

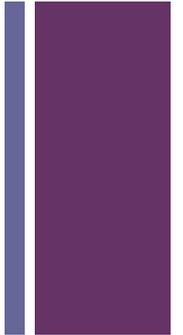
Hoarding Disorder

Symptoms, Assessment, and Interventions

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+ Profile of a “Hoarder”



- More likely to live alone
- Tend to be single
 - Low marriage rate, high divorce rate
- Average age for beginning to save ~ 13
- Average age for seeking treatment = 50
- Family history of hoarding is common
- Difficulties in work and social activities
- Strained family/friend relationships



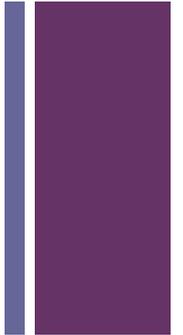
Contextualizing Hoarding Behaviors



- **Personal history**
 - Trauma or loss
 - Learned patterns modeled by family members
- **Coping strategy**
- **Physical and cognitive abilities and limitations**
- **Information processing deficits**
 - Difficulty planning and making decisions
- **Excessive emotional attachment**
- **Seeing value in items (Instrumental, Sentimental, Intrinsic)**
- **Reinforcing pattern of behaviors**

It is important to understand the reasoning behind the behavior to tailor an effective intervention

+ Co-Morbid Diagnoses



- Major Depression (57%) – Only significant co-morbid diagnosis
- Social Phobia (29%)
- Generalized Anxiety Disorder (28%)
- Obsessive Compulsive Disorder (17%)
- Attention Deficit Hyperactivity Disorder (ADHD) (16%)
- Specific Phobia (12%)
- Post-Traumatic Stress Disorder (6%)
- Dysthymia (4%)
- Panic (2%)
- No Other Diagnosis (8%)



Reinforcement of Clutter



- Any behavior that is reinforced will continue
- Secondary gain from keeping cluttered
 - Opportunity for socializing (acquiring)
 - Feeling safe or prepared
 - I have what I need
 - I'm a good person because I'm not wasteful
 - Helping others
 - I'm intelligent/loveable/worthwhile/competent

+ Signs of Hoarding



Individuals may 'see' the signs of hoarding but not recognize them as such. Not all need to be present.

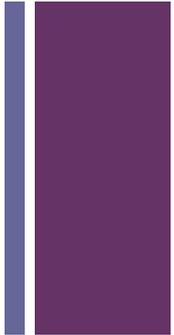
- Procrastination (constant frustrating excuses)
- Poorly controlled medical conditions
- Malnutrition
- Poor hygiene
- Unpaid bills
- Falls
- Absence of water, heat and/or electricity
- High blood pressure
- Socially isolated

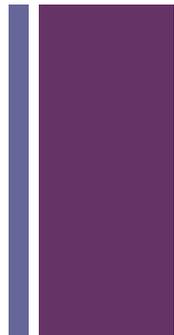


Consequences of Hoarding

- Health Problems
- Fire and Safety threats
 - Code Violations
- Social isolation
- Self-esteem problems
- Interpersonal difficulties
- Legal conflict
- Financial strains
 - Excessive acquisition
 - Clean-up efforts









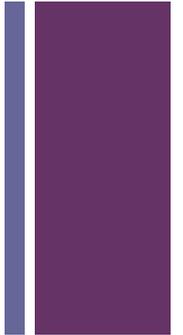
Evaluation Process: Understanding the Individual



- Appearance
- Cognitive status
- Executive functioning ability
- Medical and mental health symptoms
- Insight into hoarding behaviors
- Motivation to address hoarding behaviors
- Relations with others
- Family history - mental health and hoarding behaviors
- Ability to consent to and participate in treatment interventions (Capacity-Risk Model; Soniat & Micklos, 2010)
- Existing and potential support systems

+ Evaluation Process: Assessment Measures

- Clutter Image Rating Scale
- Saving Cognitions Inventory
- Hoarding Severity Scale
- Clutter-Hoarding Scale
- Saving Inventory – Revised
- University of California Hoarding Severity Scale





Evaluation Process: ADLs, Living Conditions, Safety



■ Activities of Daily Living

- Use refrigerator, stove, sink
- Move around inside the house
- Exit home quickly
- Use toilet, bath/shower, bathroom sink
- Sit in sofa/chair

■ Living Conditions

- Structural Damage
- Presence of rotten food items
- Water/heat not working
- Presence of urine or feces (human or animal)
- Insect infestation

■ Safety Issues

- Fire hazard
- Unsanitary
- Access for medical emergency personnel
- Blocked exits
- Clutter outside house



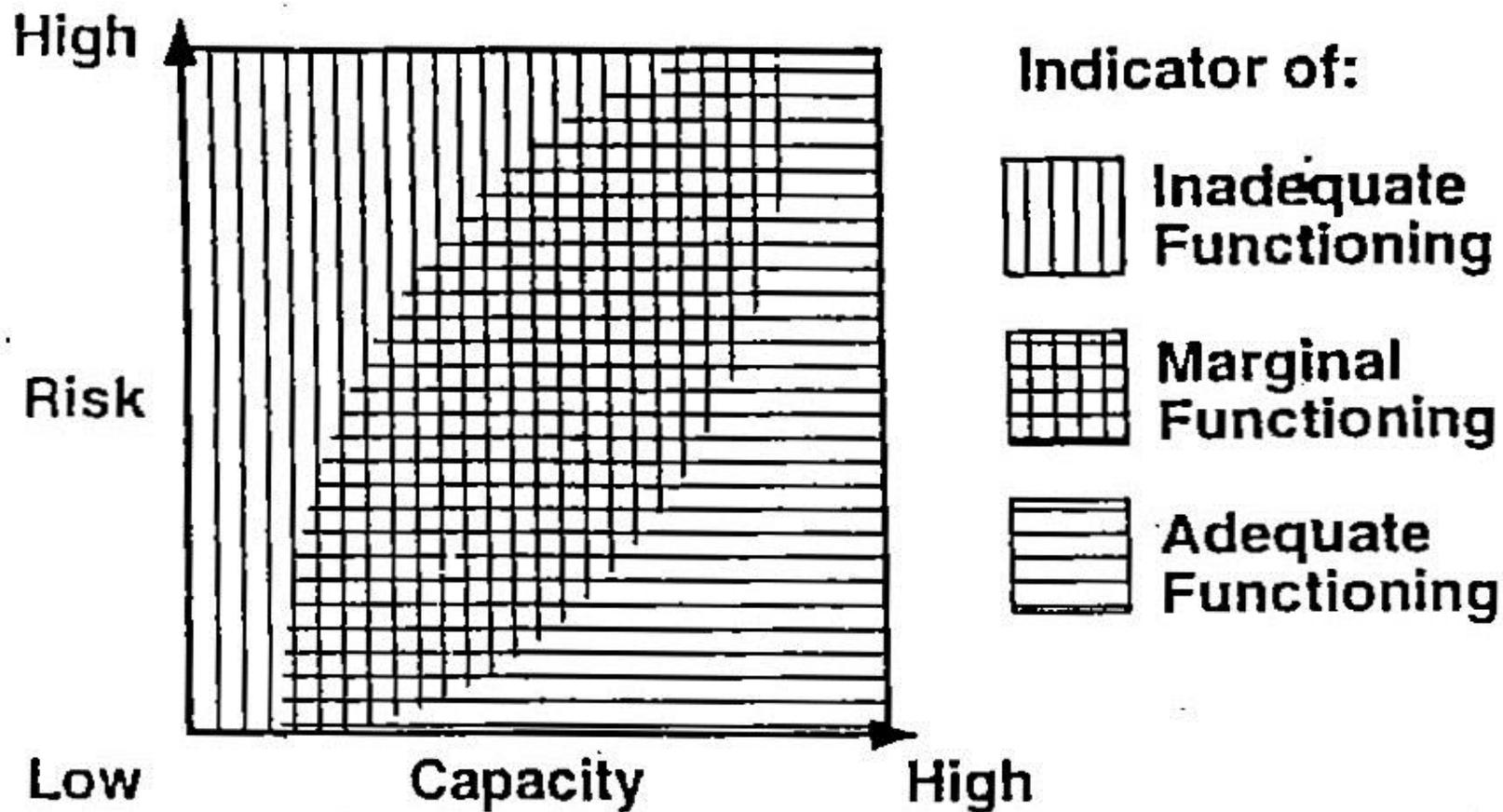
Evaluation Process: Risk to Individual or Others



- **Local ordinances and codes**
 - Fire and Safety
 - Housing Code (utilities, water and sewer)
 - Animal
- **Risk to health and well-being (individual and others)**
- **Level of urgency**
- **Unsafe or unsanitary conditions resulting from clutter**
 - Structural integrity of the property
 - Fire code violations
 - Water/sewer functioning
- **Community standards**
- **Individual's ability to consent to interventions**



Capacity-Risk Model for Assessment of Resistant Clients



Soniat, B. & Micklos, M. (2010). Working with older people who hoard. In *Empowering social workers for practice with vulnerable older adults*, pp. 99-110. Washington, DC: NASW Press.



Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7

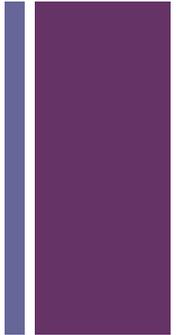


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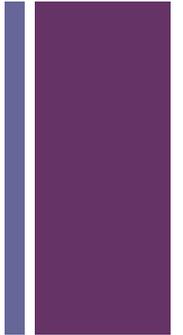
+ What can be done?



- Each situation is different
- An accurate assessment is essential
- In most situations, hoarding does not have a cure – it is a chronic condition.
- Research show that a multidisciplinary approach is the most effective method of intervention.
- Some therapy techniques have been successful in reducing hoarding behaviors. This is a long term treatment, which requires insight and motivation.



Who should be involved?



- Housing Management (inspectors, managers)
- Family and other support systems
- Non-profits with knowledge about hoarding
- County's Health & Human Services (e.g., CPS, APS, case management)
- County or local Code Enforcement and Fire Department
- Community mental health providers
- Professional Organizers



General Goals of Hoarding-Related Interventions

For the Physical Space:

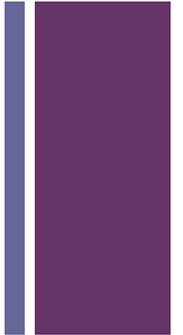
- Increase usable living space
- Reduce risks to health and safety
- Declutter living spaces
- Store kept possessions in systematic way
- Reduce excessive acquisition

For the Individual:

- Address related medical and mental health symptoms
- Develop skills and alternative behaviors
- Establish functional support network
- On-going services
- Relapse prevention



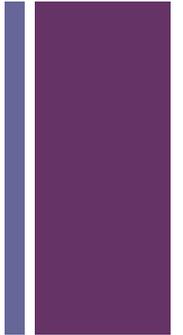
Remember to:



- Recognize hoarding
- Focus on safety initially
- Communicate positively and compassionately
- Teach coping techniques
- Set achievable goals
- Limit enabling and accommodations
- Focus on 'harm reduction'
- Be sensitive to others' emotions
- Recognize others may not understand hoarding
- Educate about ability (or inability) to declutter
- Pay attention to those involved (other than the identified patient)
- Demonstrate confidence, kindness, and honesty
- Offer strategies to be used in the future
- Offer support to those in distress
- Respect confidentiality



Understanding Emotions



Family members might say ... if they dared

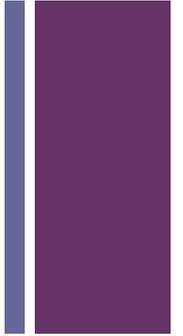
- Why didn't I know about this?
- How could they "let" this happen?
- I am **so** frustrated
- I am embarrassed
- I hope this doesn't get out
- I don't understand how someone can be so lazy
- Why can't they just clean it up?
- I'm angry!
- I avoid because I am stressed

Responding to Emotions

- Don't assume families are educated, able, willing and ready to help – many are not
- Understand that families are often just as perplexed as we are
- Encourage "teaming" with available and willing family members
- Focus on what can be changed
- Set reasonable goals
- Set safety-focused goals first
- Appreciate small achievements
- Recognize that families may not want to help and may not be a resource



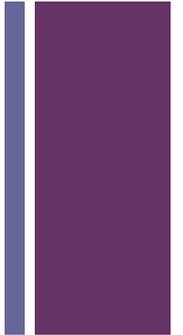
For All Professionals to Incorporate



- Challenging distorted thoughts
 - Focus on benefit of saving and risk of letting go
- Building skills for executive functioning
- Managing emotions
 - Possessions as extension of self
 - Reaction to losses
- Building an “Okay To Go” list



“Do” and “Don’t” Guidelines



DO:

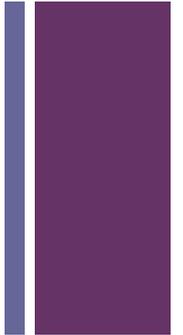
- Ask for permission before touching items
- Model positive, adaptive behaviors
- Provide emotional support
- Share your opinions
- Believe in the individual’s ability
- Stay calm
- Take care of yourself

DON’T:

- Declutter behind your loved one’s back
- Minimize the challenges faced
- Be judgmental
- Make decisions
- Equate the clutter with the person
- Become a therapist to the individual (if you’re not a therapist)
- Argue



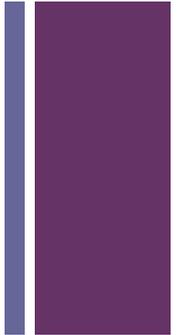
Signs of Hoarding Checklist



- Blocked access to any door or window due to clutter
- Clutter that impedes or prevents movement in and around residence
- Clutter that prevents any part of the inside or outside of a dwelling to be used for its intended purpose
- Trash and garbage inside or outside the residence
- Signs of infestation or health concerns for residents or neighbors
- Visible damage to stairs, ceilings, floors or walls
- A large number of animals that are not being cared for and cause a health risk for the occupants, neighbors, and/or general public
- Kitchen and bathroom appliances that are not useable
- Combustible materials stored too close to a source that could potentially ignite it, i.e. stove, over heater vents, portable electric heaters, furnace, gas cans, fireplaces
- Non-functioning smoke detectors
- Gas cans or other noxious materials stored in the residence that could become a potential health hazard.
- Water, heat, or electricity are non-functioning.



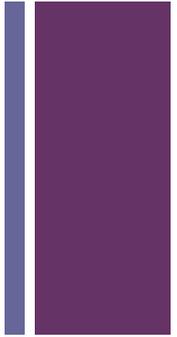
Fire and Safety Criteria (Examples)



- Three feet wide path throughout the home
- Easy access to all windows in the home
- Easy access to all doors in the unit
- Easy access to outlets in all rooms (if one or two outlets are behind heavy furniture, that is fine, but that should be the exception). Power strips and extension cords are not okay.
- Stuff cannot be stacked higher than waist height.
- Loose papers piled and scattered throughout a home can constitute a fire hazard.
- Clean and accessible counter and stove in kitchen.
- Utilities must be on.



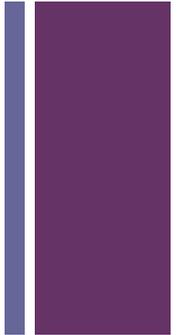
Sample Service Agreement



- The client understands that the HOC HIT Team offers guidance and assistance with de-cluttering the home.
- The client understands that participation in these services is voluntary, and that s/he may request that services be discontinued at any time.
- The client agrees to meet on a _____ (weekly, biweekly) basis with the HIT Team worker for a de-clutter session. This meeting is scheduled to occur _____ (day and time), though either the client or the worker may request a future change in the scheduled day and time of home visits.
- The client and worker will agree on weekly homework assignments for the client to complete. Failure to complete homework assignments may result in termination of HIT Team services.
- The ultimate goal of the HIT Team is to help the client maintain a safe and healthy place to live, as evidenced by the unit's passing a HQS Inspection. Progress toward the goal of passing a HQS Inspection will be evaluated on a _____ (monthly, bi-monthly) basis.
- The client acknowledges that HIT Team Services are scheduled to terminate on _____ (date).



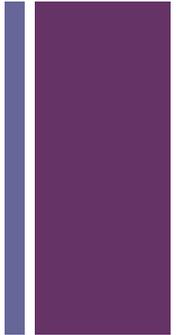
Goal Setting



- **S.M.A.R.T. – Specific, Measurable, Attainable, Relevant, Time-limited**
- **Define what needs to happen for goals to be reached.**
 - Break larger goals down into smaller goals
- **Be direct about what supports/resources can and cannot be offered.**
- **Consistency with client and all team members**
- **Incorporate the client's strengths**
 - Emphasize and reinforce these strengths throughout the process



Weekly Plan for Decluttering



Current date: _____

Date of next meeting: _____

Tasks to be accomplished by client before next meeting:

1. _____

2. _____

3. _____

Goals for next meeting: _____

Client Initials: _____

HIT Team Staff Initials: _____



Components of a Task Force



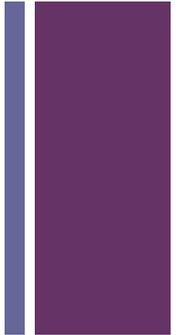
Agencies / Organizations

- **Government Municipalities**
- **Mental Health Professionals**
- **Social Service Agencies**
- **Professional Organizers**
- **Nonprofit Organizations**

Types of Roles

- **Code & Safety Compliance**
- **Mental Health Support**
- **Family member Support**
- **Clean up Coordination**
- **Service Coordination**

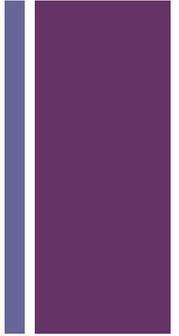
+ Code Enforcement



- Code Enforcement often have strict requirements for the conditions of the home. These typically revolve around the ability to exit in an emergency, fire concerns and sanitation.
- These requirements often come with a time restriction or compliance date.
- A professional organizer can use these requirements as guidelines and motivation for the individual with hoarding behavior.
- Code Enforcement will rarely be involved in clean up efforts. Once an order is issued it is up to the individual to ensure code compliance.
- A good working relationship between Code Enforcement and other members of the task force, including the professional organizer, can help to provide consequence to the Task Force's decisions.
- Code Enforcement benefits because other Task Force members can encourage compliance and timely resolution of the violation.



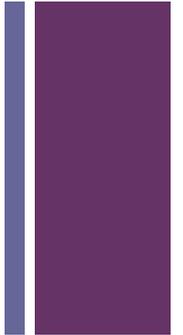
Mental Health Professionals



- Educate others about the nature of hoarding behaviors from a mental health perspective, looking beyond the physical manifestations
- Work through the significance of items
- Address underlying beliefs and feelings that arise in decluttering process
- Help resolve familial conflicts that may be exacerbated by clutter
- Treat co-morbid conditions
 - Anxiety
 - Depression
- Family member supports
- Modalities
 - Individual therapy
 - Group therapy – psychoeducation, support (for individual and for family members)
 - Family therapy – with or without individual present

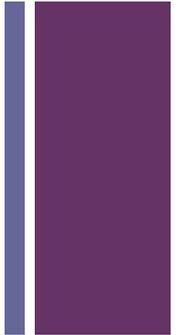


Professional Organizer's Role



- Hands-on interventions, working hand-in-hand with clients in their homes.
- Educating others through books, classes, support groups, and conferences.
- Drawing on professional affiliations such as NAPO, POC and ICD.
- Access to a broad range of resources, including other professional organizers, cleaning companies, junk haulers, movers.
- Demonstrating understanding. Being non-judgmental, kind and empathetic.

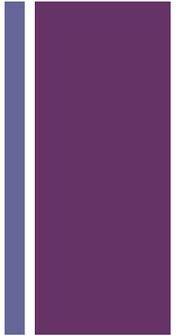
+ Lessons Learned



- Leadership is essential
- Don't drop the ball
- Reach out to anyone who has a stake or interest
- Dedicate time to educate yourself and everyone else on the nature of the disorder and best practices
- Develop a clear work flow
- Always designate a lead for each case
- Recognize that Task Force members come from different organizational cultures and modify expectations

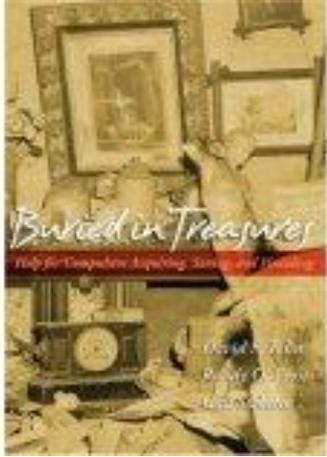


Things to Remember When Challenging the Clutter

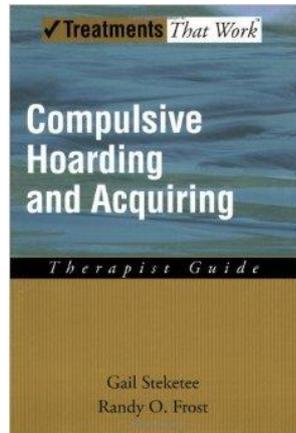


- Focus on the person, not the situation
- Education for everyone involved (family, friends, professionals)
- Support and encouragement
- Look beyond the decluttering process
 - What would an uncluttered space uncover?
- Understanding this process is difficult
 - Recognize and reward the progress you see
- Practice Patience
- Help to break the cycle
 - Recognize ways in which *others* may be contributing

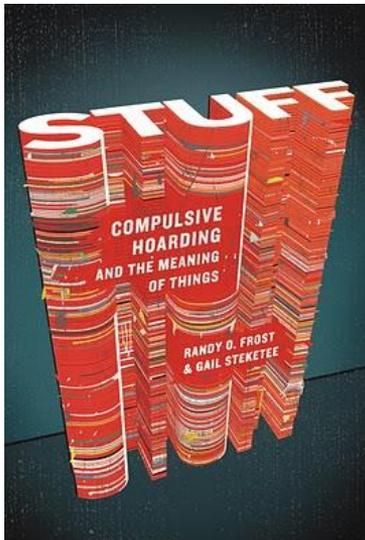
+ References/Resources



- Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding
 - ◆ David F. Tolin, Randy O. Frost, Gail Steketee



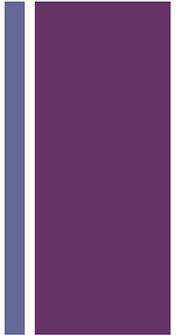
- Compulsive Hoarding and Acquiring: Therapist Guide and Client Workbook
 - ◆ Gail Steketee and Randy O. Frost



- Stuff: Compulsive Hoarding and the Meaning of Things
 - ◆ Gail Steketee and Randy O. Frost

+ References/Resources

- International Obsessive Compulsive Disorder Foundation
www.ocfoundation.org
- Association for Behavioral and Cognitive Therapies
www.abct.org
- The Hoarding Project
www.hoardingproject.org
- Children of Hoarders
www.childrenofhoarders.com
- Hoarding Clean-Up Nationwide Directory
www.hoardingcleanup.com
- National Association of Professional Organizers
www.NAPO.net
- Institute for Challenging Disorganization
www.challengingdisorganization.org





Thank You!

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