Mental Health: 
Screening and Assessment for 
Hoarding Disorder

WA Hoarding Conference Breakout
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Objectives

• **Today we will:**
  • Learn assessment measures for diagnosis of hoarding disorder
  • Identify psychological assessment measures for hoarding clients to diagnose hoarding disorder and co-occurring disorders
  • Review tips for conducting a home visit assessment
Diagnosis and Assessment of Hoarding Disorder

300.03 Hoarding Disorder

a. “persistent difficulty discarding or parting with possessions, regardless of their actual value”
b. Difficulty due to a perceived need to save items and to distress associated with discarding them
c. Difficulty discarding possessions results in accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g. family members, cleaners, authorities)
d. Hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others)
e. Not due to medical condition (e.g. brain injury, cerebrovascular disease)
f. Not due to another mental health condition (e.g. OCD, major depressive disorder, schizophrenia, neurocognitive disorders, autism)

Specify if:

a. With excessive acquisition
b. Insight (good, poor, delusional)
Screening: ASK!

• First and foremost, ASK!

• Make sure to incorporate some form of question that can help indicate a problem at home with clutter, excessive acquisition, or difficulty discarding.

• Examples:
  • Are any areas of your home difficult to walk through because of clutter?
  • Are you unable to use any parts of your home for their intended purposes? For example, cooking, using furniture, washing dishes, sleeping in bed, etc?
  • Do you find the act of throwing away or donating things very upsetting?
  • Do you have strong urges to buy or collect free things for which you have no immediate use?
  • Have you ever been in an argument with a loved one because of the clutter in your home?

Psychological Assessment Tools
Structured Interview for Hoarding Disorder (Pertusa et al., 2013)

- Diagnostic tool
- Interview structured to help guide a clinician’s diagnosis through the 6 criteria of hoarding disorder and its 2 specifiers

Hoarding Assessment Tool (Steketee & Frost, 2007)

- Done in addition to the physical observation of home
- Better understand:
  - causes of problem
  - features that might affect intervention
  - Avenues/impediments to change
- Conducted as a conversation
- Ideally conducted by a mental health professional, but other professionals with good skills in dealing with sensitive issues can also do this
Hoarding Assessment Tool (Steketee & Frost, 2007)

- May require multiple visits to office and/or home
  - Home is ideal
- Topics addressed:
  - Onset and duration of hoarding problem
  - Home environment and contents
  - Home dwellers’ thoughts and feelings about possessions
  - Current acquiring
  - Reasons for saving
  - Strategies for organization
  - Role of family, friends, community members
  - Immediate long-term threats to health or safety
  - Problems resulted from hoarding
  - Previous intervention attempts
  - Personal goals and values with regard to current and future use of home

Hoarding Rating Scale (HRS)
(Tolin, Frost, Steketee, 2010)

- 5-item scale, self-report measure
- 2-3 minutes
- Assesses severity of main features of hoarding
  - Clutter
  - Difficulty discarding
  - Acquisition
  - Distress
  - Functional impairment
- 0 (no problem) to 8 (extreme problem)
- Hoarding disorder: score at least a 4 or above on clutter and difficulty discarding, as well as on either distress OR functional impairment
  - Mild but significant hoarding: 16
  - Moderate: Avg. 24
  - Severe: Above 30

Examples

1. Because of clutter or number of possessions, how difficult is it for you to use the rooms in your house?
2. To what extent do you have difficulty discarding (or recycling, selling, or giving away) ordinary things that other people would get rid of?
Cognitive Assessments

• The Montreal Cognitive Assessment
  • www.mocatest.org

The MoCA is a cognitive screening test designed to assist Health Professionals for detection of mild cognitive impairment. Assessments like this require a strict protocol and/or training in order to appropriately be used in session.

Assessments of Home Environment and Functioning
ICD Clutter-Hoarding Scale (CHS)

- Assessment of home’s interior, except where outside structure affects overall safety of interior
- Guideline tool by professional organizers and related professionals
- 5 categories: Structure and Zoning; Animals and Pests; Household Functions; Health & Safety; Personal Protective Equipment (PPE)

Available for free download: www.challengingdisorganization.org

“Levels” of Hoarding (ICD Clutter—Hoarding Scale)
Clutter Image Rating (CIR; Frost, Steketee, Tolin, & Renaud, 2008)

- Developed to overcome problems with over- and under-reporting
- 9 pictures for 3 main rooms
  - Kitchen
  - Living room
  - Bedroom
- 1 = no clutter to 9 = severe clutter
- Review room and select picture that looks most like room in the home
- Score of 4 or more: clinically significant clutter problem

Activities of Daily Living- Hoarding (ADL-H) Scales (Steketee & Frost, 2007)

- Extent to which ordinary activities can be accomplished in the context of hoarding problem
  - Specific risks
- Scoring: Average
  - Sum scores (except NA’s) and divide by number of scored items
  - Score in the 3 range: indicate substantial functioning impairment due to clutter
- How much hoarding interferes with 16 ordinary activities
  - Ex: bathing, dressing, preparing meals
- 7 questions: quality of living conditions
  - Ex: presence of rotten food, insect infestation
- 6 questions: safety and health
  - Ex: fire hazards and unsanitary conditions
- 2 subscales scored separately
**HOMES® Multi-disciplinary Hoarding Risk Assessment**

- **Health**
  - Cannot use bath/shower
  - Cannot prepare food
  - Presence of spoiled food
  - Presence of mold or other visible mold
  - Diagnosed with hepatitis
  - Diagnosed with TB
  - Diagnosed with cancer

- **Obstacles**
  - Cannot move freely in home
  - Presence of tripping hazards
  - Presence of mold or other visible mold
  - Presence of live animals in home

- **Mental Health**
  - Note: This is not a clinical diagnosis; use only to identify risk factors
  - Denies need for mental health care
  - Denies current mental health problems
  - Denies or angry
  - Unusual or inappropriate

- **Endangerment**
  - Threat to health or safety of children
  - Threat to health or safety of person with disability
  - Threat to neighbors with common walls
  - Threat to health or safety of animal

- **Structure & Safety**
  - Evidence of fire hazard
  - Evidence of electrical hazard
  - Evidence of water or plumbing problems
  - Evidence of hazardous materials or weapons

• Need for various services providers to have a common understanding of a range of problems associated with hoarding

• Checklist that can be used by anyone who encounters a hoarding situation, regardless of professional training
Conducting a Home Visit
Preparing for Home Visit

- Begin conversation about home visit as soon as it is determined that client’s goals are focused around hoarding
  - Schedule session 4-6 weeks out (if no imminent concerns for client’s safety)
- Discuss goal of home visit (assessment for safety and state of home to help inform treatment)
- Limits of confidentiality
- Releases
  - Communication with 3rd parties
  - Photo/video
- Screen for therapist’s safety
  - Infestations
  - Mold
  - Firearms
  - Illegal drugs
  - Pornography
- If potential health risk, call biohazard team to do initial home visit

Conducting a Home Visit

- Schedule 1-2 hours for home visit (sessions may need to be longer than normal office visit due to amount of possessions in home)
- Begins as soon as property is accessed – outdoor surroundings, outbuildings, outside and inside of home.
  - Scan each room, attend to sensory cues (e.g. visual, odor, sounds)
- Develop a comprehensive picture of living environment, potential safety risks, and overall scope of problem in order to determine types and extent of intervention
Conducting a Home Visit

• May not be able to enter all areas of home, but when possible:
  • Examine standard rooms of home (e.g. living room, bedrooms, kitchen, bathrooms)
  • Examine additional spaces (e.g. basement, attic, garage, storage, yard, car)
    • Owner may also have other storage spaces outside of home
• Done by as few people as possible (ideally, one professional, the client, and a support person)
  • Some others may insist on being there
    • Speak ahead of time to discuss details (who will talk/observe; conditions of visit; goals for visit)

Conducting a Home Visit:
Manage Initial Reactions to Hoarded Home

• Use respectful language
  • Avoid judgments
    • “What a mess!”
  • Be aware of non-verbals
    • Facial expressions
  • Save it for consultation

• Match person’s language
  • Avoid using “trash”, “junk”, “hoarding”
  • Use client words: “your things”, “your collections”
Conducting a Home Visit: *Objects*

- Avoid touching objects
  - Can evoke strong emotions from clients
    - Violation; fear
  - Take a notebook and pen to keep hands occupied; less temptation to touch objects
- Avoid making suggestions about belongings
  - Suggestions- though well-intended- are generally poorly received

Conducting a Home Visit: *Resistance*

- Dealing with Resistance
  - Roll with it- expect it and do not fight it
  - Consider the behavior to be the person’s best attempt to protect him or herself against uncomfortable/painful feelings
  - Remember this is a mental health concern
Conducting a Home Visit: *Family*

- Family members can range in reactivity and beliefs
  - Can influence intervention efforts
  - They may also have hoarding traits or a full-blown problem
  - Family relationships are likely strained because of the hoarding
- Similar communication strategies for working with family
- May recommend family seek out support/therapeutic services for their own struggles
  - Also offer referrals for professional assistance

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At what point is this reportable to the authorities?

**Quick answer:** If there is a threat of endangerment to the health and safety of:
- A child/minor
- Older adult (over 60 with a cognitive, physical, or functional impairment)
- Person with disability or dependency
- Animal (depending on the state) you must report (if you are a mandated reporter)

- Building codes differ from city to city and county to county, but general safety concerns include:
  - **Health**
    - Ex: cannot use bathtub/shower/toilet; cannot prepare food/use refrigerator/sink; presence of feces or urine; insects/rodents; mold
  - **Obstacles**
    - Ex: Cannot move freely/safely; inability for EMT to enter/gain access; unstable piles/avalanche risk; egresses/exits, vents blocked/ unusable
  - **Structure**
    - Flammable items by heat source; Storage of hazardous waste/material; Caving walls; Electrical wires/cords exposed; No heat/electricity; No running water/plumbing problems
Reviewing Session with Client

• Summarize your assessment with the client at the end of the home visit
• Address any imminent threats to safety immediately
• If safety is in place, you can proceed with therapy treatment as usual
• If safety factors are an issue, these must be prioritized before therapeutic work can begin

What resources are available?

There are several different resources that are available to people who hoard, their families, and people who work with them.

Non-profit agencies:
• The Hoarding Project
• International OCD Foundation
• Mental Health Association of San Francisco
• Institute of Challenging Disorganization
• Children of Hoarders

Support Groups
• The Hoarding Project
• Children of Hoarders
• Clutterers Anonymous
Reading Resources

- Treatment for Hoarding Disorder Workbook (2014), Frost & Steketee.
- Stuff: Compulsive Hoarding and the Meaning of Things (2010), Frost & Steketee
- Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding (2007), Tolin, Frost, & Steketee
- Digging out: Helping Your Loved One Manage Clutter, Hoarding, and Compulsive Acquiring (2009), Tompkins & Hartl
- Loss, Trauma and Resilience (2006), Boss
- Motivational Interviewing: Preparing People for Change, 2nd ed. (2002), Miller & Rollnick
- Narrative Means to a Therapeutic End (1990), White & Epston
- Dirty Secret (2010), Jessie Sholl
- Coming Clean (2014), Kimberly Rae Miller