



PREVNT Hoarding in Communities: A Team Approach to Keeping Our Community Safe

PRESENTERS:

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Who we are

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The Source for Seniors



What Will We Cover Today?

- Hoarding vs Clutter
- Hoarding Impacts and Risk Factors
- Effective Assessment/Intervention Strategies and Tools
- Reporting Hoarding Concerns
- Best Practice Model



Take a Mindfulness Moment

Keep Eyes Open.

Take Note of Thoughts, Feelings, and Self-Talk.



















Reactions?



Conclusion

Let's Talk
About Clutter.

Is it Clutter or Hoarding?





Is it Clutter
or
Hoarding?



Clutter vs. Hoarding

- Items can be discarded
- Items are accumulated without much thought
- Volume of items does not interfere with the person's Activities of Daily Living
- Collecting a large number of unneeded items
- Regarding all items as equally valuable
- Activities of Daily Living limited
- Thought of discarding items causes great distress



What is Hoarding?

Hoarding Disorder (DSM-V, 2013)

- I. Persistent **difficulty discarding** or parting with possessions **regardless of their actual value**.
- II. Difficulty is due to a perceived need to save the items and **distress associated with discarding them**.
- III. The difficulty discarding possessions results in the accumulation of possessions that congest and **clutter active living areas and substantially compromises their intended use**.
 - I. If living areas are uncluttered, it is only because of the interventions of **third parties** (eg, family members, cleaners, or the authorities).
- IV. The hoarding causes **clinically significant distress or impairment in social, occupational, or other important areas of functioning** (including maintaining an environment safe for oneself or others).



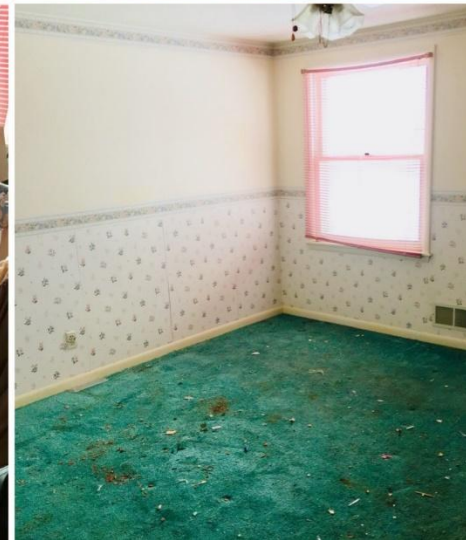
What is Hoarding?

Hoarding Disorder (Cont.)

- V. The hoarding is **not attributable to another medical condition**.
- VI. The hoarding is not better explained by the symptoms of **another mental disorder** (e.g. obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, etc).

Specifiers:

- With excessive acquisition
 - $\frac{3}{4}$ of people that hoard engage in excess shopping, 50% collect free things
- **With good, fair, or poor insight**
- **Absent Insight/Delusional Beliefs**



Clinical Implications

“Clutter Blindness”

- Failed recognition in photos of own home – “that’s not my house”;
- “Losing the Forest for the Trees”; pay attention to details (not the big picture)
- Improves by 50% when someone else present – brain begins to see through their eyes



Clinical Implications

“Churning” Stuff is moved around; clients perceive that they have made improvements but in reality have moved items around/shuffled.

Perfectionism – perfection is not only possible, but also expected. ”; **Fear of Making a Mistake.**

Responsibility – feel more responsible to meet future need, **“Just in case”**; **Fear of Waste**

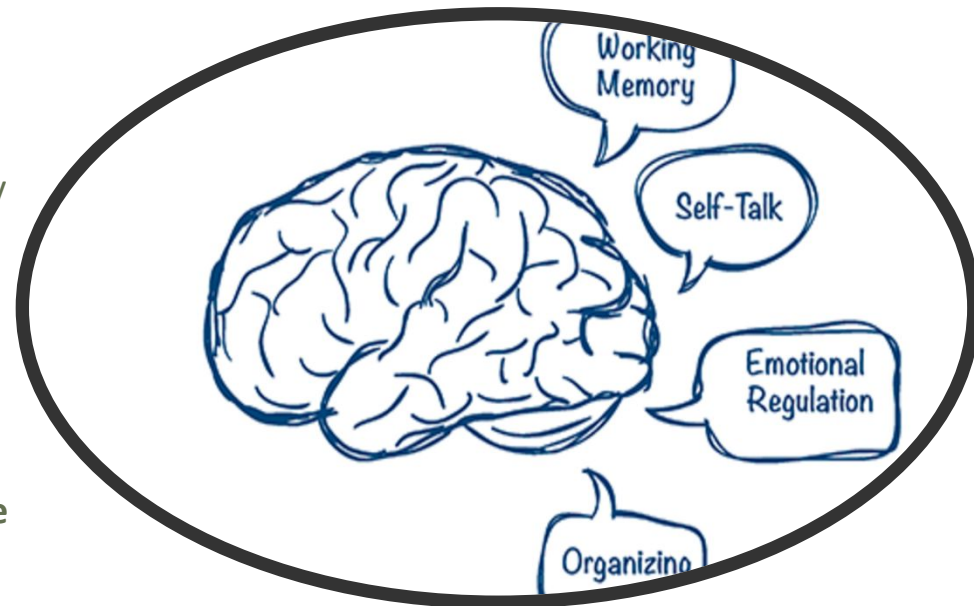
Need for Control – less willing to share or to have others touch or use their possessions.

Personification– “without my possession, I will be vulnerable.” **Throwing something away means losing part of my life...part of me.”**

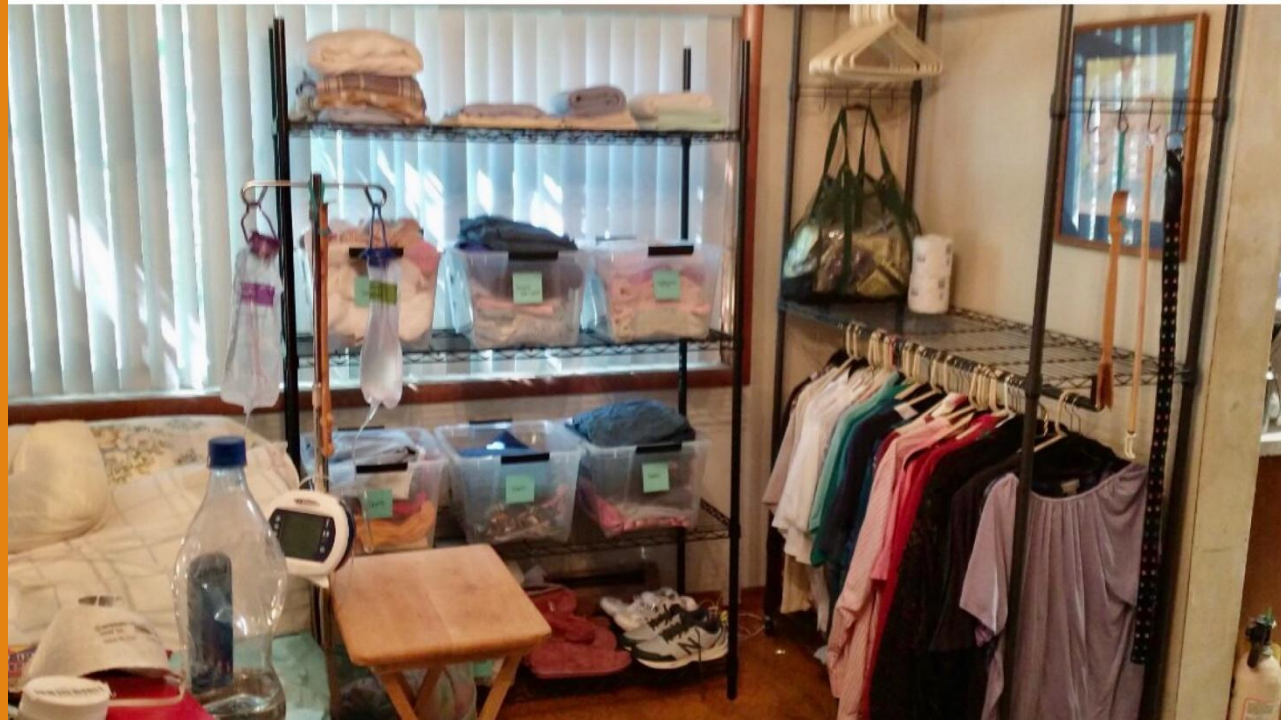


Causes of Hoarding Disorder

- **Strong genetic component.** Modeling and conditioning may also play a role in the development of this disorder.
- **Information Processing Deficits** present that aid in organizing and classifying lead to saving and difficulty making decisions (Many similar to those found in ADD/ADHD)
- Recent neuroimaging studies find evidence of over activation in the **Anterior Cingulate Cortex** (involved in **decision making**) & **Insula** (involved in **awareness of physical and emotional state**).
 - Indecisiveness on what to keep/donate & where to put it.
 - Together these two areas help distinguish levels of importance between objects. (Tolin, Archives, 2012).
- Trauma aggravates.



Hoarding
Affects
More Than
Just the
Individual



Hoarding Impacts-Health & Safety



Individual impact

- Increased risk for fire
- Tripping hazards
- Increased medical problem
- Dietary and medication mismanagement
- Impairments of Activities of Daily Living
- Premature relocation to senior housing or eviction
- Social isolation
- Strained relationships
- Legal and financial problems (debt, high expenses, property damages)

Community impact

- Safety hazard (police, fire, Emergency responders)
- Infestations
- Increases social service provider load



Fire and Safety

- Increased potential to spread to neighbors
- Fire grows more rapidly
- Unsafe and non-functional use of mechanical and electrical equipment
- Blocked exits impede access and delay escape
- Structure more likely to collapse under weight of items
- Increased risk of injury to firefighters and first responders
- Premise history

Required Hoarding Resources



- Adult Protective Services
- Animal Control
 - 4x as many visits to gain compliance
 - 4x the amount of staff time
- City Attorney's Office
- Code Compliance
- Courts
 - 4x as likely to go to court
- Fire Department
 - 8x total damage
 - 16x fire response costs
 - 5x firefighter injuries
- Police Department
- Probation

Grand Rapids Area Hoarding Taskforce (GRAHT)

Mission Statement

- GRAHT is a collaboration of public and private organizations working to raise public awareness and to ensure safe housing for individuals struggling with hoarding behavior.

What led us to create the taskforce?

- Complex cases with no clear outcomes
- No multi-agency communication
- No long-term solutions
- Numerous calls to multiple agencies
- Excessive court appearances
- Excessive First Responder calls for service

Kalamazoo and Battle Creek

Woman killed in Kzoo house fire; cold, hoarding factors

By: 24 Hour News 8 web staff

Posted: Mar 05, 2019 07:55 AM EST

Updated: Mar 05, 2019 03:43 PM EST



KALAMAZOO, Mich. (WOOD) — Kalamazoo firefighters say "severe hoarding conditions" and effects of the bitter cold hampered their response to a deadly house fire.

Keys to Taskforce Success

Without Taskforce

- Unilateral strict enforcement effort
- Focus on short term results
- Agencies working independently with limited communication

With Taskforce

- Cooperation and participation with resident
- Holistic approach focusing on long term treatment and safe stable housing
- Collaborative efforts with consistent communication and goals





What Makes a Good APS Referral?

APS provides protection to **vulnerable** adults who are at **risk of harm** due to the presence or threat of any of the following risks:

- Abuse
- Neglect
- Exploitation

Self Neglect

Self-neglect is not often considered but found as one of the main harm types in roughly 57% of all APS cases.

Warning signs can include:

- Poor personal hygiene
- Poor medication management, medical refusal, signs of weight loss
- Signs of dehydration, malnutrition, or other unattended health conditions
- Unsanitary or unclean living quarters
- Unpaid bills, bounced checks, or utility shut-off notices
- Lack of adequate food



What Makes a Good APS Referral?



Referral
called into
Centralized
Intake

APS defines vulnerable adults as those individuals over the age of 18 who are unable to protect themselves from abuse, neglect, or exploitation because of any of the following vulnerabilities.

- Advanced age
- Frailty
- Dependency
- Developmentally disability
- Physically disability
- Mental illness
- Cognitive impairment
- Medically fragile

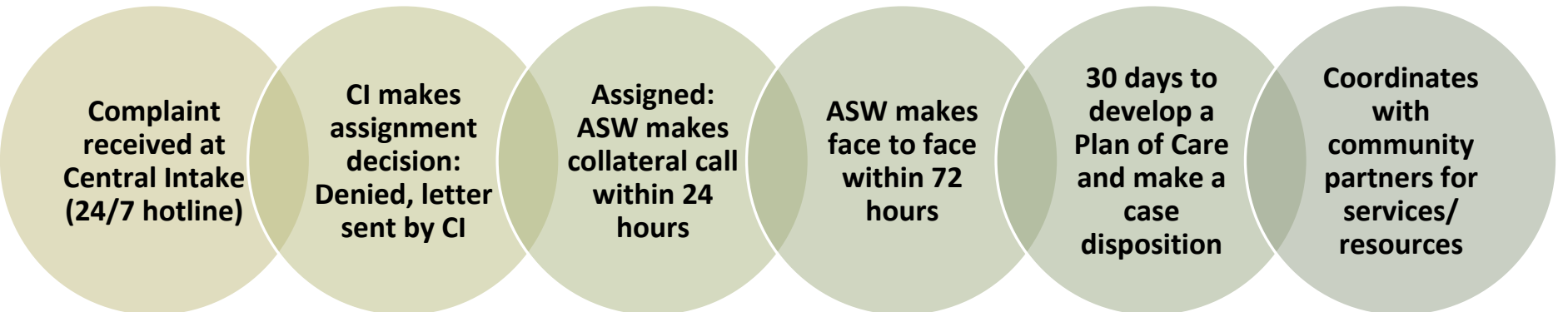


Required Referral Information

***Key:** Individuals who are 18 years of age or older that are **both** vulnerable and at risk meet the criteria for case assignment.*

- Provide the client's name
- Provide the client's phone number, address, and any collateral contacts that can provide more information
- Provide as much detail as possible regarding the abuse, neglect and exploitation using behaviorally specific words
- Provide any other details regarding the cause and manner of the abuse, neglect, or exploitation





**Complaint
received at
Central Intake
(24/7 hotline)**

**CI makes
assignment
decision:
Denied, letter
sent by CI**

**Assigned:
ASW makes
collateral call
within 24
hours**

**ASW makes
face to face
within 72
hours**

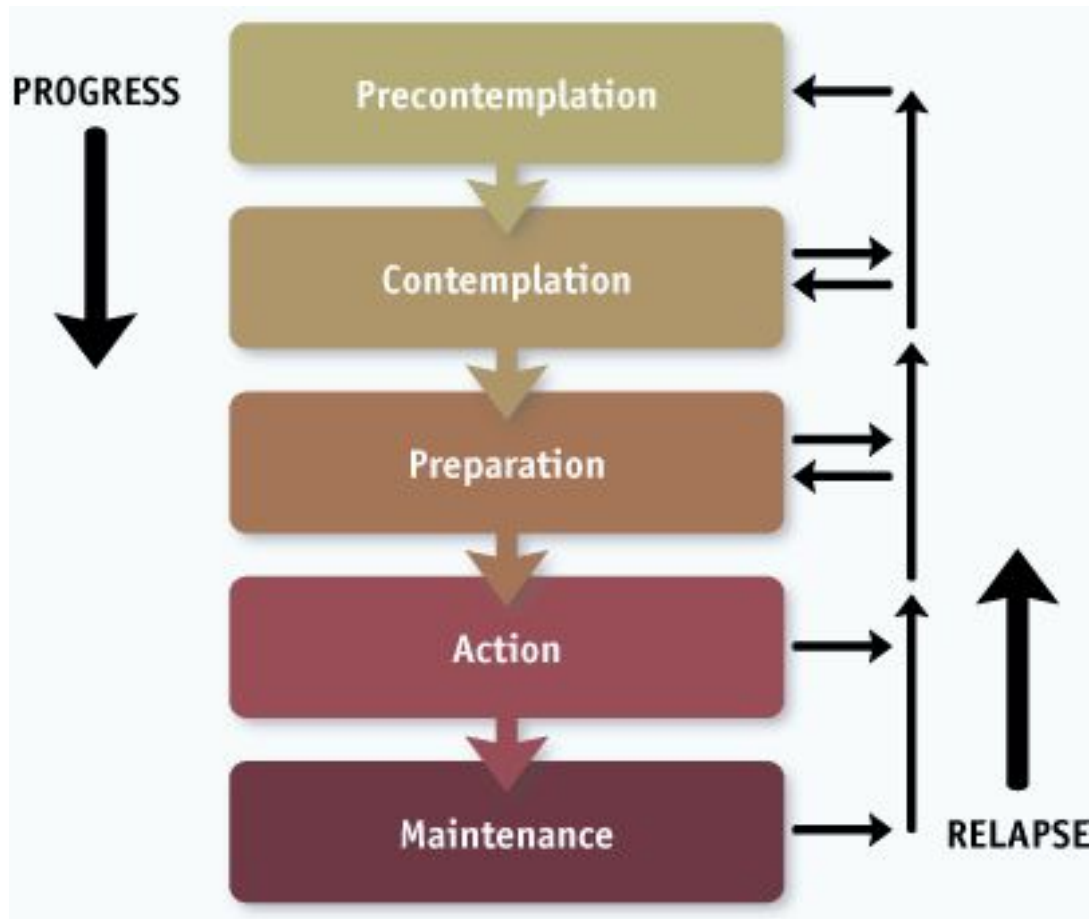
**30 days to
develop a
Plan of Care
and make a
case
disposition**

**Coordinates
with
community
partners for
services/
resources**

APS Complaint Timeline

The APS worker provides the least restrictive intervention and engages with the client to identify if they can make their own decisions and are willing to work with services.

Typically clients will fall in one of these *Stages of Change*.

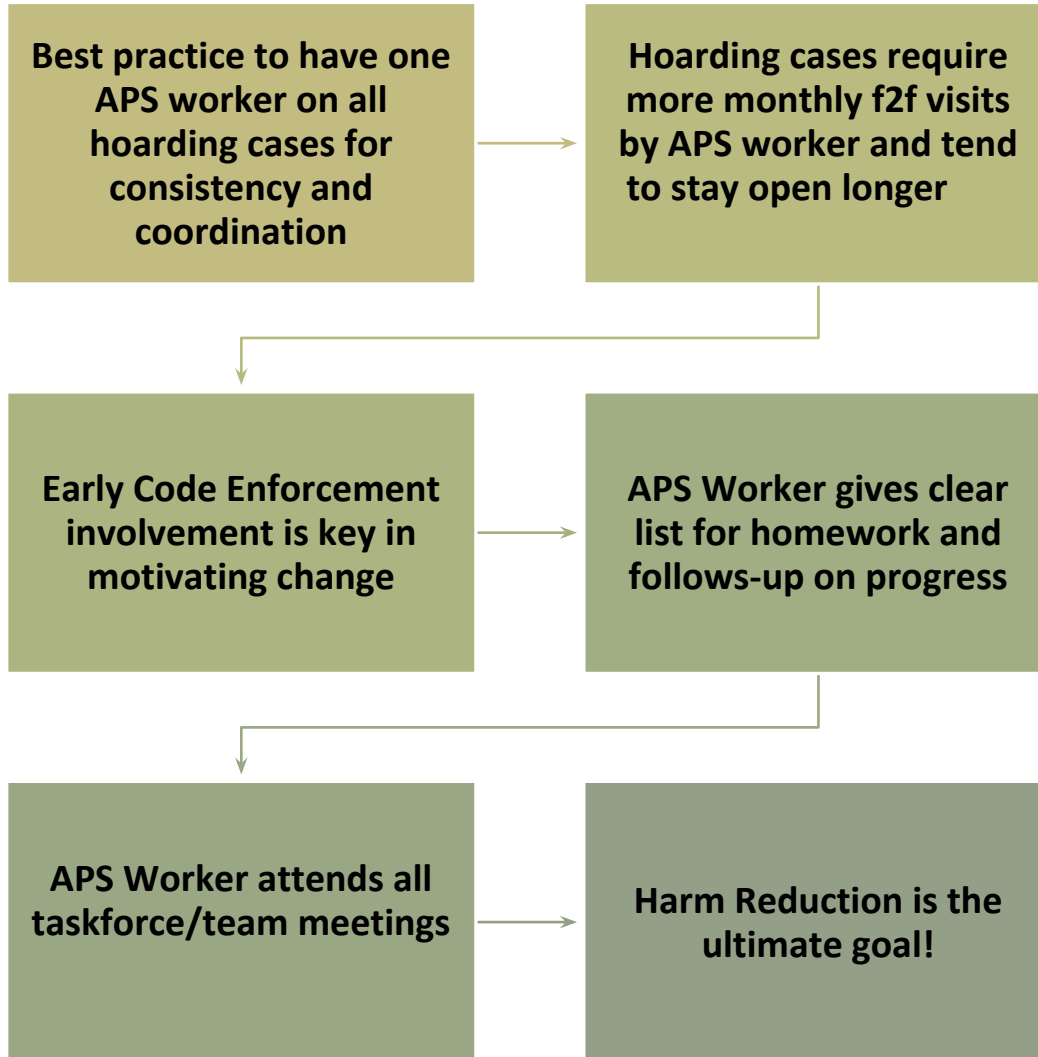


What Makes a Good APS Referral?



Client is willing to accept services

Best Practices Learned



Increasing Outcomes

How did we put this
best practice **into**
practice?

PREVNT Grant Program

Prevalence of Hoarding

- 2-4% of the population have hoarding behaviors
- More than 6% for 60 years+
- Can be chronic and become more severe over decades
- More seniors living in unsafe and unsanitary living conditions as the senior population continues to grow

History

- State of Michigan DHHS- Aging and Adult Services Agency (AASA)
- Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT)
- AAAWM first applied and awarded 2017
- October 1- September 30th fiscal year grant

Program Goal

- Test the theory that individuals with hoarding behaviors who “exhibit good interpersonal skills, cognitive ability, absence of psychosis, awareness to hoarding, and motivation to change” may have better success for treatment and intervention strategies. (*Hoarding Behavior in the Elderly, Henriette Kellum LCSW*)
- Improve the safety of the home
- Address hoarding behaviors with wraparound services

PREVNT Partners

Key Partners

- Adult Protective Services
- Area Agency on Aging of WM
- City of Grand Rapids Code Compliance
- Grand Rapids Police Department
- Kent County Health Department
- Moxie Life Organizing LLC
- Reliance Community Care Partner
- Senior Neighbors



PREVNT Program Process

APS Referral

Home Inspection

Assessment by Counselor

Organizer Work Plan

Case Manager Referrals



Effective Intervention s & Best Practices

ICD's CLUTTER-HOARDING SCALE™ FIVE CATEGORIES.

Structure and Zoning

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

Animals and Pests

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

Household Functions

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

Health and Safety

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

Personal Protective Equipment (PPE)

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

SCOPE OF SCALE

PURPOSE OF SCALE: This document is to be used as an assessment/guideline tool only, specifically for use in the assessment of a home's interior, except where the outside structure affects the overall safety of the interior. Does not include sheds, unattached garages or outbuildings. It is not to be used for diagnostic purposes or for any psychological evaluation of a person or persons. ICD is not responsible for any work performed by a professional organizer or other related professional using ICD's C-HS™ or C-HS™ Quick Reference Guide.

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ICD's CLUTTER-HOARDING SCALE™ FIVE LEVELS.

Five progressive levels indicate the degree of household clutter and/or hoarding; Level I as the lowest, and Level V the highest. ICD considers Level III as the pivot point between a household that might be assessed as cluttered, and a household environment that may require the deeper considerations of working in a hoarding environment.

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

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

LEVEL III YELLOW ELEVATED
Pivot point between a cluttered household environment and a potential hoarding environment. Those working with Level III household environments should have significant training in chronic disorganization and will require a community network of resources, especially mental health professionals.

LEVEL IV ORANGE HIGH
Household environment requires a coordinated collaborative team of service providers in addition to professional organizers and family: mental health professionals, social workers, financial counselors, pest and animal control officers, crime scene cleaners, licensed contractors and handypersons.

LEVEL V RED SEVERE
Professional organizers should not work alone in a Level V environment. Requires a collaborative team, potentially including family, mental health professionals, social workers, building manager, zoning, fire, and/or safety agents. Formal written agreements among the parties should be in place before proceeding.

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CLUTTER-HOARDING SCALE™ QUICK REFERENCE GUIDE



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Related Professionals
Collaborating Team Members

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

Level 1 – Green – Low

- All doors and windows are accessible
- HVAC, electrical, and plumbing are operational
- Normal pet activity (no odors)
- Housekeeping is well-maintained
- Safe and sanitary conditions



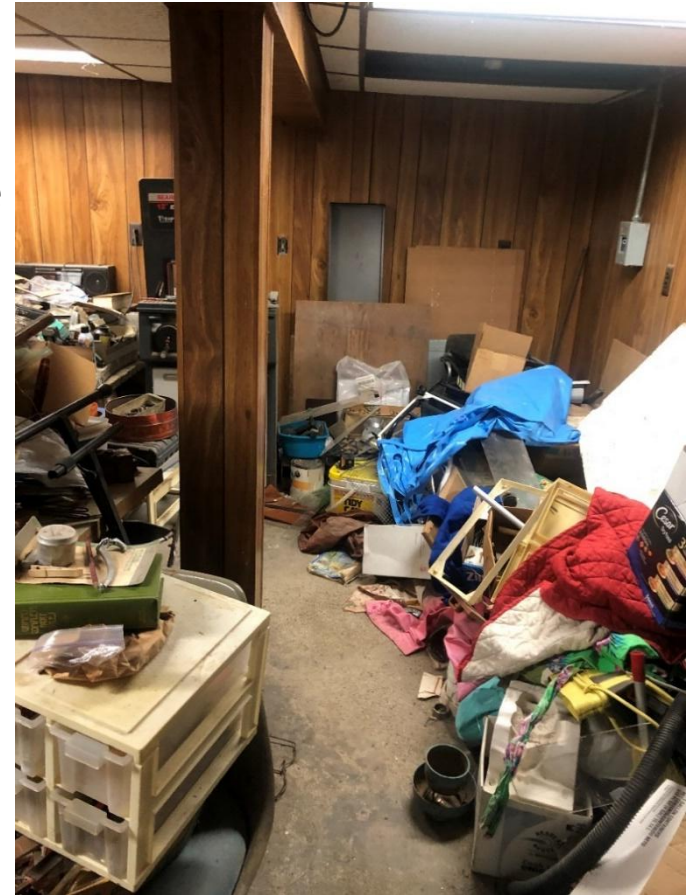
Level 2 – Blue – Guarded

- Major appliances are functional but not easily accessible
- Slight congestion of hallways, entrances or exits
- Some pet odor or common pest issues
- Clutter may inhibit the functionality of one room



Level 3 – Yellow – Elevated

- One major exit or large window inaccessible
- Number of animals is jeopardizing the quality of care
- At least one room cannot be used for designated purpose
- Appliances are not used or inaccessible
- Requires a community network of resources, especially mental health professionals.



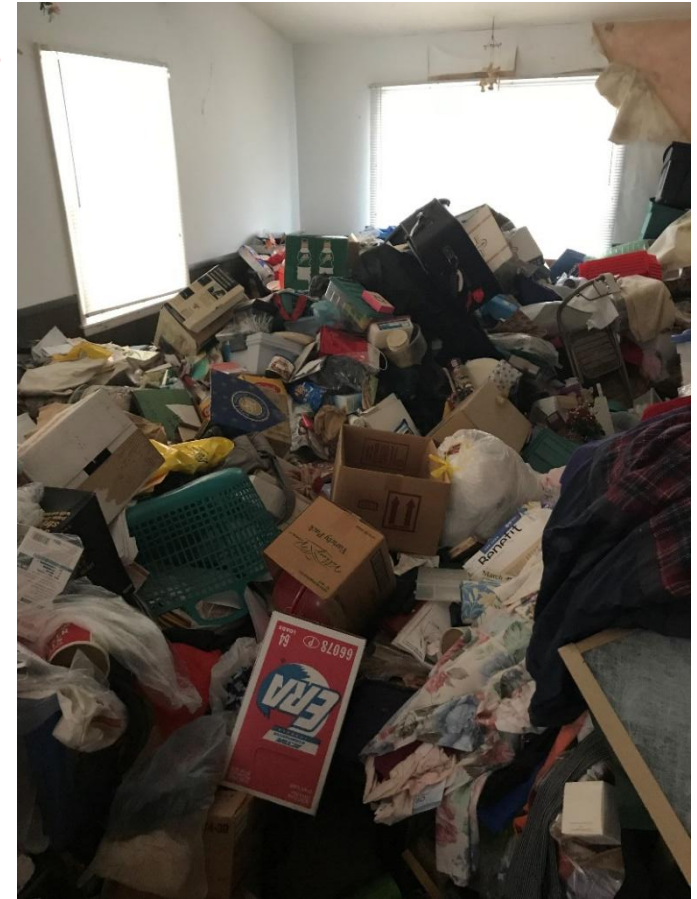
Level 4 – Orange – High

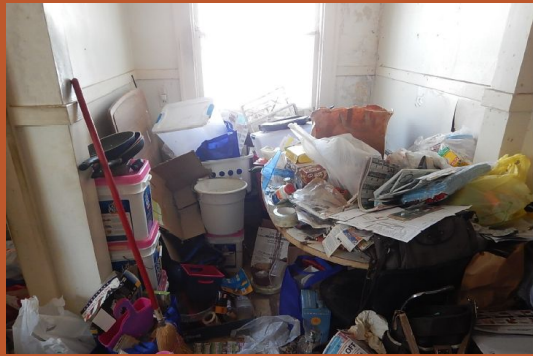
- Large amounts of visible outdoor clutter and garbage
- Multiple exterior doors and windows are inaccessible
- Several rooms cannot be used for their intended purpose
- Animals are being neglected and are unhealthy
- Pest and/or rodent infestations



Level 5 – Red – Severe

- Significant structural damage due to weight of clutter
- Electrical, sewage, and/or water are non-functional
- Heavy pest and rodent infestations
- Human feces and urine present
- Toilets, sinks, and tubs are unusable





Effective Interventions & Best Practices



Goals

- Safety, health, avoid housing condemnation & fines

Models

- Harm Reduction Model
- Minimum Standard of Living (MSL)
- Taskforce approach

Interventions and Tools

- Medication-High Dose SSRI most effective for “stickiness”
- CBT for hoarding, Exposure therapy, Motivational Interviewing
- Activities of Daily Living for Hoarding (ADL-H) Oxford Clinical Psychology
- Uniform Inspection Checklist (Clutter Movement)
- Clutter Hoarding Scale (Institute for Challenging Disorganization)

What Can You Do to Help?

Do's

- Be patient
- Treat person with dignity and respect
- Slow and steady
- Use their language (“clutter” vs “trash”)
- Come from a place of concern
- Separate the person from the disorder

Don'ts

- Be judgmental (verbal and non-verbal)
- Make decisions/remove items for the person without their input
- Accommodate - Practice Deceit, Accept Gifts
- Minimize Health/Safety Risks

Actions

- Assess for risk factors
- Report concerns to APS (and use the Clutter Hoarding Scale)



Want More Information?

Contact us!

- Area Agency on Aging of Western Michigan 616-456-5664
- Grand Rapids Area Hoarding Taskforce (GRAHT) 616-456-3460
- Moxie Life Organizing LLC 616-777-7347
- Report to APS (Michigan) #855-444-3911



The Source for Seniors

