



DEVELOPING AN EFFECTIVE COLLABORATIVE ACTION PLAN AND AGREEMENT

BUILDING MULTIDISCIPLINARY TEAMS FOR HOARDING INTERVENTION THROUGH
HARM REDUCTION AND LONG-TERM SUPPORT

Marnie Matthews, MSW, LCSW

Center for Hoarding

Course Objectives

Participants Will Be Able To:



1. Build Effective Teams

Understand why multidisciplinary teams are essential and identify appropriate team members and stakeholders.



2. Create Collaborative Action Plans

Learn how to develop effective collaborative action plans and agreements with measurable goals and action steps.



3. Use Objective Assessment Tools

Utilize objective assessment tools, including the Uniform Inspection Checklist, to guide intervention and track progress.



4. Support Long-Term Success

Establish clear team roles and accountability, apply harm reduction principles, and create sustainable long-term supports.

Why Teams Matter in Hoarding Intervention

Hoarding Cases Involve Multiple Interconnected Issues

-  Mental health concerns
-  Safety risks
-  Fire hazards
-  Public health concerns
-  Housing/code violations
-  Executive functioning deficits
-  Social isolation
-  Trauma histories
-  Financial instability
-  Family conflict
-  Medical issues
-  Legal concerns



No single agency or provider can effectively address all areas alone.

Why Hoarding Cases Fail Without Teams

Common Outcomes Without Collaboration



Forced cleanouts



Re-hoarding



Evictions



Recurring inspections



Client disengagement



Increased shame



Conflicting expectations



Agency frustration



Burnout among providers



Crisis-based intervention cycles



Without collaboration, hoarding cases often become reactive, repetitive, and crisis-driven.

The Foundation: Harm Reduction

A Safety-Focused Framework for Sustainable Hoarding Intervention

HARM REDUCTION IN HOARDING INTERVENTION



Focuses on reducing immediate risk
Address the conditions most likely to cause injury, illness, or displacement.



Prioritizes safety and functionality
Focus on maintaining essential living areas and safe access.



Supports incremental progress
Recognize that meaningful change occurs over time.



Recognizes stages of change
Tailor intervention strategies to readiness and engagement.



Builds engagement rather than compliance
Promote collaboration rather than coercion.



Preserves dignity and autonomy
Respect client choice while reducing harm.

SUCCESS IS MEASURED BY:



Harm reduction measures success by improved safety, functionality, and sustained engagement—not perfection.

Harm Reduction Requires Collaboration

Harm Reduction Fails Without Team Coordination

Effective harm reduction requires:



Shared expectations



Consistent communication



Unified messaging



Objective standards



Structured accountability



Long-term support



Client-Focused vs. Client-Centered Collaboration

CLIENT-FOCUSED	CLIENT-CENTERED
 Professionals direct goals	 Client participates in goals
 Compliance-based	 Collaboration-based
 Authority driven	 Engagement driven
 Short-term crisis focus	 Long-term sustainability
 Often punitive	 Relationship-oriented

The Client Is a Team Member

INCLUDING THE CLIENT INCREASES

(Client is the expert on themselves)



Understanding of their history



Knowledge of triggers and barriers



Identifying of meaningful goals



Defining of priorities



Determination of realistic pacing

EXCLUDING THE CLIENT INCREASES



Resistance



Shame



Mistrust



Recurrence



When clients are included as team members, intervention becomes more effective, respectful, and sustainable.

Building the Team



Key Questions



Who referred the case?



Who currently works with the individual?



Who worked with them in the past?



Who does the person trust?



Who has authority?



Who has resources?



Who can provide ongoing support?



Who can assist financially?



Who can help long-term?





Potential Team Members

Team Members May Include:



Adult Protective Services



Fire Department



Housing Authorities



Landlords/property management



Mental health providers



Professional organizers



Public health



Social workers



Medical providers



Family members



Peer supports



Faith communities



Animal control



Legal services



Volunteers/community supports

Relationship Mapping



IMPORTANT QUESTIONS



Who does the client trust?



Who increases anxiety?



Who escalates conflict?



Who has influence?



Who has practical resources?



Who has legal authority?



Who has emotional connection?



The Importance of Trust Between Agencies



Collaboration Requires Psychological Safety

COMMON BARRIERS:



Different priorities



Different timelines



Prior negative experiences



Role confusion



Stigma toward hoarding disorder



Common Team Barriers



Collaboration Breaks Down When There Is:



Poor communication



Undefined roles



Turf issues



Unrealistic expectations



Inconsistent follow-up



Burnout



Lack of leadership



Emotional reactivity



Stigma and judgment



Empathy Within the Team

Empathy Is Not Just for Clients

Effective teams:



Respect differing perspectives



Acknowledge limitations



Communicate openly



Avoid blame



Support one another



Maintain professionalism



Developing the Collaborative Action Plan

Purpose of the Agreement



Components of an Effective Collaborative Agreement



Establishing Shared Goals

Effective Goals Are:



EXAMPLE



BAD:

“Clean the house.”



BETTER:

“Clear 36-inch pathways to all exits.”

Why Objective Standards Matter

WITHOUT OBJECTIVE STANDARDS



Teams disagree



Clients feel targeted



Expectations shift



Progress becomes emotional and subjective

VS.

WITH OBJECTIVE STANDARDS



Teams are aligned



Clients feel respected and understood



Clear, consistent expectations



Progress is measured, fair, and objective



OBJECTIVE TOOLS REDUCE CONFLICT

The Uniform Inspection Checklist

BENEFITS



Standardizes expectations



Measures safety/
functionality



Tracks progress
over time



Reduces subjective
disagreements



Increases accountability



Supports transparency

Uniform Inspection Checklist - Hoarding/Excessive Clutter - Quick Reference

For Additional visit the following page: <https://www.centerforhoardingandcluttering.com/uniform-inspection-checklist-2>

Date Completed: _____ Person Completing This Form: _____
Address: _____ Town: _____

RESIDENT INSTRUCTIONS
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.
For STATUS, use P to indicate Pass if item **MEETS STANDARD** or F to indicate Fail if the item **DOES NOT MEET STANDARD**. Use UNK to indicate Unknown if item unobscurece or N/A to indicate if item Not Applicable. Use column on right for specific
DELETE / N/A IF NOT USED OR NOT ADDRESSED
EX: BACK DOOR, BEDROOM WINDOW, BASEMENT BEDROOM, TO KITCHEN, ETCI.

STEP 1	STATUS	HARM REDUCTION TARGETS	
		The following items must be UNOBSTRUCTED - completely clear of any items -	
		Pathways - Minimum of 36"/91cm wide unobstructed and continuous pathways throughout residence	
		Staircases - must be unobstructed (if applicable)	
		Smoke detectors, CO detectors, sprinkler heads - (all that apply) must be unobstructed with front & surrounding clearance of 18"/91cm	
		Incoming doors - must be unobstructed - (Applies primary to residences requiring inspection for tenancy) closet, cabinet, pantry, etc. Inspector must be able to open & close doors fully & freely. Use this rule if	
		Windows - 1 window per room must be unobstructed, includes every room with a window measuring over 20"/51cm width x 24"/61cm height	
		Stove & Electrical Sources - stoves, ovens, refrigerators, washing machine/dryer, alc units, heat thermostats (all that apply) must be unobstructed	
		Heat & Electrical Sources - Clearance requirements - open front heat sources, fireplaces, furnaces, oil tanks, water units, electrical panels must be unobstructed with front and surrounding clearance of 36"/91cm	
		Emergency Exit Route - (if applicable) must be unobstructed, end of cord must be no more than 18"/46cm distance from the floor	
STEP 2	STATUS	PERMISSION REACHING TARGETS	
		The following items must be ACCESSIBLE - easily able to be reached by inspector -	
		Windows - must be accessible (any window not included above)	
		Electrical outlets - must be accessible	
		Plumbing fixtures & pipes - must be accessible, including under sink	
		Toilets, sinks, bathtubs, & showers - must be accessible	
STEP 3	STATUS		
		The following items provide a guide for addressing GENERAL HEALTH AND SAFETY.	
		Sinks must function and show routine use & care	

Inspection Schedules

Why Regular Inspections Matter



Reinforce accountability

Document progress and ensure responsibility.



Support maintenance

Catch issues early and keep conditions safe.



Identify setbacks early

Spot problems before they become bigger.



Encourage consistency

Use the same checklist to ensure fair and consistent inspections.



Prevent crisis escalation

Address risks early to prevent hazardous situations.



Maintain communication

Keep everyone informed and aligned on next steps.

Uniform Inspection Checklist - Hoarding / Excessive Clutter

Date: _____		Person Completing This Form: _____								
Address: _____		Town: _____								
RESIDENT:	Inspector must be able to view, reach, and test all items on inspection checklist.									
INSPECTOR:	Please be mindful of the distinction between hazardous vs. housekeeping. Please record comments and/or deficiencies in specifics. Please rate each room using both the Priority Scale and the Clutter Image Rating Scale.									
STEP 1: HARM REDUCTION TARGETS										
All targets listed below MUST BE UNOBSTRUCTED : "completely clear of any items"										
Egresses - means of exit- egress doors must open full 90 degrees or from door frame to door stop, whichever is wider	Windows - 1 window per room. Includes every room with a window measuring over 20"/51cm width x 24"/61cm height									
Pathways - Minimum of 36"/91cm wide unobstructed and continuous pathways throughout residence	Heat & Electrical Sources - stoves, ovens, refrigerators, washing machine/dryer, a/c units, heat thermostats (all that apply)									
Staircases - (if applicable)	Heat & Electrical Sources - clearance requirements - open flame heat sources, fireplaces, furnaces, oil tanks, water units, electrical panels front and surrounding clearance of 36"/91cm									
Smoke detectors, CO detectors, and sprinkler heads (all that apply) with front and surrounding clearance of 18"/91cm	Emergency Pull Cords - (if applicable) must be unobstructed, end of cord must be no more than 18"/46cm distance from									
Internal Doors - (Applies primarily to residences requiring inspection for tenancy) closet, cabinet, pantry, etc. Inspector must be able to open & close doors fully & freely, & be able to latch if applicable.										
STEP 2: PRIMARY INSPECTION TARGETS										
All targets listed below MUST BE ACCESSIBLE : "easily able to be reached by inspector"										
Windows - (any window not included above)	Plumbing fixtures & pipes - including under sinks									
Electrical outlets - must be accessible	Toilets, sinks, bathtubs, & showers									
1. Living Room		Pass	Fail	Inconclusive	Priority Scale (mark with an X or insert date or status)					
Code	Description	(X)	(X)	(X)	Immediate	30 day +				
1.1	Electrical outlets accessible									
1.2	Free of electrical hazards									
1.3	Windows must be accessible with a minimum of 1 unobstructed window for emergency exit (refer to Step 1 & Step 2 above)									
1.4	Exposed flooring must be free of debris									
Clutter Image Rating (X) See p. 3 for visual reference		1	2	3	4	5	6	7	8	9
2. Kitchen		Pass	Fail	Inconclusive	Priority Scale (mark with an X or insert date or status)					
Code	Description	(X)	(X)	(X)	Immediate	30 day				
2.1	Electrical outlets accessible									
2.2	Free of electrical hazards									

Determining Inspection Frequency

Frequency Depends On:



Severity of risk

Higher risk requires more frequent inspections.



Housing concerns

Conditions and code issues may require closer monitoring.



Cognitive functioning

Impacts ability to maintain safe living conditions.



Support availability

More support may allow for less frequent visits.



Motivation level

Higher motivation may support longer intervals.



Recurrence history

Past relapses may warrant more frequent inspections.



Safety hazards

Presence of hazards may require more immediate follow-up.

Inspection Agreement *Purpose of Inspection Agreement is to establish scheduling and process guidelines.*

Once the Collaborative Action Plan and Agreement has been developed, an initial inspection should be scheduled. The initial inspection, using the UIC - Full Version, is to establish a baseline for measuring future progress.

Proposed Initial Inspection Date: _____

Once the initial inspection has been completed, inspections will be scheduled as follows:

Initially every:	▼	for a period of	▼	<i>(Note: It is not necessary to complete all 3 options given. This will vary on a case by case basis.)</i>
followed by every:	▼	for a period of	▼	
followed by every:	▼	for a period of	▼	

The following team members will be present at every inspection.

RESIDENT	Representative of Involved Inspection Agency	Additional Team Member

All inspections will utilize the UIC - Hoarding/Excessive Clutter to monitor and measure progress.
All inspections dates will be provided to the resident with a minimum of 7 days advance notice.

Team Roles and Responsibilities

Questions to Clarify



Who coordinates communication?



Who documents progress?



Who schedules inspections?



Who provides emotional support?



Who handles funding/resources?



Who manages enforcement concerns?



Who provides long-term monitoring?

Plan Narrative

Prepared by: _____

Purpose of narrative is to clearly identify roles and responsibilities of all team members and clarify any plan expectations not noted above.

The goal of this Collaborative Agreement is to assist the resident in achieving and maintaining a safe and functional home. In order to best support the achievement of the above listed goals in a reasonable and timely manner the following plan will be put into place. Team member roles and responsibilities are as follows:

Team Member Name	Role / Agency	Responsibility
▼	RESIDENT	agrees to be present, allow team members in for scheduled visits, participate fully, work with team in mutual effort to reach goals, work to maintain progress.
▼	TEAM LEADER	agrees to serve as team leader, responsible for facilitating team communication, monitoring team progress, and providing team members with progress updates. ▼
▼	▼	▼



The Role of the Case Coordinator

Key Responsibilities



Communication hub

Serve as the central point of contact and facilitate clear, timely communication.



Documentation

Maintain accurate records and ensure all information is up to date.



Scheduling

Coordinate inspections, meetings, and follow-up activities.



Follow-up

Ensure action steps are completed and deadlines are met.



Accountability

Track progress and help keep the team and plan on track.



Resource coordination

Connect the team with needed services, supports, and community resources.



Conflict management

Address concerns early and help resolve disagreements constructively.



Funding and Resource Planning

Common Needs



Cleanup support

Professional help for decluttering, sorting, and debris removal.



Pest remediation

Treatment for infestations and prevention of future issues.



Repairs

Fixing structural, electrical, plumbing, or other necessary repairs.



Organizing assistance

Help with organizing, systems, and maintaining order.



Therapy/treatment

Access to mental health or behavioral health services.



Transportation

Rides to appointments, services, or essential errands.



Storage

Temporary or long-term storage for belongings.



Ongoing maintenance

Continued support to maintain a safe and healthy environment.



Cleanup support



Pest remediation



Repairs



Organizing assistance



Therapy/treatment



Transportation



Storage



Ongoing maintenance

Long-Term Support Planning

Hoarding Is Chronic and Progressive

Teams Must Plan For:



Ongoing monitoring

Regular check-ins to track progress and identify concerns early.



Maintenance support

Ongoing help to maintain a safe, functional living environment.



Relapse prevention

Identify risks, develop strategies, and address warning signs.



Emotional support

Provide encouragement and support for mental health and well-being.



Future inspections

Schedule follow-up inspections to ensure continued progress.



Trigger management

Recognize and manage triggers that may lead to clutter returning.



Recurrence Does Not Equal Failure

Important Reality



Progress is rarely linear

Growth happens in steps, not a straight line.



Setbacks provide information

They help us understand what's working and what needs to change.



Relapse is common

Many experience setbacks. You are not alone.



Ongoing support improves outcomes

Continued teamwork and support lead to lasting improvement.



Team Communication Systems

Recommended Practices



Scheduled case reviews

Hold regular meetings to review progress, challenges, and next steps.



Shared documentation

Use shared systems to keep information current and accessible to the team.



Communication protocols

Establish preferred methods, response times, and communication guidelines.



Defined escalation procedures

Know when and how to escalate issues and who to contact.



Confidentiality agreements

Protect resident privacy with clear agreements and secure information.



Consistent terminology

Use common language to reduce confusion and improve clarity.



Stronger Communication



Keeps everyone aligned



Reduces risks and misunderstandings



Improves efficiency and coordination



Leads to better outcomes for the resident

Difficult Conversations Within Teams

Common Sources of Conflict



Pace of progress

Differences in expectations about how quickly change should happen.



Risk tolerance

Different comfort levels with risk and acceptable outcomes.



Enforcement concerns

Varying views on enforcement actions and authority.



Resource limitations

Limited funding, staff, and time can create tension.



Client resistance

Resistance or lack of engagement from the client can be frustrating.

Effective Teams:



communicate directly

Address issues early and honestly.



stay solution-focused

Focus on goals, not personal differences.



avoid blame

Work together to find solutions, not fault.



Healthy conversations
build strong teams and
better outcomes.

TIPS FOR DIFFICULT CONVERSATIONS



Listen to
understand



Speak with
respect



Focus on
shared goals

Burnout and Compassion Fatigue

Hoarding Work Is Emotionally Demanding

Signs:



Frustration

Feeling stuck or unable to make progress.



Hopelessness

Feeling that efforts are not making a difference.



Cynicism

Developing a negative or detached attitude.



Emotional Exhaustion

Feeling drained, tired, and overwhelmed.



Rescue Mentality

Feeling the need to “save” others or take on too much.



Teams Need Support Too



Check In Regularly

Look out for each other and have open conversations.



Normalize Feelings

It's okay to feel challenged—you're not alone.



Encourage Self-Care

Rest, recharge, and take care of your well-being.



Use Available Resources

Take advantage of EAPs, peer support, and supervision.



Set Realistic Boundaries

Know your limits and protect your time and energy.



A supported team is a stronger team.
Your well-being matters.

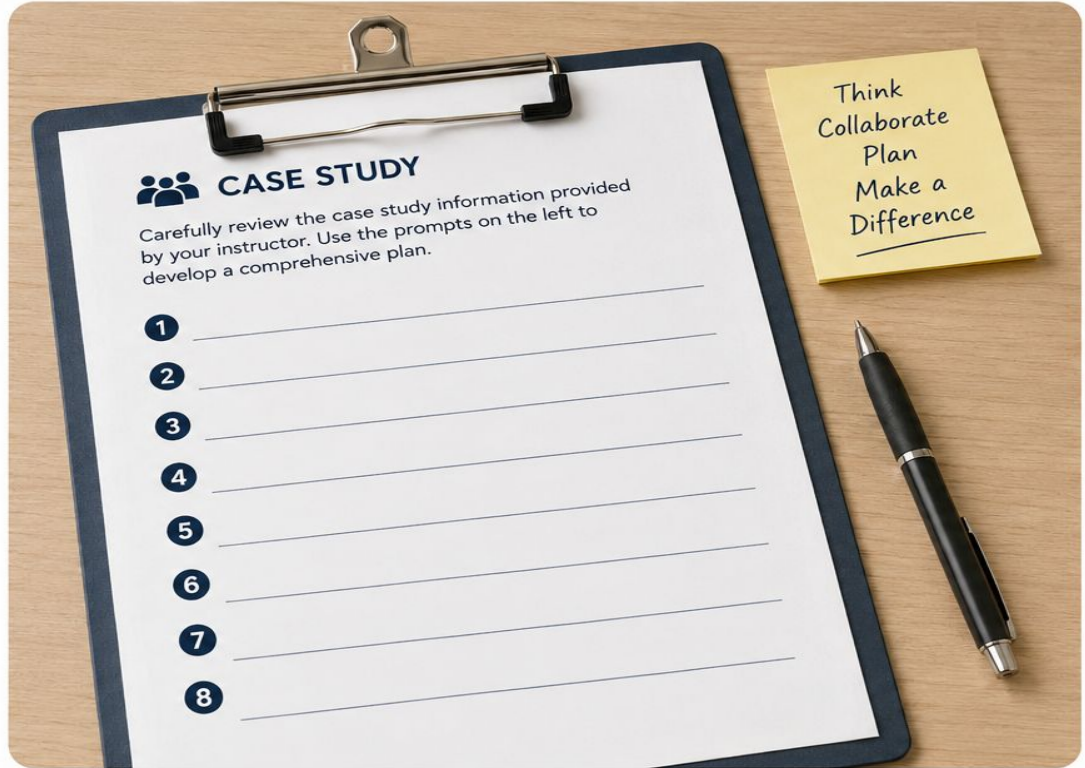
Case Study Exercise



INSTRUCTIONS

Using the information provided:

- 1 Identify immediate safety concerns**
What hazards are present that require immediate attention?
- 2 Determine appropriate team members**
Who should be involved and what roles will they play?
- 3 Establish intervention priorities**
What needs to be addressed first, second, and third?
- 4 Develop measurable goals**
What outcomes will define success?
- 5 Create an inspection schedule**
How often will inspections occur and for how long?
- 6 Identify barriers to progress**
What might get in the way of success?
- 7 Develop long-term support strategies**
What ongoing supports will be needed?
- 8 Determine how harm reduction principles will guide intervention**
How will we reduce risk and support the resident where they are?



Good planning leads to safer homes
and better outcomes.

CASE STUDY: “MS. J”



Background Information

Client Profile



68-year-old woman living alone in a two-bedroom apartment



Resident for 22 years



The landlord contacted Adult Protective Services following repeated complaints.



Referral Concerns



Strong odors



Insect activity



Fire safety concerns



Clutter visible through windows



Housing & Tenancy Concerns



Multiple failed inspections



Increasing frustration from neighboring tenants



Lease violation concerns



Potential eviction proceedings



Ms. J has received prior warnings but has difficulty maintaining progress after cleanups occur.

Additional Information: Home Conditions



During the initial home visit, responders observed:



Narrow pathways throughout the apartment



Excessive paper clutter near the stove



Blocked secondary exit



Unusable dining table



One bathroom partially inaccessible



Spoiled food in kitchen



Heavy dust accumulation



Animal feces from two cats



Stacks of items reaching approximately five feet high in some areas



The bedroom remains accessible, but the bed is covered with belongings requiring Ms. J to sleep on a recliner.



Key Observation

The residence remains occupied, but multiple conditions affect safety, sanitation, and normal household functioning.

Psychosocial Information



Ms. J Reports:



Significant anxiety when discarding items



Feelings of shame about the apartment



Social isolation



Chronic medical issues



Limited mobility



Grief following the death of her spouse eight years ago



She States:



I know it's bad, but every time people force me to clean, I panic and then everything gets worse again.



Ms. J has one adult daughter who lives nearby but their relationship is strained due to repeated arguments about clutter.



These psychosocial factors may impact engagement, motivation, and the pace of progress.

Team Development Activity



CONSIDER:

Who should be included on the intervention team?



POTENTIAL OPTIONS:



Adult Protective Services



Public Health



Fire Department



Medical Provider



Housing/Landlord



Family Supports



Mental Health Provider



Peer Support



Social Worker



Case Manager



Professional Organizer

Immediate Priorities



Highest Risk Areas

Addressing these areas first reduces immediate dangers and creates a foundation for continued progress.



Potential priorities may include:



1 Clearing exits



2 Reducing fire hazards



3 Restoring bathroom access



4 Improving sanitation



5 Ensuring safe sleeping arrangements



6 Reducing fall hazards

Collaborative Goal Development



Examples of Measurable Goals

36"



Clear 36-inch pathways to all exits within **30 days**



Remove paper clutter within three feet of stove within **two weeks**



Restore full bathroom access within **45 days**



Schedule **weekly** support visits



Participate in **ongoing** counseling/support services

Uniform Inspection Checklist - Hoarding/Excessive Clutter - Quick Reference

For Additional Information and Support visit the following page: <https://www.centerforhoardingandcluttering.com/uniform-inspection-checklist-2>

Date Completed: _____ Address: _____ Town: _____

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 For STATUS, use P to indicate Pass if item MEETS STANDARD or F to indicate Fail if the item DOES NOT MEET STANDARD. Use UNK to indicate Unknown if item unobserved or NA to indicate if item Not Applicable. Use column on right for specific

STEP	STATUS	The following items must be UNOBSTRUCTED – completely clear of any items	SPECIFIC AREA NEEDING TO BE UNOBSTRUCTED (EX: BACK DOOR, BEDROOM WINDOW, PATH FROM BEDROOM TO KITCHEN, ETC.)
HARM REDUCTION TARGETS		Exits/doors - (main or exit - must be unobstructed, egress doors must open full 90 degrees or from door frame to door stop, whichever is wider)	
		Pathways - Minimum of 36"/91cm wide unobstructed and continuous pathways throughout residence	
		Staircases - must be unobstructed (if applicable)	
		Smoke detectors, CO detectors, sprinkler heads - (all that apply) must be unobstructed with front & surrounding clearance of 18"/91cm	
		Windows - 1 window per room must be unobstructed, includes every room with a window measuring over 20"/51cm within 24"/61cm height	
		Electrical fixtures/outlets - stoves, ovens, refrigerators, washing machine/dryer, a/c unit, heat thermostats (all that apply) must be unobstructed	
STEP 2	STATUS	The following items must be ACCESSIBLE – easily able to be reached by inspector	
PRIMARY INSPECTION TARGETS		Windows – must be accessible (any window not included above)	
		Electrical outlets - must be accessible	
		Plumbing fixtures & pipes - must be accessible, including under sinks	
		Toilets, sinks, bathtubs, & showers - must be accessible	
STEP 3	STATUS	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 must have clear & sanitary space sufficient for food preparation counter, portable kitchen island, or table w/ seating	
		Refrigerator/freezer must be sanitary, no expired/decaying food, not overfilled - door & drawers easily close, light & temp controls	

Inspection Schedule Activity



QUESTIONS TO CONSIDER



1 How often should inspections occur?

Consider frequency based on risk level, goals, and progress.



2 Who should attend?

Identify key team members and the client.



3 How should progress be documented?

Use the Inspection Status Report to track goals, dates, and notes.



4 What happens if progress stalls?

Define responses, additional supports, and escalation steps.



5 How can inspections remain collaborative rather than punitive?

Use respectful communication, client strengths, and a focus on safety and empowerment.



Consistent, respectful inspections support safety, build trust, and promote long-term success.

Use the Inspection Status Report to document progress, collaborate, and adjust the plan as needed.

Address: _____ Town: _____ Date: _____

INSPECTION STATUS REPORT

The intent of this Status Report is to objectively evaluate the progress towards goals specified in the most recent Collaborative Agreement. Additionally, a section is provided to assess the resident's overall ability to participate in and tolerate activities. Once both sections are completed, this report is to be reviewed by the team to determine how to proceed. An additional team member **MUST** accompany the inspection agency representative at all inspections.

TEAM MEMBERS PRESENT	RESIDENT	Representative of Involved Inspection Agency	Additional Team Member
Status Report Type:	<input type="checkbox"/> 24 hour <input type="checkbox"/> 48 hour <input type="checkbox"/> 72 hour	<input type="checkbox"/> 7 day <input type="checkbox"/> 14 day <input type="checkbox"/> 30 day	<input type="checkbox"/> 60 day <input type="checkbox"/> 90 day <input type="checkbox"/> Other: _____

This assessment is to be based on the most recent Collaborative Action Plan and Agreement goals. Goals and Priority Scale information from original Agreement are available in drop down menu.

Goal Assessment:	Priority Scale - (Based on most recent Agreement Goals)	
Agreement Goal	Immediate (X/date/status)	30 day + (X/date/status)
1		
Goal Status:	<input type="checkbox"/> Meets Goal <input type="checkbox"/> Progressing Towards Goal <input type="checkbox"/> No Progress Towards Goal	Requires Review: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____
2		
Goal Status:	<input type="checkbox"/> Meets Goal <input type="checkbox"/> Progressing Towards Goal <input type="checkbox"/> No Progress Towards Goal	Requires Review: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____
3		
Goal Status:	<input type="checkbox"/> Meets Goal <input type="checkbox"/> Progressing Towards Goal <input type="checkbox"/> No Progress Towards Goal	Requires Review: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____

Potential Barriers



Common Challenges



Anxiety during discarding

Letting go of items can trigger significant anxiety and overwhelm.



Physical limitations

Mobility, endurance, or health conditions can make cleanup and maintenance difficult.



Shame and avoidance

Feelings of embarrassment may lead to avoiding help and delaying progress.



Family conflict

Strained relationships may reduce support and increase stress.



Resistance from prior negative experiences

Past confrontations or criticism can create distrust and reluctance to engage.



Emotional attachment to possessions

Items may hold deep sentimental value, making decisions difficult.



Limited finances

Cost of services, supplies, or disposal may create financial strain.



Recurrence risk

Without ongoing support and maintenance, clutter can return over time.



Recognizing and addressing these barriers with empathy, patience, and tailored support increases the likelihood of long-term success.

Long-Term Support Planning



Sustainable support helps maintain progress and promotes long-term stability and well-being.



Sustainable Support May Include



Ongoing therapy



Peer support groups



Monthly inspections



Maintenance assistance



Case management



Medical follow-up



Community supports



Relapse prevention planning



A consistent, compassionate support network reduces stress, builds confidence, and strengthens the ability to maintain a safe and healthy home.

Final Discussion



Reflect On:



1. What interventions were most important?

- Clearing exits and reducing fire hazards
- Improving sanitation and restoring bathroom access
- Ensuring safe sleeping arrangements
- Addressing anxiety and providing ongoing support



2. What team members were essential?

- Adult Protective Services, Social Worker, Case Manager
- Mental Health Provider, Medical Provider
- Fire Department, Public Health
- Professional Organizer, Housing/Landlord, Family Supports



3. How did harm reduction guide decision-making?

- Focused on safety, dignity, and choices
- Prioritized the highest risk areas first
- Used collaboration, not punishment
- Supported small, achievable steps



4. What would increase the likelihood of long-term success?

- Ongoing therapy and peer support
- Consistent follow-up and case management
- Community resources and maintenance assistance
- Building trust and empowering Ms. J



5. What risks remain?

- Fire risk if clutter returns
- Sanitation issues and health risks
- Fall hazards due to clutter and limited mobility
- Emotional distress, isolation, and family conflict
- Recurrence of hoarding behaviors



6. What questions or considerations remain?

- What additional supports might be needed over time?
- How will we respond if progress stalls or risks increase?
- How can we continue involving Ms. J in decisions?
- What signs will indicate the plan is working?



A collaborative, compassionate, and consistent approach that prioritizes safety and empowerment is key to supporting lasting change and a healthier, safer home.

Group Discussion



Discussion Questions



1 What risks were highest priority?

Identify the risks that posed the greatest immediate danger to Ms. J's safety, health, and well-being.



2 What barriers emerged?

Discuss the challenges that may have impacted progress and how the team addressed them.



3 Which team members were essential?

Identify the roles and contributions of key team members and why they were critical to success.



4 How was harm reduction reflected?

Explore how harm reduction principles guided decisions, priorities, and interactions with Ms. J.



5 What disagreements arose?

Discuss any differing perspectives within the team and how they were resolved.



6 How would long-term support continue?

Identify ongoing supports and strategies that will help sustain progress and prevent relapse.



7 What additional questions do we still have?

Consider what information or resources are still needed to best support Ms. J moving forward.



Your perspectives and collaboration strengthen our ability to create safe, supportive, and sustainable solutions for Ms. J.

What Success REALLY Looks Like



Success Is Not Perfection

Success may include:



Safer exits



Functioning kitchen/bathroom



Medication access



Reduced fall risk



Sustained engagement



Improved trust



Reduced isolation



Ongoing participation

A reasonable harm reduction success expectation.



This level of improvement reduces risk and supports safety while respecting the person's needs and pace.



Progress looks different for everyone. Small, meaningful steps toward safety, stability, and connection are the foundation of lasting change.

Key Takeaways



Effective Hoarding Intervention Requires:



1. Collaboration

Working together across disciplines and with the individual builds trust and strengthens outcomes.



2. Harm reduction

Prioritizing safety, dignity, and choices reduces risk and supports gradual, sustainable change.



3. Objective assessment

Using standardized tools and observations helps identify risks, set priorities, and measure progress.



4. Consistent communication

Open, respectful, and ongoing communication keeps everyone informed and aligned.



5. Clear roles

Defining responsibilities ensures accountability and prevents gaps in care and follow-through.



6. Structured agreements

Written plans with measurable goals guide action and create a shared roadmap for success.



7. Long-term support

Ongoing services and resources help maintain progress and prevent relapse.



8. Compassionate accountability

Holding everyone accountable—with empathy and respect—promotes growth and lasting change.



When we combine structure with compassion, we create safer homes, stronger partnerships, and better outcomes for the individuals we serve.

Questions & Discussion



Your insights and experiences help us learn, improve, and better support the individuals we serve.



Let's learn together.



1. What risks were highest priority in this case?



2. What barriers emerged during this intervention?



3. Which team members were most essential and why?



4. How was harm reduction reflected in our decisions and actions?



5. What disagreements arose, and how were they addressed?



6. How would long-term support continue for this individual?



7. What lessons can we apply to future cases?



Thank you for your participation and commitment to creating safer, healthier homes and communities.

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These references reflect current, peer-reviewed research and resources that inform evidence-based, person-centered approaches to hoarding disorder.