



Difficult Equals Success The Housing First Hoarding Specialist

Cory O'Handley
Senior Manager
Projects and Housing Development

Agnes Mocko
Community Mental Health Counsellor
Hoarding Specialist



Objective

- Overview of Services and Housing In the Province (SHIP)
- What is hoarding?
- Hoarding Services at SHIP
- Assessment Tools
- Realistic Outcomes
- Tips when working with individuals with Hoarding Tendencies





- Services and Housing In the Province (SHIP)
- Multi service, nonprofit in Southern Ontario, Canada
- 5% of Canada's population
- 12% of Ontario's population



- 3000 individuals served annually
- 1000 individuals housed
- 60+ landlords
- 7 owned / operated Buildings
- 1000+ individuals waiting
- 300+ staff



- The champion of the right for housing for 30 years
- SHIP is known for:
 - Identifying gaps and directly addressing those needs
 - Many of our programs and service models have gained national attention



- Central Intake
- Short Term Case Management
- Short Stay Crisis Support Program
- 2 ACTT Teams
- Transitional Support Housing Programs (PYV, RR, Angela's Place)
- RMST
- High Support Program
- Social Purpose Enterprise
- Home for Good
- Housing First Coordinators
- Housing In Place Team
- Psychiatrist
- Tenant Relations / Property Service



3 Lies & 1 Truth

- 1. People who hoard are lazy and unmotivated.
- 2. Hoarding can be treated by one medical professional.
- 3. Cleanouts are an effective intervention strategy.
- 4. The compulsion to hoard begins during one's childhood and teen years.



What is Hoarding?

- Previously, Hoarding Disorder was grouped in the DSM under Obsessive Compulsive Disorder.
- Since May 2013, research shows that it is a distinct disorder with distinct treatments and is now listed on it's own in DSM 5.
- The hope is that this will increase public awareness, improve identification of cases, and stimulate both research and the development of specific treatments for hoarding disorder.



What is Hoarding?

Hoarding Disorder diagnostic criteria includes:

- 1. Excessive acquisition of stuff
- 2. Difficulty discarding possessions
- 3. Living spaces that can't be used for their intended purposes because of clutter
- 4. Causing significant distress or impairment



Prevalence

Hoarding occurs in 2-5% of the General Population

2x the rate of Obsessive Compulsion Disorder

4x the rate of Schizophrenia and bipolar disorders

(Samuels, 2008)



Hoarding Services at SHIP

- 3 Hoarding Specialists
 - Community Mental Health Counsellors, that offer supportive counselling, psycho-education and in-home de-clutter coaching.
- Since January 2016 there have been 53 referrals for Hoarding Services.
- Waitlist is currently at 20+



Hoarding Services at SHIP

This service may be a fit for your clients if they are:

- Able to recognize that they have problematic saving and acquiring habits.
- Want to make a change.
- Willing to actively participate in achieving their goals.



Insight

- Good or fair: client recognizes beliefs and behaviours are problematic.
- Poor: mostly convinced beliefs and behaviours are not problematic despite contrary evidence.
- Absent insight/delusional beliefs: completely convinced beliefs and behaviours are not problematic despite evidence to the contrary.



Why do people hoard?

Sentimental



Intrinsic



Instrumental



(Frost, 2014)



Clutter

Difficulty Discarding Impulsivity

Family History

Perfectionism

Genetics Acquiring

Memory

Motivation

Maladaptive Beliefs

Indecisiveness

Trauma

Procrastination

Avoidance

Poor organizational skills

Distractibility

@ MaryamZ



Who is at risk?





Assessment Tools



Clutter Hoarding Scale

LEVEL	COLOR	LEVEL OF CLUTTER - HOARDING	
	GREEN	LOW	
n i	BLUE	GUARDED	
III	YELLOW	ELEV ATED	
IV	ORANGE	HIGH	
V	RED	SEVERE	

- Institute for Challenging Disorganization (ICD)

Clutter Hoarding Scale



Level is determined by 5 assessment categories:

- 1.Structure and zoning
- 2. Animals and Pests
- 3. Household Functions
- 4. Health and Safety
- 5. Personal Protective Equipment

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



















© Frost, 2013

HOMES® Multi-disciplinary Hoarding Risk Assessment



1	H ealth							
	□Cannot use bathtub/shower □Cannot access toilet □Garbage/Trash Overflow Notes:	□Cannot prepare food □Cannot sleep in bed □Cannot use stove/fridge/si	☐ Presence of spoiled for ☐ Presence of feces/Urinnk ☐ Cannot locate medicat	e (human or animal)	☐ Presence of insects/rodent ☐ Presence of mold or chronic dampness			
1	O bstacles							
	□Cannot move freely/safely in home □Inability for EMT to enter/gain access Notes:	☐Unstable piles/ava ☐Egresses, exits or	alanche risk vents blocked or unusable					
1	Mental health (Note that t	Mental health (Note that this is not a clinical diagnosis; use only to identify risk factors)						
	☐Does not seem to understand seriousnes☐Does not seem to accept likely consequent Notes:	s of problem Defensiv		vare, not alert, or confuse	ed			
1	Endangerment (evaluate th	Endangerment (evaluate threat based on other sections with attention to specific populations listed below)						
	□Threat to health or safety of child/minor □Threat to health or safety of person with disability □Threat to health or safety of older adult Notes: □Threat to health or safety of animal							
1	Structure & Safety							
	☐Unstable floorboards/stairs/porch☐Flammable items beside heat source☐Storage of hazardous materials/weapons Notes:	□Caving walls □	Electrical wires/cords exposed No heat/electricity	□No running water/pli □Blocked/unsafe elect				



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			
	Language(s) spoken in home				
Assessment Notes:					
Risk Measurements					
Imminent Harm to self, family, animals,	public:				
	t of Eviction: Threat of Condemnation:				
 □ Awareness of clutter □ Willingness to acknowledge clutter and □ Physical ability to clear clutter □ Psychological ability to tolerate interven □ Willingness to accept intervention assist 	risks to health, safety and ability to restion and ability to restion	gths and capacity to address the hoarding problem			
Post-Assessment Plan/Referral					
Date: Client Name:		Assessor:			



Test Your Knowledge















Length of Relationship

- 1. Consult
- 2. Short-term
- 3. Long-term



Consult

- Hoarding Specialist will assess the situation and determine whether client requires Hoarding Services.
- Hoarding Specialist may be able to act as a consultant and provide primary worker with ideas of how to handle the situation.
- This option is also available if there is a waitlist and Hoarding Specialist is unable to take client on at the time of referral, but client is at risk.



Short-Term

- Typically 3-6 months
- Client acknowledges that Hoarding Services are necessary and is willing to work with Hoarding Specialist
- Client falls between a 1-3 on the Clutter Hoarding Scale.
- Hoarding Specialist is able to identify problem -> set goals -> work with client to achieve goals -> put guidelines in place that will help prevent a relapse.



Long-Term

- 6 plus months.
- Client falls between a 3-5 on Clutter Hoarding Scale.
- Does not have any insight on the situation.
- Is having a difficult time letting go of any possessions.
- May begin to make progress but continues to buy/collect.



Realistic Outcomes

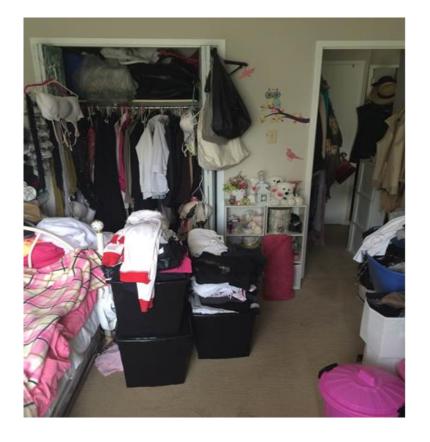


Bedroom

Before



After



Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.













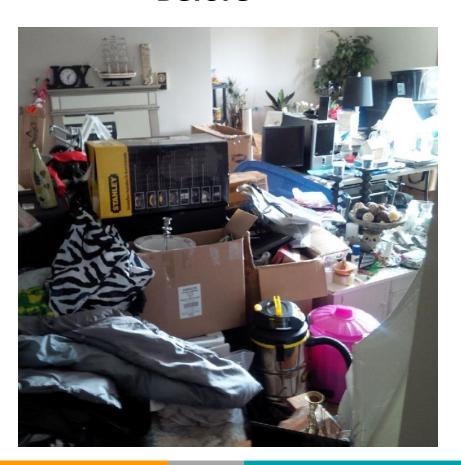




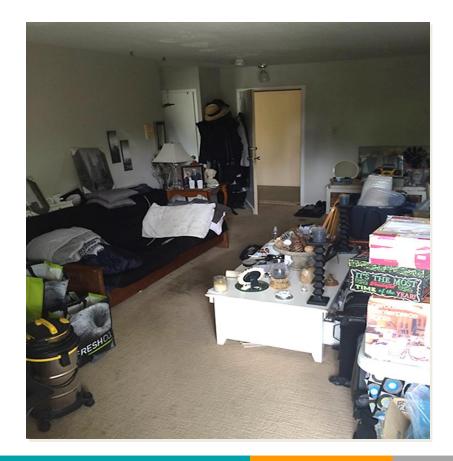


Living Room

Before



After



Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.





















When working with someone who hoards....



Quick Tips

- Thank the client for allowing you into their space.
- Ask the client to show you around.
- Never touch or throw out any of the client's belongings without permission.
- Acknowledge the clients feelings.
- Encourage the client to set achievable goals.



Quick Tips

- Allow the client to make their own decisions.
- Remind the client of their accomplishments, however small.
- Do not take on responsibility.
- Take a break when necessary.



Coalition on Hoarding in Peel (CHIP)



- Raise public awareness to eliminate stigmatization and isolation
- Support a collaborative approach to care
- Developing a "care path" for service providers.
- Further research on Hoarding
- Funding to develop a collaborative multi agency approach
- Public awareness and resources
- Prevention programs for Peel landlords



Coalition on Hoarding in Peel (CHIP)

Brampton Animal Services

Brampton Fire and Emergency Services

Caledon Fire and Emergency Services

Central West and Mississauga/Halton Local Health Integration Network

City of Brampton

City of Mississauga

CMHA Peel/Dufferin, Crisis 24/7

Mississauga Fire and Emergency Services

Next Steps Solutions (Private Consulate)

Ontario Provincial Police

Peel Children's Aid Society

Peel Regional Police

Region of Peel

Services and Housing In the Province (SHIP)

Town of Caledon



Thank you!