

Massachusetts Department of Developmental Services Risk Management

Subject: Hoarding

What is it?

Compulsive hoarding or pathological hoarding (disposophobia or fear of disposing of possessions) is the excessive acquisition of belongings and failure to use or discard them even if the items are worthless, hazardous, or unsanitary. It is not clear whether compulsive hoarding is an isolated disorder, or rather a symptom of another condition, such as obsessive-compulsive disorder.

What risk does it present?

Compulsive hoarding impairs mobility in a home therefore increasing the possibility of falls and injuries. Hoarding interferes with basic activities of daily living, such as cooking, cleaning, preparing meals, showering, and sleeping. There is often a risk of infection from vermin and insects due to a lack of basic cleaning of the environment due to the clutter. This condition is increasingly seen as a mental health issue.

How is it assessed and managed?

This problem often comes to the attention of an Area Office or provider due to complaints registered by neighbors or family related to the individual's dwelling. In an effort to prevent a person's home from becoming uninhabitable, a simple assessment of the environment can be conducted by caregivers to provide a baseline for further investigation by appropriate professionals

The **HOMES** Multi-disciplinary Hoarding Risk Assessment Tool measures the level of risk in a hoarded environment. It is intended as an *initial* and *brief* assessment to aid in determining the nature of the problem and to organize a plan for further action-- including immediate intervention, additional assessment or referral. It is recommended that a visual scan of the environment in combination with a conversation with the person(s) in the home be used to determine the effect of clutter/hoarding on **Health, Obstacles, Mental Health, Endangerment** and housing **Structure**. The Family Composition, Imminent Risk, Capacity, Notes and Post-Assessment sections are intended for additional information about the environment, the occupants and their capacity/strength to address the issue.

Where and to whom do these recommendations and protocols apply?

This assessment may be used by anyone interested in the housing environment of individuals supported by the Department of Developmental Services

Where can I find additional help?

- NAMI- www.nami.org
- OCD Foundation- www.ocfoudnation.org

HOMES® Multi-disciplinary Hoarding Risk Assessment

Health

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Cannot use bathtub/shower | <input type="checkbox"/> Cannot prepare food | <input type="checkbox"/> Presence of spoiled food | <input type="checkbox"/> Presence of insects/rodents |
| <input type="checkbox"/> Cannot access toilet | <input type="checkbox"/> Cannot sleep in bed | <input type="checkbox"/> Presence of feces/Urine (human or animal) | <input type="checkbox"/> Presence of mold or chronic dampness |
| <input type="checkbox"/> Garbage/Trash Overflow | <input type="checkbox"/> Cannot use stove/fridge/sink | <input type="checkbox"/> Cannot locate medications or equipment | |

Notes: _____

Obstacles

- | | |
|---|---|
| <input type="checkbox"/> Cannot move freely/safely in home | <input type="checkbox"/> Unstable piles/avalanche risk |
| <input type="checkbox"/> Inability for EMT to enter/gain access | <input type="checkbox"/> Egresses, exits or vents blocked or unusable |

Notes: _____

Mental health (Note that this is not a clinical diagnosis; use only to identify risk factors)

- | | | |
|--|--|--|
| <input type="checkbox"/> Does not seem to understand seriousness of problem | <input type="checkbox"/> Defensive or angry | <input type="checkbox"/> Unaware, not alert, or confused |
| <input type="checkbox"/> Does not seem to accept likely consequence of problem | <input type="checkbox"/> Anxious or apprehensive | |

Notes: _____

Endangerment (evaluate threat based on other sections with attention to specific populations listed below)

- | | |
|--|---|
| <input type="checkbox"/> Threat to health or safety of child/minor | <input type="checkbox"/> Threat to health or safety of person with disability |
| <input type="checkbox"/> Threat to health or safety of older adult | <input type="checkbox"/> Threat to health or safety of animal |

Notes: _____

Structure & Safety

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Unstable floorboards/stairs/porch | <input type="checkbox"/> Leaking roof | <input type="checkbox"/> Electrical wires/cords exposed | <input type="checkbox"/> No running water/plumbing problems |
| <input type="checkbox"/> Flammable items beside heat source | <input type="checkbox"/> Caving walls | <input type="checkbox"/> No heat/electricity | <input type="checkbox"/> Blocked/unsafe electric heater or vents |
| <input type="checkbox"/> Storage of hazardous materials/weapons | | | |

Notes: _____

HOMES® Multi-disciplinary Hoarding Risk Assessment (page 2)

Household Composition

of Adults _____ # of Children _____ # and kinds of Pets _____

Ages of adults: _____ Ages of children: _____ Person who smokes in home Yes No

Person(s) with physical disability _____ Language(s) spoken in home _____

Assessment

Notes: _____

Risk Measurements

Imminent Harm to self, family, animals, public: _____

Threat of Eviction: _____ Threat of

Condemnation: _____

Capacity Measurements

Instructions: Place a check mark by the items that represent the strengths and capacity to address the hoarding problem

- Awareness of clutter
- Willingness to acknowledge clutter and risks to health, safety and ability to remain in home/impact on daily life
- Physical ability to clear clutter
- Psychological ability to tolerate intervention
- Willingness to accept intervention assistance

Capacity

Notes: _____

Post-Assessment
Plan/Referral

Date: _____ Client Name: _____ Assessor: _____
