





BY NENA GROSKIND

Clutter Blindness

HOARDING IS A DISABILITY FOR SUFFERERS AND A COMPLICATED CHALLENGE FOR COMMUNITY ASSOCIATIONS

It usually starts with a complaint: Owners object to the “bad smell” coming from a neighboring unit, or they report that a resident has begun storing personal possessions in the hallway outside his front door. Perhaps the manager dropped by to deliver a notice or just to say “hello,” and was appalled by the “horrifying clutter” she saw in an owner’s living room. You may be dealing with a hoarding situation. How should you handle it?

The first step is understanding that hoarding is a mental illness—designated officially as such by the American Psychiatric Association in 2013, but recognized by mental health professionals for many years before that.

Clutter Blindness

The clinical definition of hoarding has three components, explains Marnie Matthews, MSW, LCSW, a clinical specialist in hoarding, who heads the North Shore Center for Hoarding and Cluttering:

- 1** Excessive attachment to possessions. "It's not the volume of 'stuff,'" she emphasizes. "It's the attachment to it."
- 2** Clutter so excessive that dwelling spaces can't be used for their intended purposes.
- 3** Some additional level of social, medical, or emotional distress. "People with hoarding disorder overwhelmingly have some other type of mental health issue," Matthews says. "Sixty percent suffer from depressive disorder, 30 percent have anxiety issues or anxiety disorder, and another 30 percent have ADD. Most have a combination of some or all of these," she notes.



A DISABILITY, NOT A CHOICE

People who base their understanding of hoarding on the reality television show featuring it have the wrong idea, Matthews says. Contrary to many of the situations profiled there, "people who suffer from hoarding disorder aren't lazy or dirty" or living in squalid conditions. "Ninety-five percent of our clients are nothing like that," she says. Research suggests, and her experience confirms, "they have above average education levels and higher IQs, are creative and overwhelmingly perfectionist. Hoarding isn't a lifestyle choice," she emphasizes. "People don't choose to live this way."

Health care experts estimate that from 2 percent to 6 percent of the population suffers from hoarding disorder, but Matthews thinks that "seriously understates" the prevalence of the problem. People who have the condition don't self-report, she notes, and many hoarding situations aren't discovered.

Hoarding behavior doesn't develop overnight, she emphasizes. The condition is "chronic and progressive," usually triggered by a traumatic event or a series of traumatic events. By the time it is discovered, the condition has been evolving, and possessions have been accumulating, over a long period of time.

That's the situation condominium associations are likely to confront. "A hoarding situation in a single-family home is troubling enough," notes Jared McNabb, CMCA, PCAM, general manager at the Brook House. "In a condo-

minium, it takes on a totally different dynamic. "You're not just dealing with behavior inside an owner's unit that may be endangering that individual. You're dealing with a situation that could also endanger the people living around them and perhaps the entire community."

Managing a hoarding situation is every bit as complicated as the disorder itself, McNabb says. It requires "diplomacy, delicacy" and sensitivity both to the owner suffering from the disorder and to the needs of other residents of the community who are affected by the owner's behavior.

He speaks from firsthand experience at two condominiums he managed before the Brook House. In one, a manager investigating the source of a water leak found "horrid conditions," including mounds of garbage that had produced a vermin infestation. In the other, the owner's unit was "clean," McNabb says, and the accumulated papers, books, and boxes filling the unit were "piled neatly"—but they completely blocked every doorway. "There was no way emergency personnel could get in or get her out."

DIPLOMACY AND SENSITIVITY ESSENTIAL

In both cases, the association first contacted the owners personally and asked them to address the problem. Formal letters followed, noting the association's authority to act if the owners didn't. That was enough to motivate the second owner, who de-cluttered her

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—Jared McNabb, General Manager, Brook House



STEP BY STEP: RESPONDING TO A HOARDING SITUATION

Before you consider doing anything, determine whether you are dealing with a true hoarding problem. There is a difference between housekeeping that doesn't meet your standards, which wouldn't justify board action; and full-blown, risk-creating hoarding, which might well require it.

I Contact the association's attorney. Because hoarding is a disability, there are Fair Housing Act implications, creating the potential for a discrimination claim and liability risks for the association. Legal advice will be essential.

I Start with the least intrusive, least costly, and least heavy-handed measures and work up from there. Try talking to the owner first; try to get family members involved, if possible. Often, relatives either aren't available or aren't interested, but sometimes they are simply unaware. Local social services agencies—Elder Affairs if the resident is a senior, Veterans Affairs if you're dealing with a veteran—can also be helpful.

I Get a hoarding expert involved. Marnie Matthews, the expert quoted in the feature article, says many counties in Massachusetts have created hoarding task forces. Her organization (the North Shore Center for Hoarding and Cluttering) may be able to provide consulting assistance or advice. Other possible resources for information and assistance include:

The Hoarding Project; MassHousing; and the International OCD Foundation.

I Contact local health and safety officials—the Department of Health, the Fire Department, or the Building Department. If the clutter violates health and/or safety codes, these agencies may issue a citation ordering a clean-up. The obvious advantage—local officials rather than the board would enforce the clean-up order. The not-so-obvious risk, cautions Jared McNabb, general manager of the Brook House: The agency may issue the order to the association, making the board, rather than the owner, responsible for the clean-up.

I Go to court. This is likely to be the most expensive option and, absent evidence that the hoarding situation poses an imminent threat, the most time-consuming one. Courts are reluctant to intervene, making the outcome uncertain; and the judicial process moves slowly, making a speedy resolution unlikely. While litigation should be a last resort, it can be effective. Matthew Gaines, a partner with Marcus, Errico, Emmer & Brooks, was involved in one case in which a court issued an order requiring the owner not only to clean up her unit, but also to obtain treatment for her hoarding condition. The order also required that the unit pass a manager's inspection monthly, and directed the resident's therapist to submit a monthly report to the manager, verifying that treatment was continuing and that, in the therapist's view, the owner was able to continue living in the unit.

I Whatever actions the board takes, trustees and managers should remember that hoarding is an illness first and a violation of the community's rules second. Focusing on the owner's need for help as well as on the need to enforce the community's rules is more likely to produce a long-term solution that works for the owner and the association.

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Uniform Inspection Checklist—Quick Reference

Date Completed		Person Completing this form	
Address		City	
RESIDENT	The purpose of inspection is to ensure housing is decent, safe, sanitary, & in good repair. Inspector must be able to view, reach, and test all items on inspection checklist.		
INSTRUCTIONS	Use P to indicate Pass if item MEETS STANDARD of target or F to indicate Fail if the item DOES NOT MEET STANDARD of target. Write any specific information in space to right of target.		
STEP 1	P=Pass F=Fail	The following items must be UNOBSTRUCTED (completely clear of any items)	SPECIFIC AREA NEEDING TO BE ADDRESSED (EX: BACK DOOR, BEDROOM WINDOW, PATH FROM BEDROOM TO KITCHEN, ETC.)
HARM REDUCTION TARGETS		Egresses - means of exit - must be unobstructed	
		Minimum of 36" wide unobstructed and continuous pathways throughout residence	
		Smoke detectors, CO detectors, & sprinkler heads (all that apply)- must be unobstructed	
		All doors must be unobstructed : including entry & exit, closet, cabinet, pantry, etc. (inspector must be able to open & close doors fully & freely, & be able to latch if applicable)	
		Minimum of 1 unobstructed window in living room, each bedroom, and any other room in home with windows for emergency exit	
		Toilets, stoves, ovens, refrigerator, washing machine/dryer, open flame heat sources, fireplaces, water unit, a/c, heat thermostats, trash containers must be unobstructed	
		Emergency pull cords - (if applicable)end of cord must be no more than 18" from the floor must be unobstructed	
STEP 2	P=Pass F=Fail	The following items must be ACCESSIBLE (easily able to be reached by inspector)	
PRIMARY INSPECTION TARGETS		Windows must be accessible (any not included on unobstructed list)	
		Electrical panel(s) & electrical outlets must be accessible	
		All heat sources must be accessible	
		All plumbing fixtures & pipes, including plumbing under all sinks must be accessible	
		Sinks, bathtubs, & showers must be accessible	
STEP 3	P=Pass F=Fail	The following items provide a guide for addressing GENERAL HEALTH AND SAFETY.	
GENERAL HEALTH AND SAFETY TARGETS		Sinks must function and show routine use & care	
		Kitchen area must have a clear & clean space sufficient for food preparation	
		Refrigerator & freezer clean, not overfilled, no expired or rotting food	
		No expired or decaying food or garbage (to attract vermin)	
		All pilot lights must be lit (if gas)	
		Stove, range w/ oven - interior, exterior, & top must be clean & free of debris NO flammable items on or within 6" of stove top	
		No evidence of infestation	
		Garbage & debris must be removed from residence on routine basis	
		No trip hazards, fall hazards, or avalanche risk	
		No extension cords under carpets or across floors or rooms of residence	
		No long-term storage of newspapers, magazines, papers, or flammable liquids to cause fires	
		No exposed or frayed electrical wiring	
		No inoperable or unregistered vehicles in yard (if applicable)	
		No excessive pet odor, pet hair, pet waste	

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unit, but it had no impact on the first, who also ignored a strongly worded letter from the association's attorney. The situation was resolved without court action (which the board wanted to avoid), when a relative the woman had listed as an emergency contact stepped in. She hired a cleaning service that threw away some of the possessions, stored others, and brought the unit into compliance. And did the owner maintain the unit after that?

Followup wasn't an issue here, McNabb says, because "fortunately, the owner moved out about a year later."

Had she remained, Matthews says, the hoarding cycle would almost certainly have been repeated. Clutter is a symptom of an underlying disease, she explains, and removing the clutter doesn't eliminate the problem that caused it. She likens it to an iceberg. "You only see 20 percent of it above the surface; but it was the 80 percent below that sank the Titanic."

For those who don't understand the disorder, Matthews acknowledges, the solution to a hoarding situation seems simple: "Just throw the clutter away." But someone with a hoarding disorder "can't just throw everything away," she says. Some have what is known as "clutter blindness"—the risks apparent to others are invisible to them. Even if they perceive the problem, Matthews notes, they aren't able to deal with it. "They may say they will take care of it, and they mean it," she notes, "but they can't."

WHAT NOT TO DO

So what should associations do when they confront a hoarding situation? The more important question, Matthews suggests, is what should they not do. Aggressive intervention ("we're going to do this for you if you won't do it yourself") is probably the "least effective" response "and one of the most damaging things you can do."

Trauma is both a major cause of hoarding behavior and a trigger that can exacerbate the behavior. The "full clean-out" initiated by the relative in McNabb's ex-

ample would be extremely traumatic for a hoarding sufferer, Matthews says, and could make an existing hoarding situation even worse. "You've created a [potential] hoarding trigger, but you haven't taught the skills and strategies the person needs to manage their condition."

There are legal as well psychological arguments against aggressive intervention by a condominium board, observes Matthew Gaines, a partner with Marcus, Errico, Emmer & Brooks. "You can't just storm the gates," he cautions. A board would need a court order before doing anything inside an owner's unit.

In dealing with a hoarding situation, "You want to be proactive" Gaines suggests. "You want to smell it out, literally and figuratively, before it gets too bad." But at the same time, he emphasizes, boards have to recognize that hoarding "is a severe mental condition. You have to treat owners suffering from it [sensitively] and with respect."

"People don't choose to live this way."

—Marnie Matthews,
Clinical Specialist in Hoarding

One thing boards should not do is fine owners who fail to respond to a board order to de-clutter their home. "Fines won't make the disability disappear," Gaines notes, and boards levying them would be "flirting with discrimination. They would be punishing someone for having a disability."

FAIR HOUSING IMPLICATIONS

Because hoarding meets the definition of an emotional disability under both federal and state Fair Housing laws, boards may be required to offer a reasonable accommodation for it, and it's not clear what that might be. Some attorneys fear a court might

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decide it would be reasonable to allow an owner to store overflow clutter in a backyard or other common area, where it wouldn't pose a health and safety risk. "That wouldn't shock me," says Richard Brooks, a partner in Marcus, Errico, Emmer & Brooks. It is not much different, he suggests, from requiring an association to permit the installation of an outside wheelchair ramp that would otherwise be prohibited by the architectural standards.

Matthews says she's never seen a court issue an order like that in response to a hoarding situation. More common and more helpful, she says, are orders requiring a plan to deal with the clutter and a reasonable amount of time to implement it. That is consistent with the multidisciplinary, multi-faceted approach she uses in working with hoarding sufferers and with the public agencies (health and building departments) and private entities (condominium associations) trying to deal with them.

Her starting point is a team that includes some or all of the following: A mental health professional, a property manager (in a condominium or apartment setting), a local code enforcement official, a representative from a social service agency, a clean-up service, and the resident. "The number one person on the team is the resident," Matthews emphasizes. If he/she isn't involved in the process, it isn't going to work." The selection of the clean-up service is also important, she says. "They have to understand how to deal with hoarding situations."

The ideal strategy, she says, is one that allows the professionals involved to work with the hoarding sufferer over a period of "several weeks or even months. But that is not usually possible," she acknowledges. Most hoarding situations involve health and safety concerns that require what she terms a "harm reduction" response. The focus is on making the environment safe, accessible, and usable. You hope, as part of the process, the individual will obtain the mental health treatment they need, Matthews says, but the immediate priority is "creating a safe environment. We're not trying to cure the behavior; we're trying to reduce the risks." That's how she initially approaches the resident—not by saying, "You have to get rid of all this stuff," but by pointing out, "It's really hard to open your front door and that could be dangerous. Would you like for us to help make this safer for you?"

A CHECKLIST AND A PLAN

A key component of her program is a uniform inspection checklist [see page 24] she has developed that defines minimum safety and sanitation standards. The checklist provides benchmarks association managers or public health officials can use to measure progress and assess compliance. Equally important, Matthews says, it sets concrete goals for the resident, breaking down what seems an overwhelming task into manageable segments. Based on the checklist, she

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creates a plan prioritizing the clean-up work and a timetable for meeting the goals.

When she is working with condominium residents, Matthews says, association boards and managers sometimes want to turn the entire process over to her. "But we definitely want them to be on the team with us. We need them to provide leverage and ensure accountability."

The approach Matthews outlines—a team, a plan, and a timetable anchored by the checklist—works. She has several success stories. One of them involved an apartment tenant who had been in and out of Boston Housing Court since 2008 and was now facing a last chance—either clean out her apartment or be evicted. Using the "harm reduction" strategy and the checklist, a team, including the tenant, went to work. The apartment subsequently passed inspection and has passed every inspection since, Matthews since. Eighteen months later, the tenant, who was facing imminent eviction, is still in the apartment.

Another positive outcome resulted from a presentation at which Matthews explained her uniform checklist. The audience included an official from a local public health department, who had been working for more than five years with a homeowner in an effort to resolve a serious hoarding problem. Nothing had worked, Matthews recalls, and the inspector was on the verge of condemning the home. He took the checklist with him when he left and inserted it in a letter to the owner, informing him that the home would be condemned if the health and safety issues weren't resolved. Two weeks later, Matthews says, the house passed the inspection. "It wasn't house beautiful," she says, "but it was safe and functional." ■



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