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**APS Policy Bulletin #2021-08**

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**DISTRIBUTION: SOCIAL WORK STAFF**

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## **ENGAGING CLIENTS WHO DISPLAY SYMPTOMS OF HOARDING DISORDER**

The purpose of this procedure is to instruct APS social work staff on engaging clients who show signs and symptoms of hoarding disorder in order to declutter the residence with or without the use of Heavy-Duty Cleaning Services. This policy bulletin is informational for all other APS staff.

### **■ OVERVIEW**

In 2013, compulsive hoarding was added as a chronic and persistent mental disorder in the Diagnostic and Statistical Manual of Mental Disorder 5<sup>th</sup> Edition (DSM – V). Hoarding is no longer recognized only as a symptom of another condition but is now classified as a separate mental disorder.

Hoarding disorder involves a persistent difficulty for an individual to discard or part with possessions, despite the actual value, because of a perceived need to save them. An individual with hoarding disorder experiences distress and/or indecision at the thought of getting rid of the items.

The risk of harm caused by hoarding disorder is not limited to the client's eviction from the home. Other risks may include:

- An increased risk of falls;
- Injury or being trapped by shifting or falling items;
- Fire hazards for the individual and community; and
- Unsanitary conditions that pose a risk to health and/or safety to the individual and community.

Engaging clients using various social work tools may help encourage decluttering which may avoid additional trauma and Article 81 Guardianship proceedings.

### **■ SOCIAL WORKER ACTIONS**

The APS Field Office director, deputy director, or designee identifies cases in need of social work intervention and refers the case to the Social Work Unit. The case is conferenced with the social work staff in person or via any form of teleconferencing. Upon evaluating the potential risks of the client, when possible, the caseworker will coordinate an initial joint visit with the assigned social work staff.

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Prior to the initial social work visit, the social work staff will prepare the following Social Work Assessment tools and resources needed for assessing the client during the visit:

- **Social Work Assessment form** (not required if a current psychosocial evaluation, conducted within 180 days, is available).
- **Interview for Decisional Abilities Tool** unless the client:
  - declined to participate,
  - Has a neurocognitive disorder and is unable to participate,
  - Has a psychiatric disorder and is unable to complete reality testing, or
  - Is fluent in a language other than English and translation is required.
- **Homes Multidisciplinary Hoarding Risk Assessment.**
- Any other tools provided by the social work supervisor and relevant to the identified issues presented including:
  - Psychosocial Evaluation;
  - PHQ-9 Patient Depression Questionnaire;
  - Mental Status Examination;
  - Suicide Risk Assessment Tool;
  - Safety Planning Tool;
  - Generalized Anxiety Disorder Scale;
  - Cage-Aid Substance Use Screening; and
  - Appropriate resources for the client.

A Social Work Assessment or psychosocial evaluation and Interview for Decisional Abilities tool must be completed during each client visit.

### **Client Visit**

During the initial social work visit, the social work staff will assess if the client meets the criteria for Hoarding Disorder, 300.3 (F42), per the DSM-5 Diagnostic Criteria. The criteria are as follows:

- Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
- The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third-parties (e.g. family members, cleaners, authorities).
- The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning including maintaining a safe environment for self and others.
- The hoarding is not attributable to another medical condition (e.g. brain injury, cerebrovascular disease, Prader-Willi syndrome).

- The hoarding is not better explained by the symptoms of another mental disorder including, but not limited to:
  - Obsessions in obsessive-compulsive disorder,
  - Delusions in schizophrenia or other psychotic disorder,
  - Cognitive deficits in major neurocognitive disorder, or
  - Restrictive interests in autism spectrum disorder.
- Specify if:
  - With excessive acquisition: If difficulty discarding possessions is accompanied by an excessive acquisition of items that are not needed or for which there is no available space.
- Specify if:
  - With good or fair insight: The individual recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.
  - With poor insight: The individual is mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding item, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.
  - With absent insight or delusional beliefs: The individual is completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding item, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

The social work staff will complete the social work assessment tools and create a social work plan with the client for risk of hoarding.

### **Social Work Plan**

Social work plans for risk of hoarding may include:

- **Task Centered Approach** – assigning the client tasks based on ability to perform such tasks (e.g. sorting five items daily). The social work staff will follow-up with the client regarding the tasks assigned on a weekly or bi-weekly basis depending on the needs identified. Discuss with the client the distress of parting with items may cause and brainstorm ideas on how to best declutter while maintaining the memory of the items the client has identified as valuable.
- **Cognitive Behavioral Approach** –  
The social work staff will apply the Cognitive Behavioral Approach to assist the client in identifying difficulty discarding possessions that have caused clutter and/or congestion in living areas needed for daily functioning in the household. Discuss the client's insights and the client's ability to sort through items and eventually discard them. The social worker will create a progress flow chart to allow the client to see their progress documented over time.

- The social work staff will have discussion surrounding trauma and the underlying cause of hoarding. Discuss with the client:
  - coping mechanisms that can be used during the decluttering process to deal with the additional distress.
  - Highlight and discuss motivation for change through a strengths-based perspective;
  - Use the Life Events Checklist tool as a guide for discussions regarding underlying trauma and distress.

**NOTE:** The Life Events Checklist is located in the social work shared drive – Hoarding folder.

The social work plan should be discussed with the social work supervisor and/or deputy director or designee prior to implementation. Implementation of the social work plan will continue unless the client:

- Declines further assistance;
- Does not meet the diagnostic criteria from the DSM-V; or
- Is found ineligible for APS and the case is closed.

The social work staff will continue to work with the client over time to minimize the chances of an Article 81 guardianship petition being sought. The social work assessment tools must be completed during each visit with the client.

If the social work plan is discontinued, enter a progress note in APSNET indicating the reason for the discontinuance of services.

### **Documenting the Case**

Social work staff will enter referred cases in the Social Work Tracking tool on a weekly basis. Information to be included in the tracking tool are:

- Case Name;
- Referral ID
- Date of Social Work Service;
- Case Type;
- IDA Risk Assessed
- IDA sent (to Customized Assistance Services, VPS Clinical Intake);
- Field Office;
- Brief Case Summary;
- Social Work Plan; and
- Supervisory Comments.

Upon supervisory review of the case information provided in the tracking tool, the social work staff will receive comments and next steps for the following client visit.

All notes from interactions and visits with clients must be entered in APSNET within five business days. Visit outcomes and the social work plan must be documented as progress notes. Contacts with clients and collateral sources must be documented as an interaction.

■ **SOCIAL WORK SUPERVISOR ACTIONS**

Social work supervisors will review the tracking tool, including related assessment tools completed by the social worker, on a weekly basis. Based on the social worker's assessment and recommended service plan, the supervisor will determine the next steps to be taken on the case. The supervisor will annotate the next steps and any changes in the service plan, if needed, in the tracking tool for the social worker.

*Effective immediately*