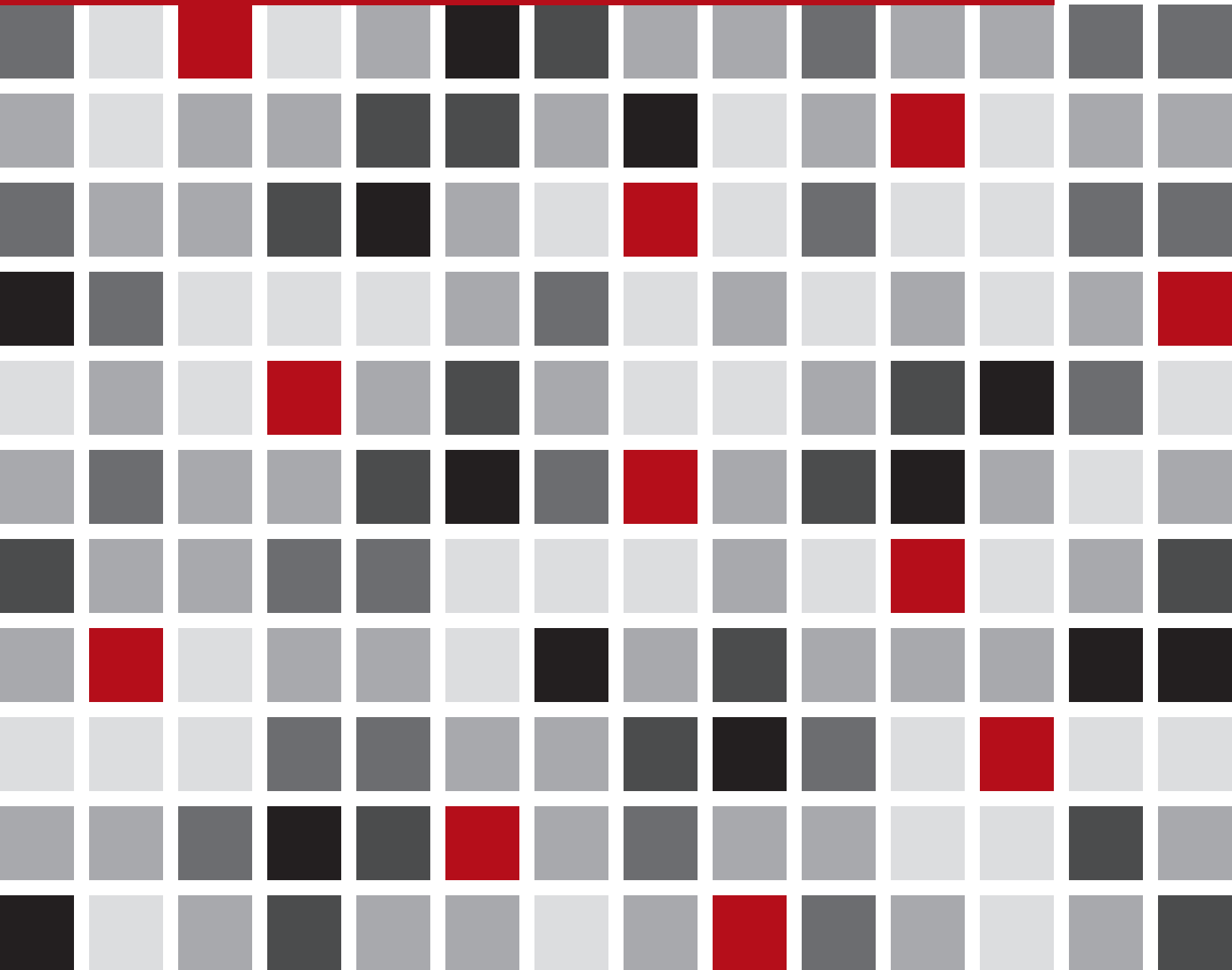


# A NEW APPROACH TO HOARDING INTERVENTION

Preliminary data from the Hoarding Intervention and Tenancy Preservation Project

OCTOBER 2014



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## I. INTRODUCTION

In 2006, Metropolitan Boston Housing Partnership (MBHP), working in partnership with the Boston University School of Social Work's Hoarding Research Project, began a small pilot project to address an increase in the number of Section 8 housing units that were failing annual inspections due to clutter. The success of MBHP's pilot led to the creation of our Hoarding Intervention and Sanitation Initiative.

In 2011, MBHP partnered with the Tenancy Preservation Project (TPP), a program of Bay Cove Human Services, to develop the Hoarding Intervention and Tenancy Preservation Project (HI/TPP). This effort, supported by the Oak Foundation, expanded case management efforts at MBHP and, through the TPP, offered intensive, hoarding-specific case management in the Boston Housing Court cases. We also were able to increase support to Task Forces in Greater Boston and began providing training and ongoing support to partners replicating MBHP's intervention model in San Francisco; Burlington, Vermont; and Bedford and Burlington, Massachusetts.

During the period of July 2011 through June 2014, HI/TPP staff collected data from program participants in the Greater

Boston area.<sup>1</sup> Data was collected through in-take interviews, observation, and documentation obtained from collateral partners, including medical and mental health providers, elder protective services, and state agencies.

According to this data, the program has been extremely successful. Since 2011, of the 175 cases seen by HI/TPP staff, only two cases have resulted in housing loss due to hoarding behavior. This 98 percent success rate, along with a significant drop in the volume of clutter measured, is due in large part to the unique blend of harm reduction strategies, techniques borrowed from cognitive behavioral therapy, education of community partners, and a Housing First case management model.

This report is a summary of select research findings. A more extensive report on the HI/TPP program, including an examination of how variables such as the correlation of health issues and clutter levels contribute to HI/TPP intervention, is forthcoming.

## II. HOARDING OVERVIEW

### WHAT IS HOARDING?

Hoarding behavior is characterized by persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to them.<sup>2</sup> As a result, living spaces become so cluttered that they cannot be used as intended—for instance, a bedroom that no longer has room for a person to sleep. In the United States, approximately 15 million people (2–5 percent of the population), have hoarding disorder.<sup>3</sup> Those living with hoarding disorder have distress or impairment in functioning caused by the hoarding.<sup>4</sup> They can also experience difficulties processing information, form strong emotional attachments to objects, and avoid seeking help.<sup>5</sup> Due to the chronic and worsening course of hoarding behavior, the accumulation of possessions often causes health and safety issues to emerge. The resident's daily activities also become increasingly impaired.

Although reality television tends to show hoarding homes as severely cluttered and squalid, the truth is that hoarding can be anywhere on a spectrum from mild to life threatening. The spectrum of severity is an important factor to consider when discussing hoarding intervention. Unfortunately, the sensationalist views of hoarding seen on these programs provide limited information about the behavior or the evidence-based practices used to effectively address the problem.

### HOARDING AND INCOME LEVEL

There is no research evidence to show that low-income residents hoard at levels that are different from other income brackets. However, low-income residents do not have the economic resources to move to larger units or to afford the high cost of storing possessions. They can also struggle to find representation in the legal system during eviction. As a result, these residents may be disproportionately impacted by the consequences of failing to meet minimum health and safety codes.

Little research has been done on the impact of hoarding on low-income populations or on housing instability among those with hoarding behaviors. Recently, researchers showed that 22 percent of clients seeking housing-related services at the Eviction Intervention Services Housing Resource Center in New York met criteria for hoarding.<sup>6</sup> This rate is five to ten times the general prevalence rate for hoarding (2–5 percent of the general population).<sup>7</sup> It is critical that more research target the impact of hoarding behavior on low- and moderate-income populations. Data collected through the HI/TPP plays an important role in developing a better understanding of effective options to serve this vulnerable population.

### HOW IS HOARDING BEING ADDRESSED IN COMMUNITY SETTINGS?

Throughout the United States and Canada, communities struggle to balance public health and safety concerns with the rights and needs of residents with hoarding behavior. Each “clean-out,” in which items are removed from a home with little to no input from the resident, can cost cities and towns more than \$10,000. Despite being the first line of intervention for many communities, there is little evidence to show that these clean-outs are effective. While this approach may result in short-term safety gains, it does nothing to address the complex issues underlying the hoarding behavior.

### A NEW APPROACH: THE HOARDING INTERVENTION AND TENANCY PRESERVATION PROJECT

Annual apartment inspections are a mandatory component of the Housing Choice Voucher Program (commonly known as Section 8). For years, inspectors at MBHP noticed that a number of tenant violations revolved around issues of clutter. Many of these residents struggled to bring their cluttered units into compliance and were terminated from the program. MBHP determined that a better approach to addressing these clutter-related violations was necessary.

The realization that clients could not simply “clean up” their homes led MBHP staff members to better understand the issue of hoarding. It became clear that an approach was needed that balanced MBHP's interest in maintaining the standards set by the Section 8 program with the significant challenges faced by residents with heavily cluttered homes. As a result, MBHP built a model of intervention using reasonable accommodation

### HI/TPP BY THE NUMBERS

**175** program participants served

**98%** of program participants maintained housing

**23:** Number of communities where HI/TPP participants reside

**1,891** professionals trained in appropriate hoarding intervention since July 2011

**4** HI/TPP replication sites in **3** states

practices, harm reduction strategies, and techniques borrowed from cognitive behavioral therapy. This model, known as the Hoarding and Sanitation Initiative, began working with Section 8 voucher-holders with hoarding behavior.

From 2007–2011, MBHP expanded the Hoarding and Sanitation Initiative to include a full-time case management position. In 2008, the program expanded to accept any residents with hoarding issues, regardless of housing type. During these years, MBHP also began partnering with the Boston University School of Social Work Hoarding Research Project, MassHousing, and others to provide extensive training to service and housing providers about effective hoarding intervention strategies. As it became clear that policy and practice changes were needed throughout the Commonwealth to better assist residents with hoarding problems, MBHP began to play a leadership role as a founding member of the Statewide Steering Committee on

Hoarding, sponsored by MassHousing, and began assisting communities to create more sustainable models for intervention.

In 2011, the program was expanded yet again, this time through a partnership with the Tenancy Preservation Project, a program of Bay Cove Human Services which had also spent years working on hoarding intervention. This partnership became known as the Hoarding Intervention and Tenancy Preservation Project (HI/TPP). Without the expansion of services through the HI/TPP program, residents would not have access to the resources necessary to meet health and safety code compliance. As a result, they would be at increased risk for eviction, condemnation, and housing subsidy loss, among other potential consequences. The generosity of the Oak Foundation allowed MBHP and TPP to address hoarding within the court system, expand the Boston Task Force, and push for practice changes in the 30 communities served by MBHP.

### III. PROGRAM DESIGN

#### THE HI/TPP HAS THE FOLLOWING GOALS:

1. Reduce the number of evictions or condemnations caused by hoarding.
2. Expand knowledge of hoarding and hoarding intervention techniques among housing professionals and service providers.
3. Influence public agencies and policies, including the courts, state agencies, and the state Legislature, to better address hoarding and guarantee program resources.
4. Collect information about the characteristics of clients who are “involuntarily” involved with hoarding intervention in order to better understand hoarding intervention in these cases.

#### HI/TPP CASE MANAGEMENT MODEL

The Specialized Intensive Programs and Services team at MBHP uses a Housing First case management model. As the name indicates, this team uses an intensive service approach to assist residents in maintaining their housing. This model of engagement appears to be particularly well-suited to the needs of those struggling with hoarding. Since the founding of MBHP’s HI/TPP, case managers have used a unique blend of relationship-building and harm-reduction strategies paired with techniques borrowed from cognitive behavioral therapy for hoarding disorder.<sup>8</sup>

Over the past eight years, MBHP has instituted mandatory hoarding training for all staff in an effort to ensure that the problem is addressed while clutter is at a mild or moderate level, rather than waiting for levels to rise to a crisis point. Rather than placing a focus on the physical manifestations of hoarding (acquiring, saving, and clutter), case managers placed a focus on teaching residents skills such as setting limits on the quantity of possessions, separating emotional attachments from physical objects, and how to more effectively sort and discard possessions. This approach acknowledges that hoarding is a complex issue that cannot be distilled down to any one cause. Instead, there is an acknowledgment that intervention must consider the thoughts, beliefs, emotions, and life experiences that may be contributing to the hoarding problem.

#### THE HI/TPP MODEL HAS THE FOLLOWING FEATURES:

- Individualized case management plan based on client’s stated needs, in-take/assessment information, and risk of subsidy loss, eviction, or condemnation.
- Focus on areas of highest safety risk first.
- Weekly or bi-weekly home visits that include sorting/discarding, non-acquiring exercises, and other skills critical to managing the clutter.
- Referrals to appropriate community partners for additional resources.
- Monitoring for one year after passing inspection.

## IV. PARTICIPANT DEMOGRAPHICS

HI/TPP is unique in that most participants are not actively seeking services to address their hoarding behavior. The program's "involuntary" participants are referred in order to keep an affordable housing subsidy and/or stave off eviction. As a result, very few HI/TPP program participants self-refer for hoarding intervention services. In this respect, the population in the program likely differs from those participating in research studies on hoarding. There is little research data available regarding individuals "involuntarily" receiving hoarding intervention treatment. As a result, it is difficult to extrapolate the data provided here to all individuals with hoarding behaviors, but we do expect that this report will provide insights into the circumstances and experiences of those residents identified by a housing or social service system who are grappling with this problem.

**Age.** A common myth about those with a hoarding disorder is that it only affects the elderly. In fact, research has shown that for over 50 percent of people, hoarding begins between the ages of 11 and 20.<sup>9</sup> While the level of clutter (and the problems created by clutter) can increase with age, the problem does affect individuals at a wide range of ages. Among HI/TPP participants, only 32 percent were 65 years old or older while 54 percent were between the ages of 45 and 64.

**Race, ethnicity, and language.** Of the program participants, 58 percent were white, followed by 29 percent Black or African American, 6 percent Asian or Pacific Islander, and 4 percent Hispanic or Latino. Given the demographics of low-income households in Greater Boston, whites were over-represented and Latinos were under-represented among program participants. In addition, 90 percent of participants spoke English as their only language. The remaining 10 percent spoke a range of languages common in the Boston area, including Spanish, Haitian Creole, Chinese, Vietnamese, and Russian.

**Housing type.** The common image of a person who hoards is of a homeowner. Only 11 percent of HI/TPP participants were homeowners, in part because the program receives most of its referrals from housing inspectors and agencies working with low-income renters. An additional 11 percent were renters in market-rate units, and the remaining 78 percent lived in low- or moderate-income housing, including public housing, privately-owned rentals supported by subsidies, and other supportive housing, such as group homes. Because of the level of clutter in participant's homes, high percentages were threatened with immediate eviction (49 percent) and/or the loss of their housing subsidy (68 percent).

**Medical conditions.** Only 16 percent of participants stated that they had no medical condition, while 30 percent mentioned only one medical condition and 54 percent stated that they had more than one medical condition (see Table 1). The most commonly

### HI/TPP PROGRAM PARTICIPANT PROFILE

54% of participants were  
45–64 years of age

61% of participants were female

77% of program participants  
lived alone

\$12,000 median household  
income for program participants

50% of participants lived in their  
home for 10 or more years

78% of participants lived in low-  
or moderate-income housing

68% of participants were at risk  
of losing their housing subsidy

49% of participants were at risk  
of eviction

**TABLE 1: Most commonly reported medical conditions**

High blood pressure	19%
Back pain	15%
Arthritis	14%
Diabetes	12%
Injury (all types)	11%
Feet, leg, knee problems	11%
Heart condition	9%
Asthma	9%

**TABLE 2: Most commonly reported mental health conditions**

Depression	63%
Anxiety	35%
PTSD	12%
Bi-polar disorder	10%

reported conditions were high blood pressure (19 percent) and back pain (15 percent). Medical conditions can be a significant barrier for participants working to address their hoarding behavior. As a result, access to additional supportive resources is often a key component of the HI/TPP case management model.

**Mental health conditions.** Through a screening process, all participants were assessed and only those with hoarding behavior at a threshold level became program participants. Other mental health conditions were identified by participants themselves and by service providers—25 percent had no additional mental health concerns, 27 percent had one additional condition, and 48 percent reported multiple conditions (see Page 4, Table 2). The most common mental health conditions reported were depression (63 percent) and anxiety (35 percent). There was considerable overlap between these two conditions: 30 percent of all participants reported both depression and anxiety.

**Other contributing factors.** A high percentage of participants (67 percent) reported a history of loss such as the death of a loved one and 50 percent report at least some traumatic event in their lives. An additional 36 percent report some memory issues, and 35 percent identify the problem of hoarding within their family. A smaller percentage (22 percent) reported a history of domestic violence. While there is no evidence that these factors cause hoarding behaviors to occur, these life experiences may play a role in shaping the intervention process. The HI/TPP model for case management helped residents to reduce clutter in their homes and assisted in developing strategies to more effectively manage possessions. By moving beyond a focus on the physical environment, program participants learned to notice and respond to a wide variety of factors, including emotional responses, that contribute to acquiring new items or struggle with discarding their possessions. As a result, they were better able to manage their hoarding problem once the immediate housing crisis was resolved.

## V. PROGRAM RESULTS

### CHANGE IN CONDITION OF THE HOME

When a program participant begins hoarding intervention through the HI/TPP program, two tools are used to assess clutter levels and health/safety risk. The first is the HOMES Multi-Disciplinary Risk Assessment developed by Dr. Christiana Bratiotis.<sup>10</sup> This tool is used to measure the clutter-related risks found in the homes of program participants. The second is the Clutter Image Rating (CIR) Scale, developed by Dr. Randy Frost,<sup>11</sup> which assesses the volume of clutter in a home. This report focuses exclusively on the CIR rating.

A CIR rating of 4.0 or higher indicates a significant clutter problem in the home. When clutter rose to this level, residents struggled to move freely in their homes or complete basic activities of daily living. As CIR levels rose, safety concerns such as fire hazards, fall risks, and potential for injury due to collapsing piles also rose. According to HI/TPP intake data, 80 percent of program participants collected large volumes of paper. As a result, property managers, code enforcement personnel, and others have placed an emphasis on addressing egress and fire safety concerns.

When examining the CIR ratings for HI/TPP clients who successfully brought their homes into compliance with health/safety codes, the average CIR across all rooms, including those without a clutter problem, dropped 1.5 points—from an average CIR rating of 3.7 pre-treatment to a rating of 2.2 post-treatment. For comparison, in an open trial to test the efficacy of cognitive behavioral therapy for hoarding, researchers saw an initial CIR

rating of 4.0 pre-treatment and a rating of 2.8 post-treatment.<sup>12</sup> Although additional long-term data is needed, this significant reduction in clutter volume data indicates that an intensive case management approach to hoarding intervention can be a highly effective strategy for those at risk of losing their housing due to hoarding behavior.

Upon entering the program, most rooms in the homes of HI/TPP participants met the criteria for significant levels of clutter. Some rooms, such as the bathroom and kitchen, consistently had

### WHAT IS CLUTTER IMAGE RATING SCALE?

Developed by Dr. Randy Frost, the CIR is a scale used to rate the volume of clutter in a home. Each rating shows an increased level of clutter with a CIR of 9.0 nearly touching the ceiling.

**CIR 1.0:** No clutter in the home.

**CIR 2.0–3.0:** Low level clutter.

**CIR 4.0:** Clutter begins to interfere with use of space; safety hazards are found.

**CIR 5.0–6.0:** Significant health/safety concerns including blocked egress and fire hazards.

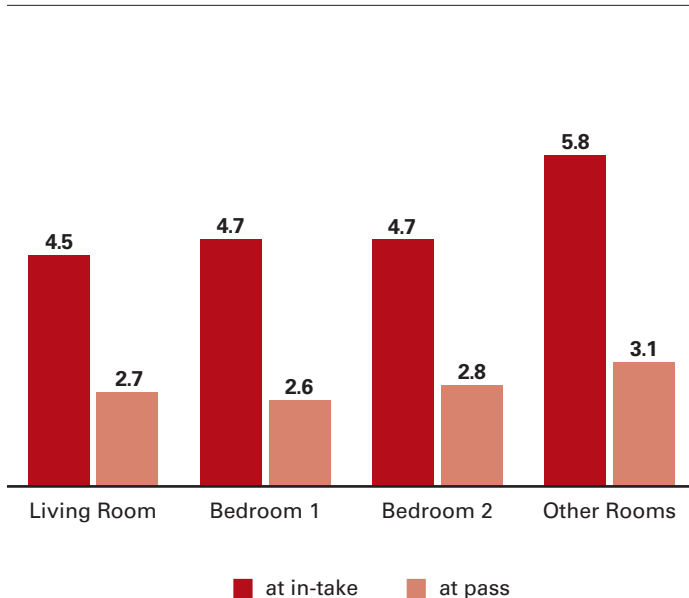
**CIR 7.0–9.0:** Severe volume of clutter; no egress.

lower levels of clutter. As a result, an average clutter rating was close to or even less than the 4.0 threshold for many households. However, HI/TPP data shows that participants are primarily struggling with clutter in particular “problem” rooms: the living room, first bedroom, second bedroom, and in rooms such as the hallway or basement. When examining the CIR ratings for HI/TPP participants who successfully brought their homes into compliance with health and safety codes, the average participant CIR ratings for these rooms dropped two points—from 4.7 to 2.7.

### CHALLENGES

Overall, 43 percent of participants were able to pass inspection, meeting a minimal level of health and safety compliance. HI/TPP will continue to monitor and work with these participants. Due to the ongoing nature of HI/TPP admissions, currently

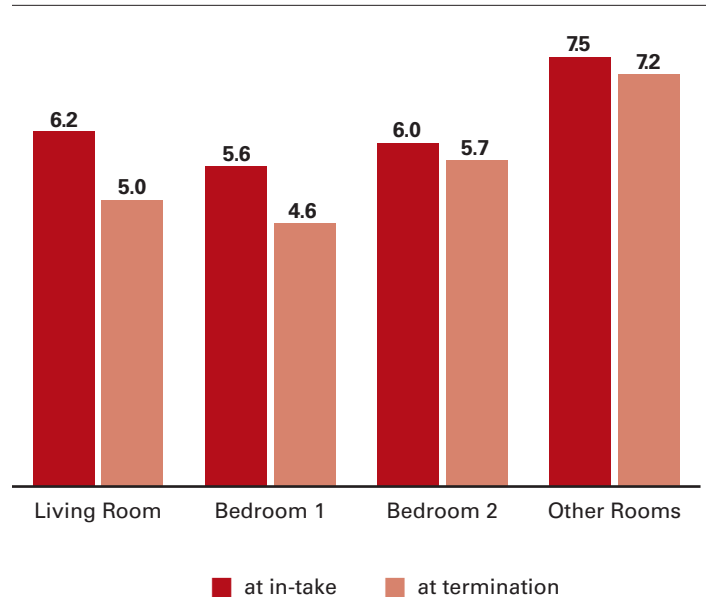
**CHART 1: Clutter Image Ratings for participants who successfully passed inspection, by room**



32 percent of participants are in the earlier stages of intervention.

While the preliminary data points to successes for many participants, challenges remain. Additional work must be done to better understand the factors that caused 23 percent of clients to leave the HI/TPP program prior to passing the health and safety inspection. These participants had an average CIR rating of 4.9 across all rooms, a notably higher level of clutter than the 4.2 average CIR rating for all participants. For those where data could be collected, the average CIR rating did drop by 0.9 points. The charts below show a drop in the average CIR rating of each "problem" room for participants who passed inspection (Chart 1) and those who terminated the program before passing inspection (Chart 2). Out of the 34 participants who terminated case management services prior to passing inspection, two were evicted from their homes due to hoarding conditions.

**CHART 2: Clutter Image Ratings for participants who terminated program before passing inspection, by room**



## VI. QUESTIONS FOR FURTHER STUDY

This report is intended as a summary of data from the HI/TPP program. MBHP will be conducting additional data analysis to obtain a more detailed look at key factors in the provision of hoarding intervention services. The examination of important variables will include:

- The impact of physical and mental health conditions on intervention.
- The presence of squalor in the home.
- Number of household members.
- Role of additional service providers.
- Awareness of the seriousness of the problem.

## VII. CONCLUSION

The HI/TPP case management model prevents housing loss due to hoarding behavior through a combination of harm reduction and techniques borrowed from cognitive-behavioral therapy for hoarding. With a focus on clutter reduction through skill-building, program participants are able to manage their clutter over the long term. This is a significant improvement over widely adopted but less successful intervention models of cleaning out a hoarded home.

Moving forward, it will be important to gain additional funding both to provide continued case management to people with lived experiences of hoarding and collect additional data on

clients who are found by social service and housing providers. As the joint HI/TPP effort concludes, the Tenancy Preservation Project continues to facilitate the Boston Hoarding Task Force and partners with the courts in addressing a wide variety of eviction-related issues, including hoarding. MBHP continues to provide intensive case management through the Hoarding and Sanitation Initiative to address the housing instability caused by hoarding behaviors. Finally, as communities throughout North America are learning that clean-outs are not an effective or fiscally sound response to hoarding intervention, MBHP is well positioned to assist communities in building a more effective intervention model.

### NOTES:

1. MBHP will be analyzing data from all replication sites in fall of 2015 and will provide an updated report with comparison to current data at that time.
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### METROPOLITAN BOSTON HOUSING PARTNERSHIP

MBHP is the state's largest regional provider of rental housing voucher assistance, serving 8,800 tenant households and working with 4,300 property owners. MBHP serves individuals and families who are homeless, elderly, disabled, and/or of low and moderate incomes in Boston and 29 surrounding communities.

MBHP's mission is to ensure that the region's low- and moderate-income individuals and families have choice and mobility in finding and retaining decent affordable housing; all MBHP programs and initiatives are designed to encourage housing stability, increase economic self-sufficiency, and enhance the quality of the lives of those it serves. To achieve its mission and to promote efficient service delivery, MBHP works collaboratively with a broad array of service providers and neighborhood-based organizations.

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