

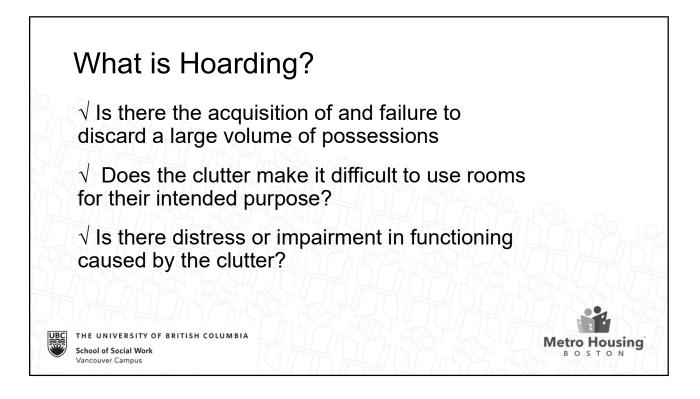


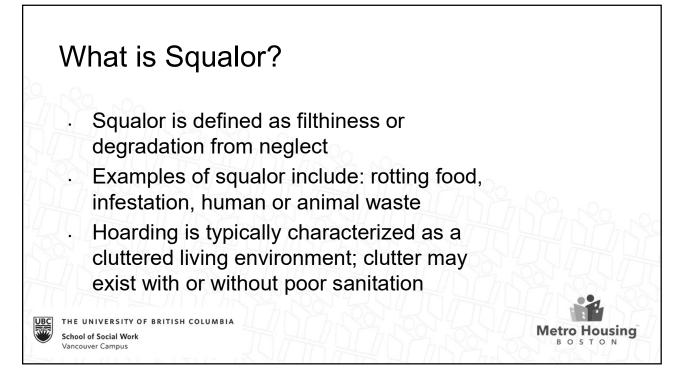
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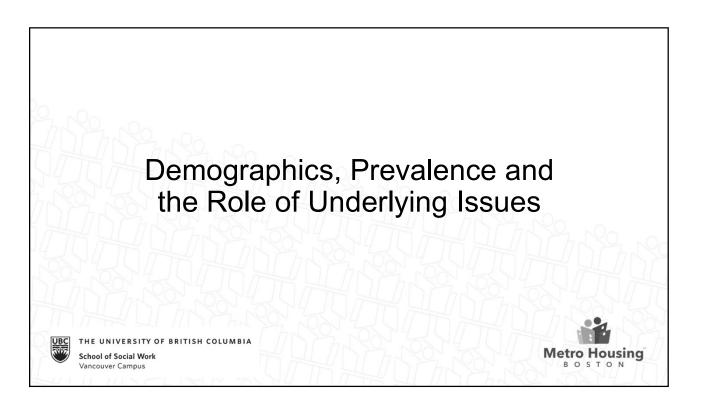
School of Social Work Vancouver Campus

### Mental Health Association of New Jersey Hoarding Intervention Conference May, 2019

Christiana Bratiotis, PhD, LICSW Jesse Edsell-Vetter

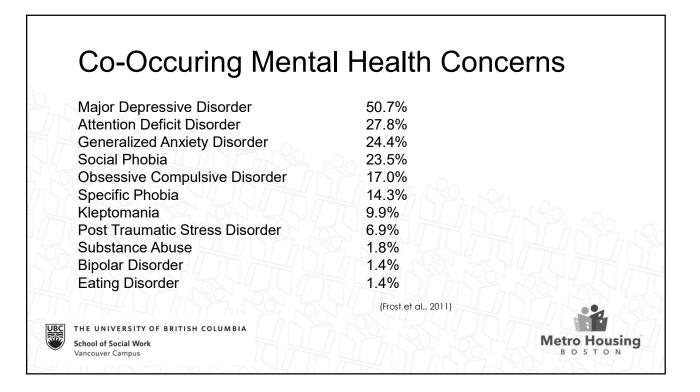


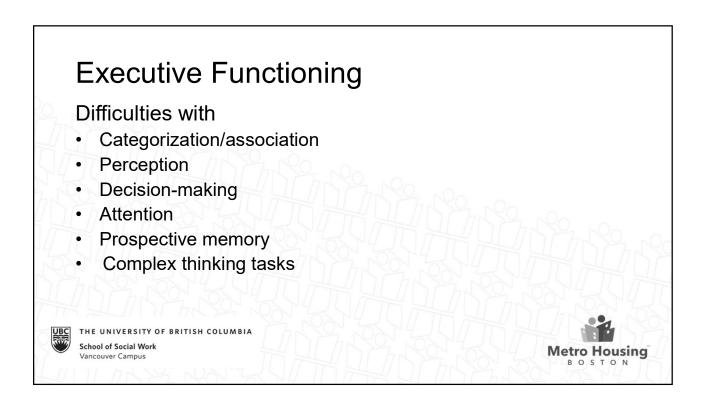




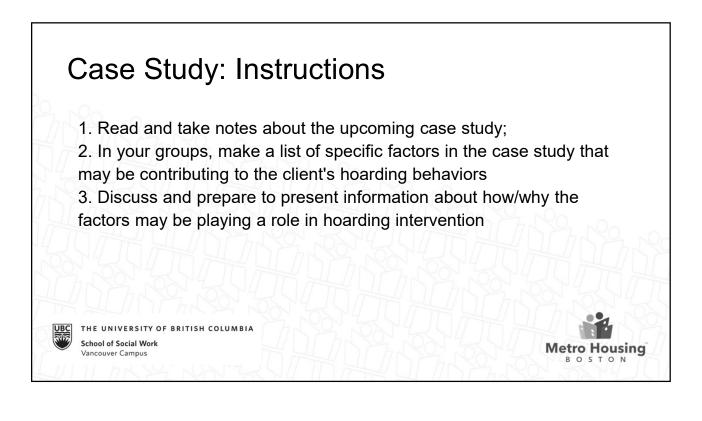
## Demographics Saving begins in childhood/adolescence Average age in treatment = 50 Marital Status: tend to be single Education: ranges widely Family history of hoarding is common Squalid conditions uncommon among treatment seekers 2-5% of the U.S. adult population

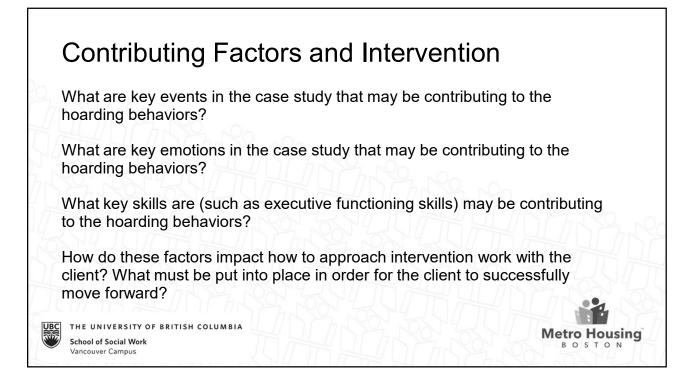
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Saving		Acquiring
Mental Health Neurobiology Physical	Family History Executive Function Health Mer	











John is a 74-year old Caucasian gay man living in the Greater Boston area. The unit he lives in is a small housing authority studio apartment that he has occupied for more than 15 years. John has large stacks of old mail, family photographs, and various desks, tables, and other furniture throughout his home. Additioanlly, John collects bulletins from his church, articles from his local religious newspaper, and obituaries for church members, former classmates, and others. These items are stored in bins stacked as high as six feet throughout the unit. Egress paths are as narrow as 12-18 inches with little access to the windows of the home.

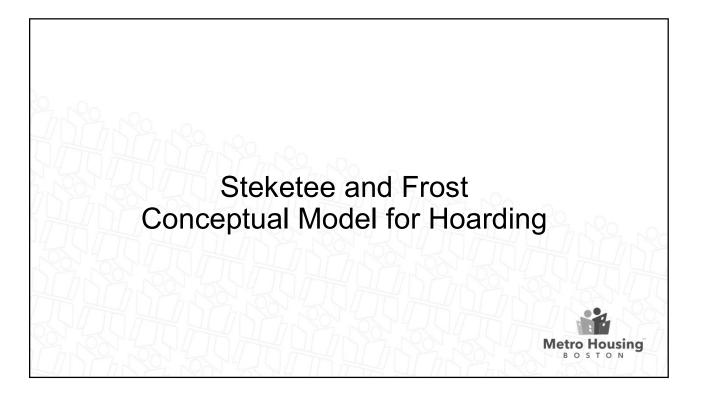
John comes from a deeply religious family. Three of his sisters are nuns. John was in seminary as a young man but left when he came out as a gay man. Since that time, he has had a strained relationship with some of his family. John's mother, aunt, grandmother and 2 of his sisters also struggled with hoarding.

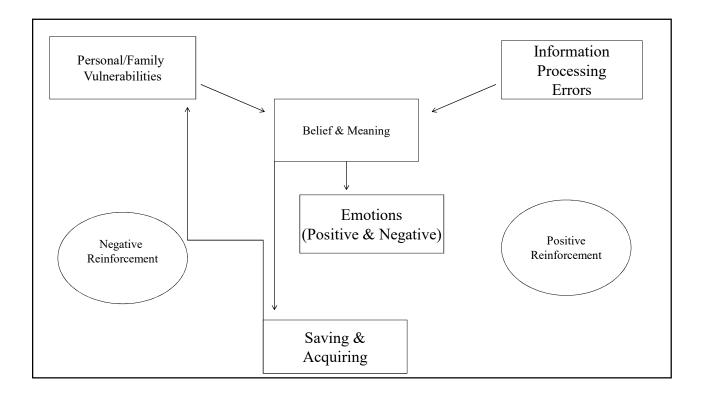
John was forced to retire from his job as a van driver for a local college after a mental health crisis. He has a history of being suicidal, depression, and has a high level of anxiety. John has some insight into his hoarding problem but struggles to maintain motivation.

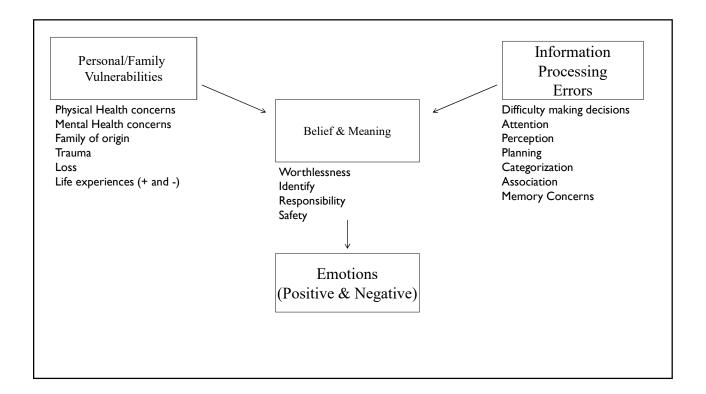
In addition to concerns about John's mental health, he has a number of physical health concerns including a heart condition, the effects of childhood polio, and incontinence. John also struggles with executive functioning tasks such as decisionmaking, sustaining attention, perception, and planning.

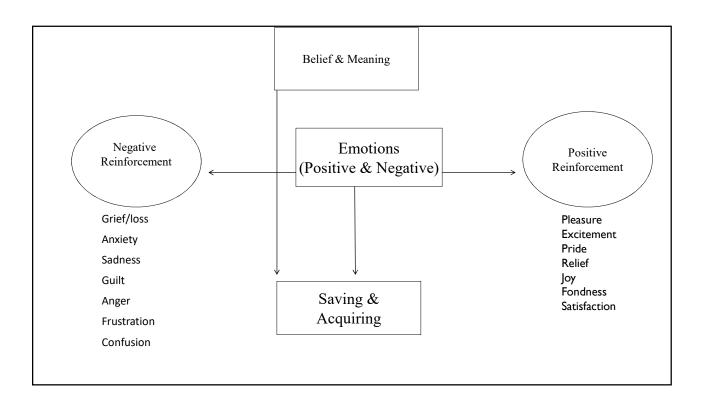
Finally, when raising concerns about his safety if a medical emergency were to occur, John responded to his case manager that it would not matter be cause he would not call 911. The case manager asked why he would hesitate to call 911 and John replied "because I'm not worth saving, there are better people they could use their time to help."

In the past year, John has lost 2 of his sisters to cancer as well as his mother. Some of the items in the home belonged to them. His remaining sister was just diagnosed with terminal lung cancer.

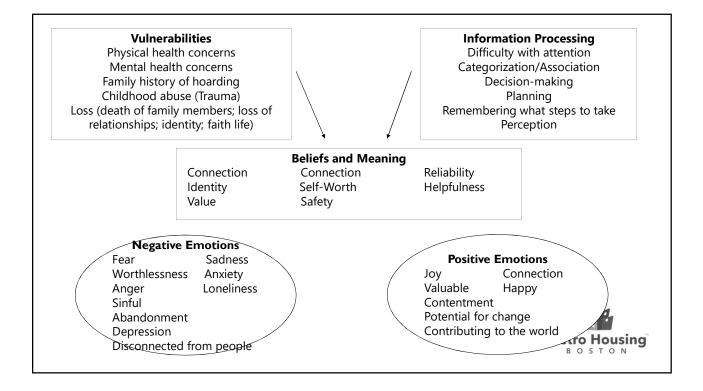


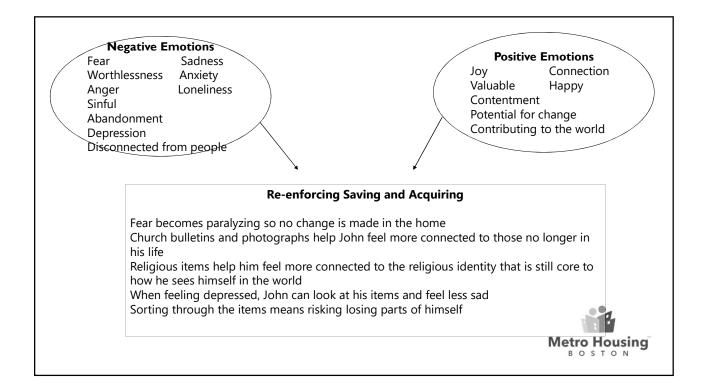












## Planning for John's Case

Family and church items are particularly difficult to part with - hold for last

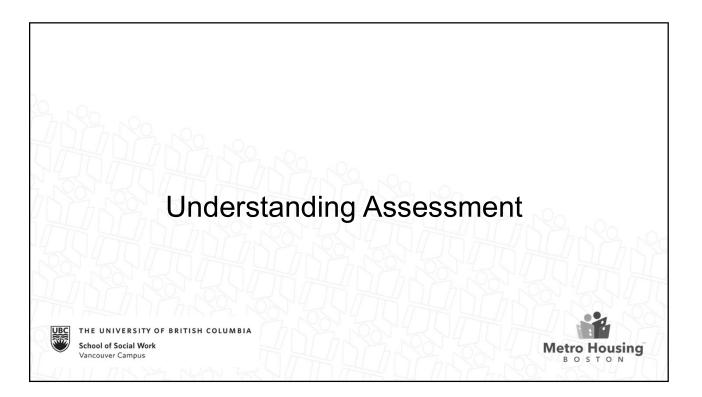
The accumulation of mail is, in part, due to fear around his finances. Downsizing here along with strategies for improving financial management may be helpful

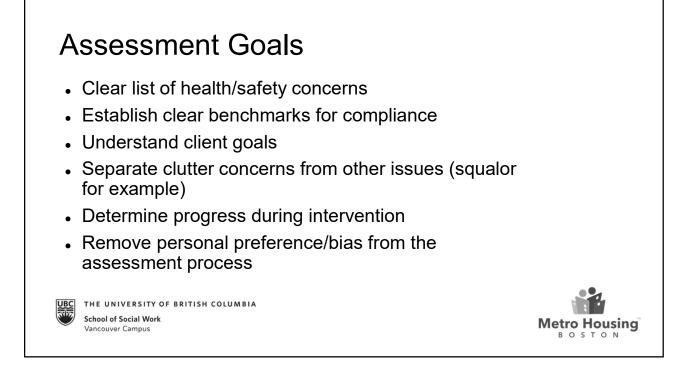
Due to anxiety, depression, and executive functioning challenges, it will be important to sort for small periods of time with regular breaks

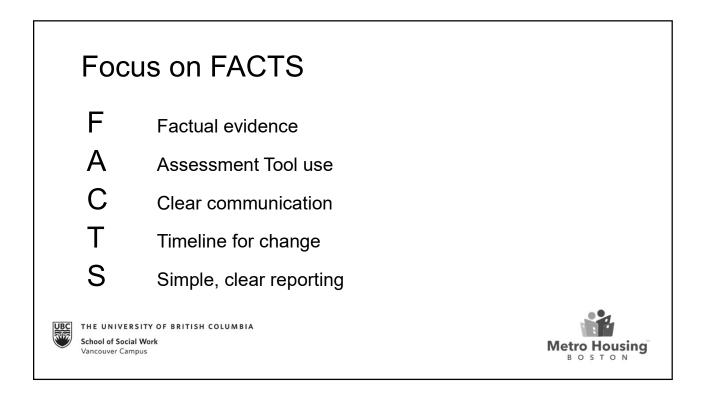
Creating systems for sorting, tools and strategies will be key for successful downsizing

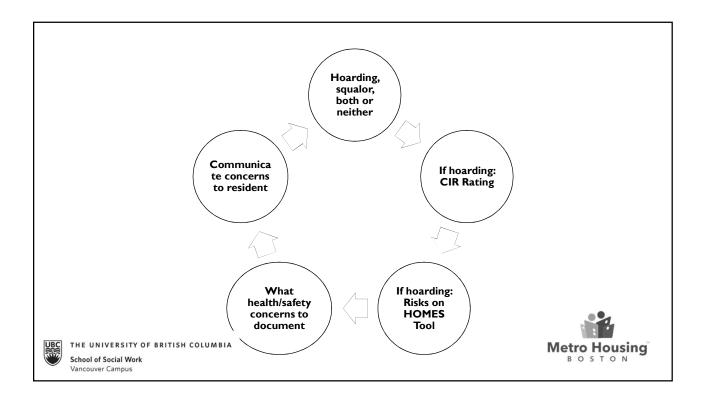
Creating options for connection with people may be important to fill the hole that possessions currently fill

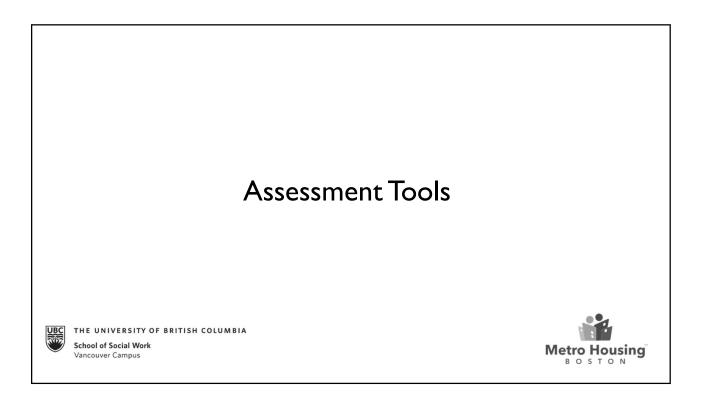












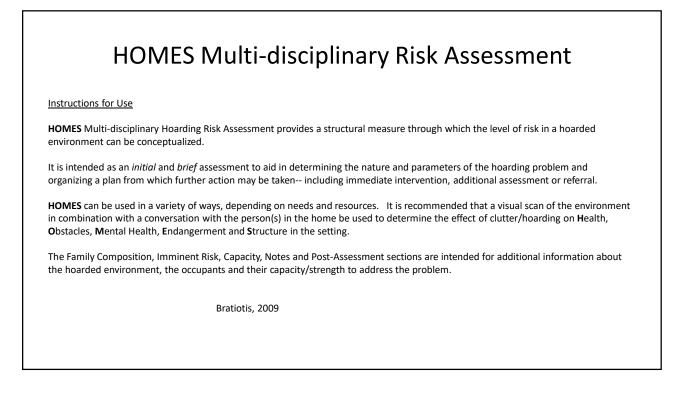
**Metro Housing** 

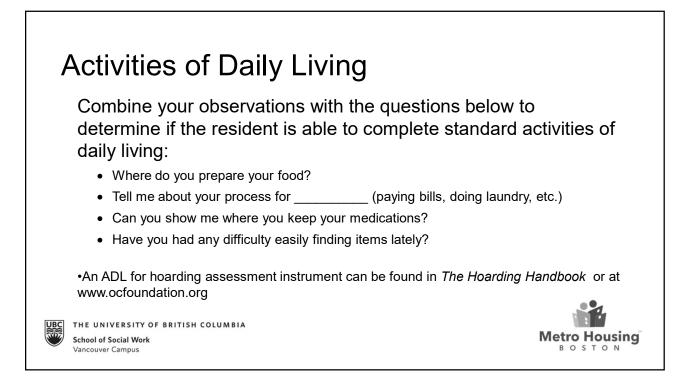
BOSTON

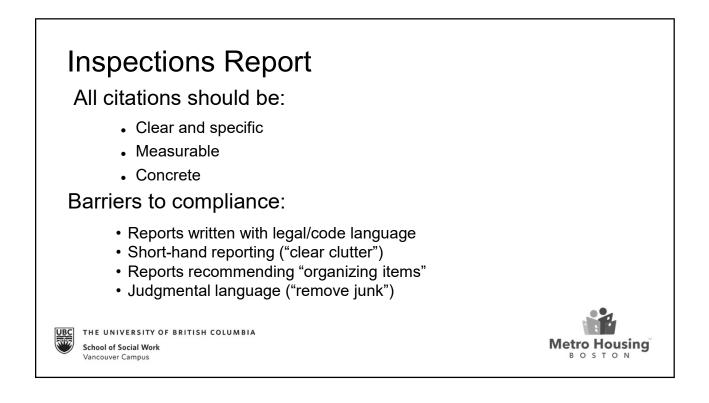
### **Assessment Tools**

- Clutter Image Rating Scale
- HOMES Multi-Disciplinary Risk Assessment
- Inspection report (or notes from home visit)
- Activities of Daily Living (ADL) assessment
- Hoarding Interview

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### Hoarding Interview

Goal is to understand:

- Why the items being saved are important to the resident (regardless of your perspective about the items)
- Where the items are acquired
- The resident's perspective and desires
- Understand options for finding common ground



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**Metro Housing** 

BOSTON

### Communication

- Be clear about expectations and limitations
- Ask open-ended questions
- Use respectful, non-judgmental language
- Mirror the language used by the resident
- Expect that engagement and motivation are ongoing parts of communication
- Genuinely praise success, however small

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