

# Hoarding Overview

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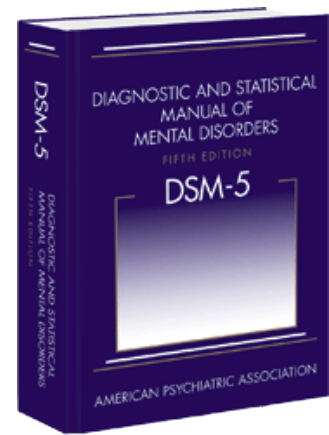
# Hoarding is...



- Acquisition of & failure to discard a large number of possessions
- Collecting items to the extent that rooms can no longer be used for the purposes for which they were intended
- Significant distress or impairment in functioning is caused by the hoarding

# DSM-5 Diagnosis Criteria

- ▶ Hoarding Disorder added to the DSM-5, as a distinct disorder, in the Obsessive Compulsive and Related Disorders Section
- ▶ Hoarding disorder is characterized by the persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions. The behavior usually has harmful effects—emotional, physical, social, financial, and even legal—for the person suffering from the disorder and family members. For individuals who hoard, the quantity of their collected items sets them apart from people with normal collecting behaviors. They accumulate a large number of possessions that often fill up or clutter active living areas of the home or workplace to the extent that their intended use is no longer possible.
- ▶ Symptoms of the disorder cause clinically significant distress or impairment in social, occupational or other important areas of functioning including maintaining an environment for self and/or others. While some people who hoard may not be particularly distressed by their behavior, their behavior can be distressing to other people, such as family members or landlords.



# Clutter Image Rating Scale: Kitchen

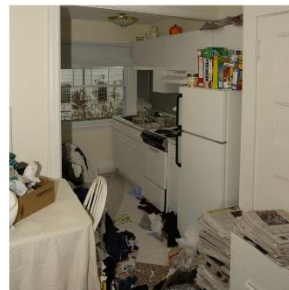
Please select the photo below that most accurately reflects the amount of clutter in your room.



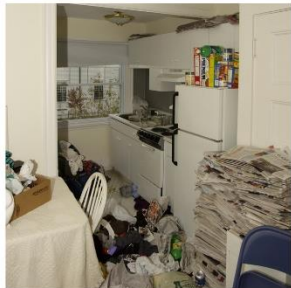
1



2



3



4



5



6



7



8



9

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# Clutter Image Rating: Bedroom

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



1



2



3



4



5



6



7



8



9

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# Clutter Image Rating: Living Room

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



1



2



3



4



5



6



7



8



9

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# Hoarding Committee Working Group

## ▶ Goals

- Train first responders & clinical staff
  - Bring the different groups together to network and learn about our differences
  - Connect the dots– you only know what you know
- Establish common language
- Host annual conference (4<sup>th</sup> annual held in 2018)
- Case Consultation
- Develop Resource List including clinical providers
  - Hoarding in part of anxiety disorder group
- Interested in joining Us?
  - Meets the 2<sup>nd</sup> Wednesday of each month from 1:30pm–3:30pm in Newington, CT
  - Email [mmanke@newingtonct.gov](mailto:mmanke@newingtonct.gov) to join our mailing list



# State of CT Response



- ▶ In 2017, multiple state agencies came together to establish a working document entitled “Connecticut State Agencies response to Hoarding”
- ▶ Included DCF, DEMHS, DMHAS, DSS, DPH & Chief State’s Attorney’s Office
- ▶ [https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental\\_health/HH/Hoarding/StateAgencyResponseforHoardingpdf.pdf?la=en](https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental_health/HH/Hoarding/StateAgencyResponseforHoardingpdf.pdf?la=en)



# Team Approach works best

- ▶ Establishes all the players and their roles
  - Social Services, Legal Involvement, Fire department, Code Officials, Blight Officer, Animal Control, Family, etc.
  - Allows the person living with Hoarding Disorder to have a seat at the table
- ▶ One “living” document
  - Everyone helps builds one plan
  - All parties know the expectations and the timeline





## Safe Homes Case Management Form

**SECTION A - Case Information**

Date Form Completed: \_\_\_\_\_

Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Agencies / Individuals Present:

\_\_\_\_\_

\_\_\_\_\_

Additional Comments / Information:

\_\_\_\_\_

\_\_\_\_\_

**SECTION B - Existing Hazards &/or Violations**

Hazards / Violation(s) Identified	Date Identified	Order Issued (if applicable)	Issuing Agency (if applicable)	Remediation Deadline	Date Remediated	Remediation Verified By

Additional Comments / Information:

\_\_\_\_\_

\_\_\_\_\_

For questions regarding usage, implementation &/or adaptation of this form please contact Captain Meghan Manke at [mmanke@newingtonct.gov](mailto:mmanke@newingtonct.gov)

**SECTION C – Goals & Objectives**

**Immediate & Short Term Goals - *Pose imminent risk / Must be completed to achieve compliance***

Objective	Target Completion Date	Actual Completion Date	Verifying Agency
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**Additional Comments:**

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**Long Term Goals – *May not be required by code, but may improve quality of life / Ongoing occupant considerations for health and safety hazards***

Objective	Target Completion Date	Actual Completion Date	Verifying Agency
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**Additional Comments:**

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### Safe Homes Case Management Agreement

In order to address the violations and/or hazards present at \_\_\_\_\_ (address), we,  
\_\_\_\_\_(occupant/s), \_\_\_\_\_ (enforcement), and  
\_\_\_\_\_(support services) agree to the following:

1. The occupant(s) agrees to maintain his/her/their unit in compliance with the health and safety requirements identified and discussed under SECTION B.
2. The occupant(s) agrees to work towards the goals identified within SECTION C, within the timeframes set forth by SECTION C.
3. The occupant(s) understand that failure to meet the goals and objectives identified within SECTION C may result in further and/or additional enforcement action.
4. Enforcement official(s) and support services representative(s) agree to assist the occupant(s) in working towards the goals identified within SECTION C in the following ways:
  - a.
  - b.
  - c.
  - d.
5. The occupant/s agrees to the "Schedule for Inspection and Follow Up" identified in SECTION D above.
  - a. All parties involved agree that re-inspection will be conducted by \_\_\_\_\_ (name/s)  
from \_\_\_\_\_ (enforcement agency), and that follow up inspections will be performed  
by \_\_\_\_\_ (name/s) from \_\_\_\_\_ (department name).
6. All parties agree that if a change or cancellation must be made to the "Schedule for Inspection & Follow Up" (SECTION D), all individuals and/or agencies involved must be notified at least 24 hours in advance. The cancelled inspection MUST be rescheduled for a date/time within one week of the cancelled inspection.
- 7.
- 8.

**Signatures:**

Occupant(s): \_\_\_\_\_

Code Enforcement Representative(s): \_\_\_\_\_

Support Services Agency Representative(s): \_\_\_\_\_

Date: \_\_\_\_\_

# Contact Information

- ▶ Shelly Nolan, MS, LPC
  - Director of Women's Services, DMHAS
  - [Shelly.nolan@ct.gov](mailto:Shelly.nolan@ct.gov)
  - 860-262-6605

