agency ________________________________
Worker_____________________________ Phone number ________________________

Is there a CHINS? ________________________________

---

INCOME

<table>
<thead>
<tr>
<th>Name</th>
<th>Income Type</th>
<th>Amount</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TAFDC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food stamps</td>
<td></td>
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<tr>
<td></td>
<td>SSI</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>SSDI</td>
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<td></td>
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<td></td>
<td>Social Security</td>
<td></td>
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<tr>
<td></td>
<td>Retirement</td>
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<tr>
<td></td>
<td>Other:</td>
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<td>Other:</td>
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<td></td>
<td>Other:</td>
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</tr>
</tbody>
</table>
HOUSING HISTORY

Which of the following applies to the unit type:

- [ ] Owner-occupied
- [ ] Private market rental
- [ ] Section 8 (mobile voucher)
- [ ] Project-based Section 8
- [ ] MRVP (tenant-based)
- [ ] MRVP (project-based)
- [ ] Public housing
- [ ] Other ________________________

How long has the resident been living in the current unit? ____________________________

Is there a current threat of eviction or condemnation?   □ Yes   □ No

Has the Head of Household been evicted previously?   □ Yes   □ No

If yes, what was the reason for eviction? ____________________________________________
________________________________________________________________________________
________________________________________________________________________________

Was there clutter in the previous home that impacted the eviction case?   □ Yes   □ No

Have there been previous efforts to address clutter in the home?   □ Yes   □ No

Was there an effort to intervene prior to eviction (if there was clutter)?   □ Yes   □ No

If so, what kind of intervention: _________________________________________________
________________________________________________________________________________

CURRENT HOUSING

Write a detailed description of clutter problem: (blocked egress, large piles, human/animal waste). Include notes about the types of items saved:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
CIR at intake: Living Room ________ Bedroom ________ Bedroom 2 ________ Bath ________ Kitchen ________

Other Rooms ________________________________________________________________

Is there squalor present:  □ Yes  □ No

Are there pets in the unit:  □ Yes  □ No  If so, how many and what kind?______________

Does the resident feel that the clutter is a problem?  □ Yes  □ No  □ Somewhat

Are there additional service providers (VNA, DMH, DCF, etc.) working with the household? If so, list:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Action plan:

1. ________________________________________________________________
   ________________________________________________________________

2. ________________________________________________________________
   ________________________________________________________________

3. ________________________________________________________________
   ________________________________________________________________

4. ________________________________________________________________
   ________________________________________________________________

5. ________________________________________________________________
   ________________________________________________________________

TERMINATION

Termination date ____________________________________________

CIR at termination: Living Room ________ Bedroom ________ Bedroom 2 ________ Bath ________ Kitchen ________

Other Rooms ________________________________________________________________

□ Closed: By client request  □ Closed: Maintained housing/avoided eviction  □ Closed: Client evicted

□ Client deceased  □ Other

Notes: ________________________________________________________________

_______________________________________________________________________________________________
**CLIENT REPORTING FORM**

**CIR:** Bedroom 1 _______ Bedroom 2 _______ Bedroom 3 _______ Bedroom 4 _______
Living Room _______ Kitchen _______ Bath _______ Other _______

**Age at onset of clutter __________**

### Vulnerabilities

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squalor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma history</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss history</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
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</tbody>
</table>

### Mental Health

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other psych</td>
<td></td>
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<td></td>
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</tbody>
</table>

### Physical Health

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>Mobility impaired</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty lifting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other conditions</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Support Structure

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>Family/friends in the home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family/friends outside the home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care providers in the home</td>
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<td></td>
<td></td>
</tr>
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</table>

### Items Hoarded

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>Paper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Clothes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family items</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Animals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crafts/Hobby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
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<td></td>
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</table>

### Additional factors

<table>
<thead>
<tr>
<th></th>
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<th>No</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>Family history</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Memory problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous attempts to resolve?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willing to participate?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insight into problem?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MBHP Client #______________**
APPENDIX B
Materials for role playing exercise

Cut out one scenario and place it in an envelope labeled “Client” for the role play exercise.

Client Role Play Scenario #1:
You are a 44-year-old, single woman with a history of depression and anxiety. Your home is filled with books, newspapers, and other items collected over the past 28 years. Access to information, particularly about health issues, is important to you. Recently, you failed your Section 8 housing inspection due to egress violations and fire hazards in your home. In order to pass inspection, you have been told that you will need to significantly reduce the number of books, papers, and other items in your home. You are angry about the need to downsize but also fear the potential for homelessness.

Client Role Play Scenario #2
You are a 53-year-old man with a physical disability. Your family is very concerned because you have fallen while walking with a cane several times in recently months. Your last fall resulted in hospitalization for a broken leg. Your home is filled with canned food, computer parts, and other items that you plan to use when your health improves. The hospital social worker made a recommendation for you to move to a rehabilitation center until your home is de-cluttered. You have refused the rehabilitation placement and insisted on returning home. As a compromise, a referral was made for hoarding intervention services.

Client Role Play Scenario #3
You are a 79-year-old, frail elder who walks with a cane and has begun to have memory-related issues. The small home that you own is filled with clothing, old photographs, knick-knacks, and food. Elder Protective Services was called because a neighbor is concerned about your safety. They have offered to pay for your home to be “cleaned-out” but you are unwilling to let strangers come in to make decisions about what will be thrown away.
Observer sheet for role playing exercise

<table>
<thead>
<tr>
<th>Dialogue</th>
<th>Dynamics of the conversation</th>
<th>Reason the current dynamics are happening</th>
<th>Alternatives (only) when intervention is not working</th>
<th>Strategies being used for engaging client</th>
</tr>
</thead>
</table>
APPENDIX C
Case Management Agreement

In order to address the clutter that endangers my housing, I, ______________________________, agree to the following:

1. Code violations
I agree to maintain my unit in compliance with the health and safety requirements as defined by the ___________________________________. I agree to the following inspection schedule with inspections to be conducted by ________________________________________:


After my unit passes inspection, I will permit quarterly inspections by ____________________________ to monitor the clutter level in my unit every three months for the period of one year to ensure all housing codes.

__________________________________ will notify me in writing of any inspection two weeks prior to the inspection date. I understand that failure to permit inspection may result in immediate court proceedings.

2. Case management
I agree to meet with my case manager every one to four weeks. I understand that during the beginning of our work together, we will meet more frequently and that as I begin to make progress we will reduce the number of visits per month. I understand that after the first phase of case management, the number of home visits will be reduced to every one to four months for a period of one year.

If necessary, I agree to periodic joint-meetings with everyone involved in my case, including the inspector, to assist in meeting my obligations under ________________________________________.

I understand that any cancellation must be made prior to the date of our scheduled meeting. I will make an effort to ensure that medical appointments are not made in a manner that conflicts with our scheduled meetings. I understand that if there is a need to schedule a medical appointment that conflicts with a scheduled meeting time, I will notify my case manager immediately. The case manager may request that I provide documentation from the medical provider stating that a doctor’s appointment was the reason for cancellation of our appointment.

If there is a medical emergency and I am unable to attend a scheduled home visit, I will contact my case manager as directed in Section 4 of this agreement. In the case of a medical emergency, I will provide my case manager with a letter from my medical provider stating the date and time of my medical appointment within three business days. Failure to be present without medical documentation may result in the termination of case management services and ________________________________________.
3. Lateness
I agree to be present and on time for appointments with my case manager. My case manager will wait a maximum of 15
minutes after the scheduled appointment time before leaving my home. I understand that failure to meet according to this
policy will result in cancellation of the appointment and termination of case management services.

4. Other communication
If I need to contact my case manager, I will first do so at his office phone ( __________________ ) unless I am calling
less than 90 minutes prior to our scheduled meeting. If my case manager is not available, I will leave a message. If there
is an emergency or I am calling less than 90 minutes prior to our scheduled appointment, I will contact my case manager
on his cell phone ( __________________ ). Should the contact information for my case manager change, I will be
notified in writing.

5. Case management model
I will engage in the skill-building strategies recommended by my case manager to address my clutter and housekeeping issues.
I understand that active participation is necessary to address these issues. I commit to completing all assigned work between
home visits. If I have a question about an assignment, I will contact my case manager directly. I understand that a failure
to complete any assignment without speaking to my case manager may result in termination of case management services.

___________________________ ______________________
Tenant Date

___________________________ ______________________
Case manager Date
APPENDIX D
Sample Reasonable Accommodation Request

Date

Property Owner
Owner Address

Dear __________,

I am writing to request a reasonable accommodation based on disability on behalf of my client, ____________ at ____________________(unit address). As you know, according to the HUD/DOJ Joint-Statement on Reasonable Accommodation, reasonable accommodations are changes or waivers to polices, practices, procedures, or services to allow accessibility and equal opportunity for persons with disabilities. Reasonable accommodations can be denied only when they cause an undue administrative and financial burden or if they change the basic nature of the housing.

Additionally, according to the BHA v. Bridgewaters court decision, a concern about a direct threat is not a valid reason to refuse to grant a reasonable accommodation if the reasonable accommodation would address the concerns causing the perceived direct threat.

Specifically, this request for a reasonable accommodation includes the following:

1. Suspend eviction proceedings in order to allow ____________ to engage with his/her comprehensive service plan that directly addresses the lease violations outlined in the Notice to Quit.

2. Notify me of any further inspections or exterminations so that I can make arrangements to be present for these appointments. This will also aid in ensuring that ____________ meets any timelines required by the ______________ (enforcement agency/property manager).

In order to address violations that you have found in ____________ (tenant name)'s unit, they have agreed to case management services. A copy of his/her service plan is attached as part of this reasonable accommodation request.

We ask that you send a written response to this request within 14 business days to me at:

Your Name
Your Address

If you have any questions regarding this matter, please contact me at ____________, if you have any questions.

Sincerely,
## APPENDIX E
### Process Recording Form

<table>
<thead>
<tr>
<th>Dialogue</th>
<th>What were you trying to achieve?</th>
<th>Strategies to use for engaging clients</th>
<th>Potential alternative dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
APPENDIX F
Recommended reading list

Bratiotis, Schmalisch & Steketee (2011)

Digging Out: Helping Your Loved One Manage Clutter, Hoarding & Compulsive Acquiring
Tompkins & Hartl (2009)

Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding
Tolin, Frost & Steketee (2013)

Compulsive Hoarding and Acquiring: Workbook
Steketee & Frost (2013)

Compulsive Hoarding and Acquiring: Therapist Guide
Steketee & Frost (2013)

Clinician’s Guide to Severe Hoarding: A Harm Reduction Approach
Tompkins (2015)

Overcoming Compulsive Hoarding
ACKNOWLEDGEMENTS

MBHP would like to express our thanks to the Oak Foundation for supporting the Hoarding Intervention and Tenancy Preservation Project and for making this training manual possible. We also thank Dr. Gail Steketee and Dr. Jordana Muroff of the Boston University Hoarding Research Project, Dr. Randy Frost of Smith College, Dr. Christiana Bratiotis of the University of Nebraska-Omaha, and Dr. Michael Tompkins for their continued support of our program. Our thanks also goes to our clients for teaching us how to improve the work that we do.

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