Using Multidisciplinary Teams to Address Ethical Dilemmas With Older Adults Who Hoard

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Multidisciplinary teams, representing professionals from diverse disciplines, are often involved in addressing difficult ethical dilemmas as they work with older adults who hoard (e.g., resolving conflicts between the older adult’s freedom to engage in hoarding behaviors versus individual or public safety). The purpose of this article is threefold: (a) to explore the current use of hoarding task force or team interventions to address ethical dilemmas that occur within hoarding cases; (b) to propose an ethical decision making framework for use by teams and others; and (c) to discuss practice implications for hoarding teams in implementing this ethical decision making framework.

KEYWORDS Hoarding, multidisciplinary teams, ethical dilemmas, ethical decision making framework, aging

Hoarding task forces or teams often become involved with older adults in addressing difficult ethical dilemmas related to hoarding. For our purposes, the definition of an ethical dilemma is defined as a conflict between two or more competing values or ethical principles (e.g., conflicts between the older adult’s freedom versus individual or public safety; Dolgoff, Loewenberg, & Harrington, 2005). However, minimal professional literature in social work and other disciplines addresses dilemmas faced by these teams as they deal with hoarding cases (Grisham & Barlow, 2005). Consequently, the purpose of this article is threefold: (a) to explore the use of multidisciplinary team (MDT) interventions to address ethical dilemmas that occur

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within hoarding cases, (b) to propose an ethical decision making framework as developed by Maguire (1975) for use in team interventions of hoarding cases, and (c) to discuss implications for hoarding task forces in implementing this ethical decision making framework.

LITERATURE REVIEW

Hoarding and Older Adults

To examine ethical dilemmas faced by social workers and other team members in addressing hoarding cases, this literature review discusses hoarding and its relationship to elder mistreatment; and hoarding interventions with an emphasis on MDT or task force approaches. We have chosen to define hoarding as “a debilitating disorder characterized by the acquisition of a large volume of possessions that clutter living areas to such a degree that living spaces cannot be used for their intended purpose” (Steketee, Frost, & Kim, 2001, p. 176). In the case of older adults, little is known about the etiology and risk factors of aging and hoarding. Self-neglect (of which hoarding is a subtype) is the most compelling form of elder mistreatment (three times more common than physical abuse or caregiver neglect). Specifically, research related to hoarding identifies three themes: (a) very few studies examine aging and hoarding; (b) hoarding behaviors appear to increase with age; and (c) hoarding behaviors transcend social class (Steketee, Frost, & Kim, 2001; Poythress, Burnett, Naik, Pickens, & Dyer, 2007).

Hoarding Interventions: Highlighting the Use of Multidisciplinary Teams

Although cognitive behavioral treatment and pharmacological interventions have been used to treat hoarding behaviors, these individually oriented treatment approaches have demonstrated limited success (Saxena, Brody, Maidment, & Baxter, 2007; Tolin, Frost, & Steketee, 2007). Individually oriented interventions that specifically target older adult hoarders also appear largely ineffective (Steketee & Frost, 2003). In contrast, one promising intervention strategy involves the use of MDTs or hoarding task forces. Because of the complex, multifaceted nature of hoarding, which includes diverse social, environmental, familial, and personal components, writers have called for and view a multidisciplinary approach involving a variety of community organizations (e.g., social services, area agencies on aging, mental health agencies, code enforcement, public housing, law enforcement, fire, public health, home health agencies, and animal control agencies) as imperative and potentially the only successful response to hoarding (Abramson, 2005; Dyer & Prati, 2007; Fleury, 2007; Patronek, Nathanson, & Loar, 2006; Poythress et al., 2007; Teaster, Nerenberg, & Stansbury, 2003).
However, due to the very different, and at times competing, functions of participating agencies (e.g., adult protective services, animal control, and law enforcement), it would not be surprising that hoarding teams possess benefits, but also challenges in working together to address ethical dilemmas in these situations. Some of the following characteristics of hoarding teams are likely to exemplify these challenges. Team members: (a) have diverse backgrounds and orientations; (b) are from disparate professions and have no common codes for behavior; (c) share minimal or no common conceptual understanding of hoarding; (d) represent an uneven distribution of power among members in which boundaries between agencies may be called into question; and (e) lack common criteria for inclusion in the task force. For example, due to their diverse backgrounds and orientations, team members may have differing perspectives about how to define ethical dilemmas embedded in hoarding situations (e.g., animal control officers place the welfare of animals above the desires of the animal’s owner; building inspectors place public safety above the desires of the hoarder to collect flammable materials; and adult protective service workers place the desires of the hoarder above the appearance of the neighborhood).

CASE VIGNETTE: MRS. M

To begin to bridge the challenges that hoarding MDTs may face in addressing ethical dilemmas, what follows is a case vignette developed from a composite of hoarding cases analyzed in preliminary research (See Chapin et. al., 2007).

Mrs. M had been a collector all of her life. It began with dolls and tea sets as an adolescent and, as the years went on, her interest in collecting other things grew. She met and married her husband in her early 20s, and with his support, and sometimes teasing comments, she kept her collections to just those things she cherished most. At the age of 70, Mr. M suddenly fell ill and quickly passed away. Mrs. M fell into a deep depression over her loss and could only find brief moments of peace and solace when she was focused on her collections. Due to her extensive grief and depression, Mrs. M eventually withdrew from her normal activities outside of her home and would only occasionally meet a friend outside of the house for lunch or coffee.

Neighbors did see Mrs. M briefly on occasion, and noticed that she was becoming more and more unkempt. Additionally, the new insect infestation around Mrs. M’s home had begun to cause a problem for another neighbor whose property was adjacent to hers. At one point, a neighbor noticed a number of bug bites on her arms and legs. Out of concern, Mrs. M’s neighbor decided to call the police department to check on her. When the police arrived, Mrs. M was initially not willing to allow them into her home. After
some coaxing, the police were able to enter and found Mrs. M’s home packed to the ceiling with her collections. There were only narrow pathways for her to get around in her house.

Despite the insect bites, Mrs. M appeared to be in good physical condition. When discussion began about getting rid of her collections—including newspapers, fast food wrappers, and other items—she became extremely anxious and upset. She refused to entertain the idea of getting rid of anything. Because of the insect infestation that was causing problems for her neighbors and structural concerns for her home, the police and other agencies conducted a one-day clean up that involved clearing out the entire house of trash and other things that appeared to be useless. After the cleanup, Mrs. M became suicidal and was admitted to the local hospital.

As illustrated by the preceding case vignette of Mrs. M, hoarding can have debilitating consequences for the older adult and for her or his family and community. Further, hoarding task forces are confronted with ethical dilemmas such as those presented in Mrs. M’s case (e.g., the right to engage in hoarding behaviors vs. Mrs. M and neighbors’ protection from harm), and are challenged to find ways to reconcile them. What follows is the presentation and application of an ethical decision making framework for use as a guide for hoarding task forces or teams.

**AN ETHICAL DECISION MAKING FRAMEWORK FOR ADDRESSING HOARDING CASES**

Ethical decision-making frameworks that propose a set of questions or concepts necessary for examining ethical dilemmas are minimally discussed in the elder mistreatment literature (Nusbaum, 2004). Consequently, and for our purposes, six components of Maguire’s (1975) ethical decision-making framework are presented and applied to the previously described hoarding case. Maguire’s framework has been chosen because it provides a structured set of questions that hoarding task forces can use to closely examine the particular characteristics and possible solutions regarding each hoarding situation. This framework also provides a starting point and common language that all professionals within the hoarding MDT can use for examining, making decisions, and taking action regarding hoarding cases. Over time, an agreed upon ethical decision making framework can lead to common understandings of similar types of hoarding cases and the potential solutions for dealing with those cases.

The following questions in Maguire’s (1975) ethical decision making framework will be addressed: (a) Who? (b) What? (c) Why? (d) How? (e) What are the foreseeable effects? and (f) What are the existent viable alternatives? Each question will be more fully described and then applied to the hoarding case vignette of Mrs. M. First, Maguire insists that experts examine
who is involved in the ethical dilemma or situation. For members of the hoarding team, how they define the client system impacts their interventions. Defining the client solely as the elder leads to interventions that focus largely on the elder: Defining the client as the elder and family members or others leads to interventions that expand beyond the older adult’s needs. Who is the client? Further, how should the team balance conflicting views among members of the client system (e.g., the elder, family members or neighbors) regarding the hoarding situation?

Second, what is a formidable question and must be asked because the answer involves concrete facts and data that are loaded with moral meaning. What are the facts of this hoarding situation? What do the facts or account of the hoarding situation mean to task force members, the elder, family members, or others? Whose account of the facts should guide what is done?

Third, why refers to the motivating reasons or intentions of decision makers. For Maguire (1975), motive gives essential meaning to human action. The hoarding team needs to examine the moral significance of motive for its members, the elder, family members, and others. MDTs should not pass judgment on a hoarding case until all the relevant questions have been asked. What are the motivations of the elder, family members, and/or hoarding team members?

Fourth, what MDT members do may be good, but the action may be unethical based on how they do it. Hoarding MDTs often do not directly implement interventions, but instead make referrals to agencies that intervene in hoarding cases. At what point should team members refer a hoarding case for intervention? How should elders, family members or others participate in this process?

Fifth, what are the foreseeable effects? An examination of effects or consequences is imperative to any ethical analysis. What are the consequences or effects of the hoarding intervention (or nonintervention) on the elder, family member, neighborhood, and others?

Sixth, what are the existent viable alternatives? A realistic moral judgment looks at all the alternatives that are open to decision makers. What are all the possible alternatives for dealing with this hoarding situation? According to the elder, family members, and team members, which alternatives seem most viable or feasible?

MRS. M: ETHICAL ANALYSIS

The ethical decision making framework as described by Maguire (1975), first asks, “Who is the client?” In Mrs. M’s situation, the client can be defined solely as Mrs. M or as Mrs. M and her neighbors. Viewing Mrs. M as the sole client ignores the effects of her hoarding behavior on neighbors. In contrast, if the elder and neighbors are defined as the client system, then the task
force will need to wrestle with ethical dilemmas that involve balancing protection versus autonomy among multiple actors (e.g., the older adult, neighbors, and surrounding community).

Second, Maguire (1975) asks, “What are the facts of this hoarding situation? And, whose account of the facts should guide what is done?” The preceding vignette provides the facts of this hoarding case. However, the meaning of these facts may differ for each participant. Mrs. M does not appear to view her hoarding behaviors as affecting neighbors’ property or the structure of her home. However, friends and neighbors have a different view of the facts of Mrs. M’s behavior. They view Mrs. M’s hoarding behavior as harmful to self and to those in the neighborhood. Because of the meaning the neighbors attach to Mrs. M’s hoarding behavior, they contact the police. Furthermore, the police view Mrs. M’s behavior as a violation of the rights of her neighbors. In response, the police organize the clean-up of Mrs. M’s home.

Third, what are the motivations of the elder, friends, neighbors, and team members? How will the team manage these differing motivations? Mrs. M appears motivated to hoard items as a way to address her grief and loss for her husband. The meaning of these items is made evident by her suicide attempt after the house clean-up. Friends, neighbors, the police, and adult protective workers are motivated by concern for the well-being of Mrs. M and for the structural integrity of her home and that of her neighbors. Immediately, we can see the differing motivations of Mrs. M in comparison with all other participants of this hoarding situation. How will the task force balance these differing motivations as they take next steps to address this hoarding situation?

Fourth, how should (and have) the elder, friends, neighbors, and hoarding team members intervene? In the vignette, friends and neighbors intervene by contacting the police. However, if they contacted the police without first involving the elder, their behavior could be perceived as unethical because of how they acted— independent of the elder’s involvement. Although it may be right to intervene, Maguire’s (1975) caution is that MDTs consult major actors or participants of the ethical dilemma regarding the decision-making process and agreed upon interventions.

Further, there is no indication that the police or other agencies engaged in dialogue over time with Mrs. M to establish a relationship with her and better understand the meaning she attaches to her collected items. In defense of the police and others, it does take considerable time, effort and resources to establish a substantial relationship with Mrs. M. However, to ignore how the intervention occurs—to by-pass the relationship building with Mrs. M that might have made for her cooperation—can be viewed by Maguire (1975) as unethical.

Fifth, what are the consequences or foreseeable effects of the hoarding intervention on the elder, family member, neighbors, and others? Developing
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a relationship with the elder provides the task force with important information so as to determine the meaning of the hoarding behavior and also as a way to help the task force identify foreseeable consequences of any interventions. In our vignette, it is unclear if police or others brainstormed a variety of interventions and examined their possible consequences—before intervening to clean-up Mrs. M’s home. Indeed, hoarding MDTs, even though often designed to provide information and referral, could expand their role so that older adult assessment, examination of multiple interventions and their potential consequences, and follow-up is done in a systematic way so as to hopefully prevent dire consequences (e.g., an elder’s suicide attempt). No one can predict consequences such as what happened in Mrs. M’s case, but at a minimum, a hoarding team could examine potential consequences, encourage an intervention that occurs over time and is less disruptive (e.g., cleaning Mrs. M’s home in stages, and involve her in decisions about what items to discard) and that incorporates follow-up to minimize any negative consequences.

Sixth, what are the possible alternatives for dealing with this hoarding situation? Which alternatives seem most feasible? Because hoarding MDTs represent such multiple and diverse perspectives, they are in a unique position to examine alternatives, devise strategies, and monitor interventions that take into account all participants in a hoarding case. Creatively brainstorming about potential interventions and their consequences demonstrates ethical practice and seems critical to successful outcomes for older adults (e.g., Mrs. M) and others involved in hoarding situations. As Maguire (1975) noted, it is the role of humans to seize upon alternatives—striving for the well-being of all participants in an ethical situation.

IMPLICATIONS

Implications flowing from the previous discussion of ethical decision making in the area of hoarding are based on three key assumptions. First, effective ethical decision making in social work practice and other disciplines must balance both the rights and responsibilities of multiple actors involved in these practice activities. No one person’s rights, to hoard or to intervene, can be understood without placing these rights in the context of the broader community. Second, competent practice rests on the realization that relationships—between workers and clients, as well as among team members—are the vehicle that creates the possibility to manage these difficult dilemmas (Spano & Koenig, 2003). Through these relationships, MDTs obtain information, develop understanding of the hoarding situation, create plans to achieve the best results for all participants, and evaluate the outcomes of their actions. Third, the proposed ethical framework opens the door to understanding practice as more than individually focused interventions.
Using task forces can provide an important vehicle for system change that contributes to the development of effective policies and programs necessary to address these complex situations.

Task forces bring together service providers, from a variety of backgrounds, who are all attempting to intervene with people who hoard. Their mandates for interventions vary widely, and the principles and policies central to each agency are rooted in very different definitions and solutions for the hoarding. For example, animal control is mandated to protect the health and safety of both animals and the community. Building inspectors focus on structural integrity and the safety of residents and their neighbors. Adult Protective Services is concerned about self-neglect as it results from the older adult’s acquisition and failure to discard so many possessions. If these teams are to successfully work together to provide coordinated services, it will be necessary for participants to understand their diverse mandates and backgrounds. This understanding forms an important cornerstone of mutual respect for the strengths each team member brings to the task force and for the pursuant development of common views and insights into the needs of the people who hoard and the concerns of the larger community.

When considering the first element of the framework, *who is the target for the intervention*, differing perspectives about the focus of the intervention can be expected to emerge. Issues of safety for neighbors versus autonomy for the older adult can be addressed. More broadly, the task force may use its expertise over time to define the larger community as the target for intervention. Developing and refining public policy based on practice experience is a key to enhancing our overall response to hoarding.

The second question examines *what are the facts of this hoarding situation*. The fact that the older adult may have violated legal statutes and the fact that he or she may have recently suffered personal losses can both help shape understanding and potential intervention strategies. If social service providers understand the legal statutes and mandates that underpin the actions of law enforcement, building inspectors, and animal control workers, perhaps interventions can be developed that take into account multiple perceptions. For example, Chapin et al. (2007) reported that hoarding team members, taking part in focus groups, said that when animal control workers or police were accompanied by social service workers, their mandates to enter the residences provided a way for the social service personnel to engage with the older adult and to build understanding of the factors that support the hoarding behavior. When team members understood that inflexible time limits in statutes could be a barrier to helping older adults reduce hoarding behavior, they were potentially interested in championing policies that allowed more flexible time limits if the older adult could be shown to be making progress in reducing hoarding behavior. These time limits may also help motivate the older adult to change his or her behavior.
The third question, why, refers to the motivations of the people involved in the hoarding case including the older adult, neighbors, the immediate community, and team members. Careful examination of multiple actors’ motivations can reveal potential prejudices that affect the actions being put forward and whether or not the actions are ethical. For example, a team member may receive a call from the mayor’s office demanding action on a hoarding situation due to pressure from a prominent citizen. The MDT’s immediate response could be to act on political pressure, not taking into account the elder’s needs. In such cases, the motivation to respond to political pressure, rather than to the needs of the client, makes the action unethical.

The fourth question, how the intervention is to be carried out, can be the springboard for social service and mental health professionals to share what they know about the importance of relationship building in reducing hoarding behavior. Although social service professionals have access to information on developing relationships with vulnerable populations, police and those from other disciplines such as animal control likely are not equipped with this training. Discussion about how interventions will be carried out makes it possible for experts in relationship building to share their approaches and to identify training needs for the team. Further, when team members understand what services are available through human services agencies, they are more likely to refer older adults who hoard to these agencies (Chapin et al., 2007). Research studies indicate the importance of relationship building in the successful outcomes of any hoarding intervention (Steketee & Frost, 2003).

The fifth question is: What are the consequences or foreseeable effects of the hoarding intervention? Social service workers who are conversant with professional literature can help the team consider the often negative consequences of attempting to dispose of possessions without the older adults’ involvement. Team members from law enforcement can apprise the team of legal penalties that can be imposed if the premises are not cleaned up. These discussions lay the groundwork for the sixth component of the framework: What are the possible alternatives or options for dealing with this hoarding situation? Which alternatives seem most feasible? When team members understand these parameters, effective and feasible options can be developed.

Although the efficacy of task forces or MDTs in coordinating hoarding cases has yet to be systematically evaluated, it is clear that task forces are a potential means of addressing ethical dilemmas as discussed previously, and hold promise for crafting successful intervention strategies. Social workers are often involved in efforts to start hoarding task forces and they can use the proposed ethical decision making framework to help develop common ground for task force members. The framework also can provide guidance in assessing and developing interventions for hoarding cases that take into account the ethical issues that are bound to be present.
In conclusion, task forces that provide a multidisciplinary approach to the problem of hoarding can potentially offer a more coordinated approach to intervention. However, members from widely differing backgrounds will need to find common ground in dealing with the difficult ethical dilemmas that are often present in hoarding cases. Social work members can contribute tools, such as our proposed ethical decision making framework, that help build a common understanding of the varying perspectives of team members. This tool can be helpful in crafting interventions that successfully balance values of safety and autonomy and that result in positive outcomes for both the older adult and the wider community.

REFERENCES


