



Cuyahoga County Hoarding Connection

Mission: The Cuyahoga County Hoarding Connection's mission is to provide support and advice, educate, develop best practices, and assist in identifying needed resources for individuals who hoard and those that work with individuals who hoard.

Recommended Best Practices for Working with People Who Hoard

I. What is Hoarding?

- A. A mental health illness that may cause significant distress or impairment caused by the hoarding behavior.
- B. The acquisition of and the failure to discard an unimaginable number of possessions that appear to be useless or of limited value to persons other than the person who hoards.
- C. Living or work spaces sufficiently cluttered so as to preclude activities for which those spaces were designed.
- D. Can result in hazardous conditions for the resident and his/her neighbors

II. People Who Hoard

- A. Generally start hoarding in childhood or adolescence. Hoarding behavior increases in severity as the person grown older. Oftentimes, hoarding behavior is triggered by a traumatic event.
- B. May be social outside the house but generally does not invite others into their residence.
- C. May be seen frequenting stores and garage sales, flea markets, tree lawns, QVC, catalogs, dumpsters, etc.
- D. Exceeds their capacity to manage their lives. They have trouble paying attention, organizing and making decisions.
- E. Believe that all things they acquire have a beautiful or useful purpose.
- F. Experience major anxiety and resistance when they are faced with the need to discard items.
- G. Family members are generally not effective at eliminating the behavior. Most common reactions of family members are embarrassment and disgust.
- H. Can be helped to manage their hoarding behavior, but total elimination of the problem is unlikely.

- I. The pain in clearing out their “stuff” feels worse than any gain that could result from human relationships.

III. Possible Signs of Hoarding Behavior

- A. Malodorous/dirty individual or clothing.
- B. Blinds closed/shades drawn at residence all the time.
- C. House appears closed off; Do not observe people coming and going much.
- D. Unusual resistance of home-based services.
- E. Long-term neglect of home maintenance.
- F. Excessive collection and storage of items in the residence, yard, automobile, etc.
- G. Malodorous smell emanating from the residence.
- H. Utility shut-offs.

IV. How Hoarding Situations are Uncovered

- A. People who hoard are not likely to self-refer because most do not easily accept help.
- B. An emergency first-responder enters the premises to deal with an emergency and discovers the situation.
- C. A utility company enters the premises to deal with a problem or read the meter.
- D. A family member or neighbor refers for services for the person who is hoarding.
- E. The person becomes ill and requires home-based services.
- F. Person needs to move or “down-size”.
- G. Often uncovered during eviction proceedings.

Notes on limits on access to person’s property **without invitation**

- Police and fire safety personnel are only authorized to enter the premises without consent of a person residing there if they have a search or arrest warrant, are in pursuit of a person suspected to have committed a felony or there is an “emergency situation requiring swift action to prevent imminent danger to life or serious damage to property, or to forestall ...the destruction of evidence” (People v. Ramey, 1976).
- Authorization for housing enforcement authorities to enter a homeowner’s premises without invitation is determined city to city. Some communities allow housing enforcement staff to enter the premises without invitation if the utilities are not working, especially in the winter. Others require a concern of immediate safety to the person or property. Please contact the Chief Housing Inspector of the community involved.
- Adult Protective Services are only authorized to enter the premises without invitation if they have a court order, and the police will enforce it.
- Human services and health services agencies may not enter the premises without the permission of a person residing there. In these circumstances, substantial engagement efforts may be needed to get into the residence. Oftentimes, intentions by relatives and

friends do not lead to willingness or cooperation by the individual who hoards and can lead to a break in relationships.

V. Goals of Recommended Best Practices for working with People Who Hoard

- A. To ensure that the compliance with community accepted standards of health, fire safety and sanitation are followed.
- B. Mental Health Counseling and CPST services should be included in services.
- C. To provide respectful support to hoarders to manage their disorder.
- D. To keep first responders and service providers safe.
- E. To provide support to those who intervene.
- F. Confidentiality is to be adhered to by agency confidentiality standards and procedures.

VI. Recommendations for Intervention

The Cuyahoga County Hoarding Connection recommends that municipalities adopt the Enforced Harm Reduction model used by the Orange County, CA Hoarding Task Force. This model relies on a team of housing enforcement and social, health and mental health services personnel to work with the person who hoards. The goal is long-term management of the situation; not elimination. The Cuyahoga County Hoarding Connection recommends a goal of achieving Level III or lower on the National Study Group on Chronic Disorganization (NSGCD) Clutter Hoarding Scale. Any progress is beneficial. It includes the person who hoards in the decision-making to the extent he/she is able.

VII. Benefits of Enforced harm Reduction

- A. Can help restore the resistant person who hoards to a level of safety and health that has been absent while living with too much stuff.
- B. Can be the first step toward influencing treatment resistant older adults who hoard toward considering alternative and addressing the underlying problems which lead to hoarding.
- C. Benefits the community by removing health and safety hazards and maintaining housing values.

VIII. Enforced Harm Reduction Includes:

- A. Reasonable, clearly written housing codes and regulations that address the accumulation of debris inside a private residence.
- B. Collaboration among a team of stakeholders who are willing and able to work outside their "silos" to effect change with the individual who hoards and within their own system as well.
- C. A long term perspective that sees management rather than complete resolution of the situation as the goal.
- D. An integrated plan to proceed.

- E. **RECOMMENDATION**: Use the NSGCD Clutter Hoarding Scale to rate the amount of clutter.
- F. **RECOMMENDATION**: Coordinate with trash pick-up or volunteers to collect the items that the person is willing to discard. It must be removed from the premises and taken away or people who hoard will put them back in the house.

MEMBERS OF THE TEAM INCLUDE:

- The consumer to the degree that he/she is capable. The consumer must be involved with identifying items to be discarded. If not, it could lead to more severe psychological damage.
- A housing safety inspector who has the willingness and ability to enforce the codes if necessary.
- A helper/supporter who can establish an unconditional relationship with the person who hoards. The goal is to engage the consumer and helper to work a program.
- Community resources including mental health services, health department and animal control if needed. This would also include a faith-based resource as well as any established cleaning service or organizing service.
- The housing court, if necessary.

A note about the housing safety and the helper role:

- A. Generally, individuals respond better with both a mandate to comply with health and safety codes and positive support for their actions to manage the situation.
- B. The housing safety and helper roles work best when they are two different individuals or agencies.
- C. It is critical that team members communicate with one another.
- D. Clients may tend to “split” people into “good” and “bad” people.
- E. No one is truly the “bad” or “good” guy.
- F. Roles need to maintain a “united front”.
- G. Clarification of goals and roles is critical.

IX. Recommendations for First Responders and Service Providers

A. **Take care of yourself emotionally first.**

Working with a person who hoards is not for the faint-hearted. It can be very challenging and frustrating. First responders and service providers must take care of themselves first in order to help the individual. This means paying close attention to what is going on with you, and it means getting support from someone who knows what it is to work with persons who hoard.

Each person has his/her own standards of sanitation for their own living situation. If you are either “neat as a pin” or “chronically disorganized” yourself, you may need to seek some help to be able to maintain a middle ground with the person who hoards. In some cases you will also need to be prepared to encounter a person who hoards who is also

an exhibitionist. As a “helper”, you may see some initial progress in cleaning up the premises, but eventually you will likely become irritated and disappointed by the slow rate of progress and the backsliding. When this happens, it is time for you to step away temporarily to regroup so that you can work effectively again.

NOTE: Supervisors-it is critical that you prepare and debrief with your staff who will work with persons who hoard.

B. Take Care of yourself physically

Besides being unpleasant to be in, hoarding situations can be unsafe. Some first responders and service providers develop infections and suffer long-term symptoms from being in hoarding situations. Some general precautions you should take when you expect to be in a hoarding situation include (many of these are in severe cases only, please take note of concerns you may have, including pre-existing conditions such as breathing disorders):

1. To minimize slips and falls on slippery floors, wear “solid” shoes and socks; no sandals, flats, or heels.
2. Carry a change of clothes, disposable gloves and anti-bacterial hand sanitizers with you.
3. Remember to not show any emotional reaction to the person or place.
4. As you approach the residence, be aware of your surroundings.
5. If there are animals, ask the person to contain them. If there are many animals, you may not want to enter the premises at all.
6. If you see that the situation is unsanitary and unsafe, speak with the person outside. Be creative and flexible. Take a walk; sit in the backyard, etc.
7. Don’t touch anything. Stirring up dust can result in reparatory infections.
8. Housing enforcement personnel and others who will be assessing and working in the situation should have respirators (dust masks are not sufficient).
9. When you enter the premises, look up as well as forward and down. Often there are unsafe and unsanitary circumstances on the ceiling.
10. When you leave the premises, stand or walk outside for a few minutes to breathe fresh air and remove debris. Remove your clothes as soon as you get to your office or house and put on fresh clean clothes. Leave the clothes you had on outside for at least an hour to help rid them of any “guests”. Clothes used at site of hoarding should be cleaned, or heated, to 110 degrees F to kill bugs, eggs, and bed bugs (put in dryer first before washing).
11. If you experience any symptoms following your visit to the premises, see your doctor, and advise him/her that you were in a hoarder’s home.
12. If you are experiencing any emotional “distress”, see a counselor or therapists as soon as possible.

X. What Does and Does Not Work With People Who Hoard Change

| What DOESN'T Work | What DOES Work |
|--|--|
| Trying to intervene alone or referring to other organizations | Working as part of an intervention team |
| Expecting that a one-time clean-out will solve the problem | Understanding that the person who hoards will require long term, periodic intervention |
| Being dramatic, distracted, criticizing, nagging, etc. | Listening without judgment; being planned and steady |
| Total clean-out unless necessary to protect health, safety and sanitation; surprise clean-outs | Skill-Building |
| Exaggerating consequences | Real Consequences |
| Treating only the symptoms | Treating the issues that are causing the hoarding |
| Not having goals or plan of action | Being prepared-know available community resources |

XI. How do person who hoard build clean-up skills

- A. With the person, select a target and start small.
- B. Assess items in the area.
- C. Use a sorting technique that works for the individual.
- D. Don't leave the area empty.
- E. Maintain the gain.
- F. Target the next area.

XII. Compulsive hoarding is treatable

- A. Simply throwing away or organizing a hoarder's possessions will not solve their problems.
- B. Understand that people who hoard often view their items as precious and useful. Do not regard it as "trash" or "stuff"; possibly discuss having it be useful (for self, others, donations, etc.).
- C. All people with significant hoarding behaviors need behavioral health evaluation and intervention to be successful.
- D. Thorough assessment and treatment planning are required.
- E. Specific medications for depression if indicated and cognitive-behavioral therapy can be effective.

XIII. Special Cases-Animal Hoarding

- A. Each community has its own ordinance on how many pets a household may have.
- B. Have Animal Control assess the health of animals.
- C. Be prepared that if the legal limit is imposed on one owner, the municipality will probably have to enforce it on all the residents in the surrounding area to manage complaints of unequal enforcement.
- D. People who hoard animals frequently”
 - 1. Outwardly function well in society
 - 2. Believe that they are saving the animals from a terrible fate
 - 3. Have a shrewd ability to garner sympathy and support for their actions which often veil nightmarish condition
 - 4. Usually hoard “stuff” as well

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