



Durham Region



**Hoarding** Coalition



Partners for safe and healthy communities

# Resource Guide



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[www.durhamhoardingcoalition.org](http://www.durhamhoardingcoalition.org)

## 1.0 Introduction

For the purposes of this practical resource guide, the following definition of hoarding has been decided upon by the Durham Region Hoarding Coalition to guide the practical response of service providers and community programs. This definition aims to encompass any hoarding behaviour that may come to the attention of service providers, while aligning with current clinical diagnostic thinking.

The intention of this guide is to provide helpful information to the Durham Region community, when faced with a hoarding situation. The information contained within the guide reflects the experiences of Hoarding Coalition members, as well as the wealth of knowledge and experience we were able to tap into through community consultations. We hope that you will find it useful in your work within the Durham Region.

### *1.1 Hoarding and your Community*

Hoarding behaviour is the persistent accumulation of, and lack of ability to relinquish, large amounts of objects or living animals, resulting in extreme clutter in or around the home. This behaviour compromises the intended use of the premises and threatens the health and safety of those living in the home and, in some cases, those living in close proximity. Hoarding is a behaviour that may manifest either as a symptom (most commonly in Obsessive-Compulsive Disorder), or as a possible syndrome that develops with age.<sup>1</sup> At present, there are no definite statistics on the prevalence of hoarding in Canada, but estimates run from 2 to 6 per cent of the population, based on US prevalence rates.

Hoarding affects everyone. Hoarding significantly increases both the risk of fire and also the level of difficulty in extinguishing a house fire.<sup>2</sup> Rapidly burning residential fires can result from combustion of years of accumulated flammable material, putting not only one residence at risk, but neighbours as well. Firefighters and other emergency responders are also at risk of being trapped within the house, falling over clutter, or being injured by sharp or damaged items concealed within the clutter.

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<sup>1</sup> Sansone & Sansone, 2010

<sup>2</sup> Harris, 2010

Property damage can be extensive, amounting to insurance claims in the millions when multi-unit dwellings are involved. For example, houses and rental units can require costly repairs as a result of water leaks that were hidden by clutter.

Neighbours can be affected by infestations of pests (and associated disease) and the presence of unpleasant odours, resulting in diminished enjoyment of their home. Due to the amount of excessive clutter and possessions, it can be extremely difficult to get rid of insects or rodents.<sup>3</sup> In addition to the person who is struggling with hoarding, children and dependent adults, living with someone who hoards, can experience hardship and isolation due to the increase of dust, mold, and infestations within the home. They are also in danger of falling due to cluttered pathways, which is a particular risk to the elderly and people with disabilities.<sup>4</sup>

People who struggle with hoarding are often unaware, or unwilling to admit, that they have a problem and may resist attempts by others to help reduce the clutter in their home. When a case of hoarding is eventually identified, publicly funded agencies may become involved. However, seldom do these agencies have the resources to provide the long-term treatment and support needed to affect change in the lives of people who struggle with hoarding. After a forced 'clean-out', a person who hoards will quickly accumulate clutter once again if appropriate supports are not in place. The cyclical nature of hoarding places serious strain on both the person who struggles with hoarding, as well as scarce community resources.

In May of 2013, the American Psychiatric Association designated Hoarding Disorder as a distinct mental disorder. Despite an ongoing discussion within the mental health community about whether hoarding should be classified as a distinct mental disorder, the fact remains that hoarding is a serious problem that puts individuals and communities at risk. This manual is not intended to serve any diagnostic function, nor does it provide treatment information for clinicians. Rather it serves as a resource for community service providers (firefighters, police, EMS, social service workers, community health nurses, etc.) when faced with a situation of hoarding in the Region of Durham

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<sup>3</sup> Bratiotis, Schmalisch, & Steketee, 2011

<sup>4</sup> Bratiotis, Schmalisch, & Steketee, 2011

## ***1.2 Durham Region Hoarding Coalition***

The Durham Region Hoarding Coalition was officially launched in June of 2013, as a group of service providers and advocates working together to respond to a present and urgent need. Today, the Coalition is composed of a diverse group of organization and individual members – from emergency responders to social service professionals. A full list of Coalition members can be found on the Durham Region Hoarding Coalition website.

The goal of the Hoarding Coalition is to identify and advocate for supports and resources to help people who struggle with hoarding maintain their housing and a quality of life that optimizes their health and safety. At the same time, community health and safety concerns are of equal importance to the Coalition.

The Durham Region Hoarding Coalition is currently focusing on information sharing, education and building collaboration within the community. The Coalition is not an access point, nor can they accept referrals or direct cases related to hoarding situations. Rather, the group serves as a community platform for service providers to share knowledge and experience, as well as seek input and advice from other members. The Coalition meets quarterly and new members are always welcome.

**Website:** [www.durhamhoardingcoalition.org](http://www.durhamhoardingcoalition.org)

**Email:** [info@durhamhoardingcoalition.org](mailto:info@durhamhoardingcoalition.org)

## 2.0 Service Delivery

### 2.1 Identifying Situations of Hoarding

**Hoarding is *not* messy housekeeping.** All of us have our own ideas about what constitutes acceptable housekeeping and cleanliness in the home. Some people only feel comfortable in ordered, minimalist living conditions, while others prefer eclectic and relaxed environments, with magazines on the couch and breakfast dishes in the sink. When working with a client in his or her home, it is important to recognize our individual biases and avoid unnecessary intervention when no harm is being inflicted upon others and the quality of life of the inhabitants is high.

**Hoarding is *not* collecting.** The difference relates to how a person feels about his or her belongings. Most collectors feel proud of their collections. They may collect certain items, or themed objects simply for the love of it. They're usually proud to share their collection with others—they like talking about it, they like sharing stories, and they like showing it to others. People who struggle with hoarding, on the other hand, may instead feel ashamed of the state of their home and the items that they've amassed. Many people who hoard will go to great lengths to keep people out of their house and away from their things. They may be embarrassed, rather than proud, but they still don't know how to stop.

**Hoarding is *not* laziness.** Hoarding is a complex behaviour that causes distress in the lives of people who struggle with it, as well as their loved ones.

**Compulsive hoarding is** accumulating a large number of objects of uncertain value. The thought of parting with these objects is extremely distressing to a person struggling with hoarding. Living spaces become so filled with disorganized objects that they can't be used for the purposes they were intended. This has a profound impact upon the quality of life of all inhabitants of the dwelling.

#### **Signs of hoarding**

The following signs *may* indicate a hoarding problem:

- unpleasant smells coming from a house or apartment
- fruit flies or pests

- clutter outside a home
- unpaid bills when finances are not an issue
- heating, plumbing, electrical systems not repaired
- absence of a clear path from each room to every exit
- flammable materials less than 1 metre or 3 feet away from sources of heat
- sinks, stove, bed, bathtub filled with clutter
- person reluctant to allow others inside, sometimes resulting in social isolation

### **Dementia and hoarding**

Hoarding is sometimes a symptom of dementia behaviour that is seen periodically in people living with Alzheimer's disease and other dementias. Hoarding tends to happen in the early and middle stages of Alzheimer's disease. A person may gather and stockpile things due to feelings of anxiety related to a real fear that they might lose something. In some cases, the presence of familiar things around them might simply provide a sense of comfort. For example, a person may store items and forget where they put them or buy items and forget they already have the item.

Hoarding can sometimes be a response to feeling isolated—the focus may turn to *things* instead of interactions with others. Hoarding can also be a response to the loss of control of memory, friends, or a meaningful role in life. The hoarding behaviour could become a potential safety risk as well. Excessive clutter in these situations can cause tripping hazards, risk of fire, or pests, and can result in needed items, such as prescription medications, becoming lost.

### **What does hoarding look like?**

The Clutter Image Rating Scale (appendix A) is a commonly used assessment tool for hoarding. The tool is used by selecting the image that best reflects the dwelling in question. Conditions that are worse than picture 4 or 5 are considered to be signs of possible hoarding.

## **2.2 How to help**

When a situation of hoarding is first identified, it can be both bewildering and overwhelming to the service provider. The important thing to remember is: this situation did not happen overnight, and it cannot be resolved overnight. There are people in the Region of Durham community who are able and willing to help individuals and families with the direct effects of hoarding, as well as collateral issues related to, or associated

with, hoarding such as poverty, homelessness, disability, illness, and unemployment.

Upon first encountering a situation of hoarding, use the Navigation Tool (Appendix B) to help you decide how to proceed. As with any situation you encounter on the job, your professional judgment and experience is your most valuable tool in addressing this complex problem.

When working with a person who is struggling with hoarding, use non-judgemental language and always adopt a person-centred approach. Unless it is critical to safety, never force a person to let go of anything they are not ready to part with, or work at a pace that is too challenging for them. Clearing a hoarded home takes time and patience, and is most effective when a relationship built on trust and compassion exists. Mental health professionals in the field typically use Cognitive-Behavioural Therapy (CBT), to challenge the underlying thoughts related to the hoarding behaviour. CBT for hoarding is most effective when carried out by a trained professional (psychologist, social worker etc.) in the client's home. Unfortunately, this type of therapy is time-consuming and costly, rendering it inaccessible to many people who struggle with hoarding.

Although it might be tempting to coordinate a 'surprise' clear-out, where the clutter is eliminated all at once, this type of intervention causes more harm than good and does not ensure long-term success. A clear-out without permission will likely cause trauma and lead to broken trust as well as increased isolation. A 'best case scenario', when resources are available, involves a collaborative and holistic approach, where health and social service teams work alongside families to ensure a high level of support during the process.

We recognize that this ideal scenario is out of the reach of many Durham Region residents. There are numerous practical, emotional, and financial barriers at play that make resolving situations of hoarding very difficult. Even when private resources are scarce, there is still hope! Change can and does happen when people are motivated to improve their lives AND the necessary services are made available to them. As a service provider, you can help your clients access the resources that exist in your community to formulate a collaborative and human-centred (and sometimes creative!) plan of action.

## 4.0 References

Bratiotis, C., Schmalisch, C., & Steketee, G. (2011). *The hoarding handbook: A guide for human service professionals*. New York: Oxford University Press.

Frost RO, Steketee G 2006, *Compulsive Hoarding and Acquiring: Therapist Guide*. New York. Oxford University Press. The Clutter Image Rating (CIR) Tool

Harris, J. (2010). *Household Hoarding and Residential Fires* - Paper presented at the International Congress of Applied Psychology, Melbourne Australia, cited in *Hoarding: Best Practices Guide*, retrieved online from:  
[www.masshousing.com/portal/server.pt/community/property\\_managers/239/hoarding\\_resources](http://www.masshousing.com/portal/server.pt/community/property_managers/239/hoarding_resources)

Sansone, R. A., & Sansone, L. A. (2010). Hoarding: Obsessive Symptom or Syndrome? *Psychiatry (Edgmont)*, 7(2), 24–27.

**Appendix A**  
**Clutter Image Rating Scale (CIRS)**

Source: Frost RO, Steketee G 2006, *Compulsive Hoarding and Acquiring: Therapist Guide*. New York. Oxford University Press. The Clutter Image Rating (CIR) Tool

**Part 1: Kitchen**



1



2



3



4



5



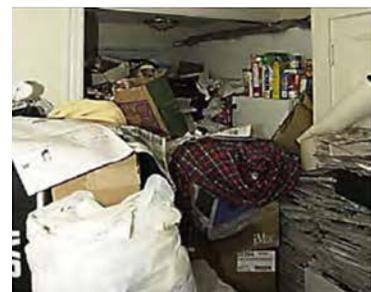
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Appendix A continued

Part 2: Bedroom



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4



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**Appendix A continued**  
**Part 3: Living Room**



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