What is Hoarding?

- Is there the acquisition of and failure to discard a large volume of possessions?
- Does the clutter make it difficult to use rooms for their intended purpose?
- Is there distress or impairment in functioning caused by the clutter?
What is Squalor?

- Squalor is defined as filthiness or degradation from neglect
- Examples of squalor include: rotting food, infestation, human or animal waste
- Hoarding is typically characterized as a cluttered living environment; clutter may exist with or without poor sanitation

Demographics, Prevalence and the Role of Underlying Issues
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
Co-Occurring Mental Health Concerns

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Disorder</td>
<td>50.7%</td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td>27.8%</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>24.4%</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>23.5%</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td>17.0%</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>14.3%</td>
</tr>
<tr>
<td>Kleptomania</td>
<td>9.9%</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>6.9%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.8%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>1.4%</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

(Frost et al., 2011)

Executive Functioning

Difficulties with
- Categorization/association
- Perception
- Decision-making
- Attention
- Prospective memory
- Complex thinking tasks
Case Study #1: Understanding Underlying Factors

Case Study: Instructions

1. Read and take notes about the upcoming case study;
2. In your groups, make a list of specific factors in the case study that may be contributing to the client’s hoarding behaviors
3. Discuss and prepare to present information about how/why the factors may be playing a role in hoarding intervention
Contributing Factors and Intervention

What are key events in the case study that may be contributing to the hoarding behaviors?

What are key emotions in the case study that may be contributing to the hoarding behaviors?

What key skills are (such as executive functioning skills) may be contributing to the hoarding behaviors?

How do these factors impact how to approach intervention work with the client? What must be put into place in order for the client to successfully move forward?

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. Additionally, 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 because 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.

Steketee and Frost Conceptual Model for Hoarding
Exercise #2: Creating John's Hoarding Model
Vulnerabilities
Physical health concerns
Mental health concerns
Family history of hoarding
Childhood abuse (Trauma)
Loss (death of family members; loss of relationships; identity; faith life)

Information Processing
Difficulty with attention
Categorization/Association
Decision-making
Planning
Remembering what steps to take
Perception

Beliefs and Meaning
Connection
Identity
Value
Connection
Self-Worth
Reliability
Helpfulness
Value
Safety

Negative Emotions
Fear
Sadness

Worthlessness
Anxiety

Anger
Loneliness

Sinful

Abandonment
Depression
Disconnected from people

Positive Emotions
Joy
Connection

Valuable
Happy

Contentment

Potential for change
Contributing to the world

Re-enforcing Saving and Acquiring
Fear becomes paralyzing so no change is made in the home
Church bulletins and photographs help John feel more connected to those no longer in his life
Religious items help him feel more connected to the religious identity that is still core to how he sees himself in the world
When feeling depressed, John can look at his items and feel less sad
Sorting through the items means risking losing parts of himself
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

Understanding Assessment
Assessment Goals

- Clear list of health/safety concerns
- Establish clear benchmarks for compliance
- Understand client goals
- Separate clutter concerns from other issues (squalor for example)
- Determine progress during intervention
- Remove personal preference/bias from the assessment process

Focus on FACTS

F  Factual evidence
A  Assessment Tool use
C  Clear communication
T  Timeline for change
S  Simple, clear reporting
Assessment Tools
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

HOMES Multi-disciplinary Risk Assessment

Instructions for Use

HOMES Multi-disciplinary Hoarding Risk Assessment provides a structural measure through which the level of risk in a hoarded environment can be conceptualized.

It is intended as an initial and brief assessment to aid in determining the nature and parameters of the hoarding problem and organizing a plan from which further action may be taken— including immediate intervention, additional assessment or referral.

HOMES can be used in a variety of ways, depending on needs and resources. It is recommended that a visual scan of the environment in combination with a conversation with the person(s) in the home be used to determine the effect of clutter/hoarding on Health, Obstacles, Mental Health, Endangerment and Structure in the setting.

The Family Composition, Imminent Risk, Capacity, Notes and Post-Assessment sections are intended for additional information about the hoarded environment, the occupants and their capacity/strength to address the problem.

Bratiotis, 2009
Activities of Daily Living

Combine your observations with the questions below to determine if the resident is able to complete standard activities of daily living:

- Where do you prepare your food?
- Tell me about your process for __________ (paying bills, doing laundry, etc.)
- Can you show me where you keep your medications?
- Have you had any difficulty easily finding items lately?

• An ADL for hoarding assessment instrument can be found in The Hoarding Handbook or at www.ocfoundation.org

Inspections Report

All citations should be:

- Clear and specific
- Measurable
- Concrete

Barriers to compliance:

- Reports written with legal/code language
- Short-hand reporting (“clear clutter”)
- Reports recommending “organizing items”
- Judgmental language (“remove junk”)
Hoardung 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

Hoardung Interview Questions

Tell me about your _____ (tea pots, games, books, etc.)
Are there ways that you would like to be able to do in your home that are difficult now?
I wonder if there was a time when you felt that you successfully organized your home?
Have others in your life commented on your clutter before?
It seems that there are some health/safety concerns being expressed by your housing provider. What are your thoughts about those concerns?
Are there ways that the clutter prevents you from doing things that are important to you?
Has anyone offered to help you address your clutter before?
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

Using A Team Based Approach
Roles in Intervention

- There are two primary roles when intervening with hoarding
  - The **enforcement role**: clarifies what is causing code violations, could lead to eviction (stick)
  - The **support role**: offers assistance needed to meet codes, prevent eviction, address underlying causes, access resources (carrot)

Why A Team Based Approach?

- Residents with hoarding can be expensive, difficult and time consuming
- No discipline has all the expertise needed; increases range of knowledge and skill available to resident
- Greater opportunity for resource identification; reduces resources required by any one agency
- Networking potential for future cases
Keys To Success

- **Use carrot/stick approach**
  - If your professional identity is one of enforcement, it is helpful to pair with a supportive professional

- **Use coordinated service plan**
  - Clearly outlines roles/responsibilities of all agencies and resident
  - Useful for clear communication and holding all accountable
  - Outlines limitations and contingency plans

- **Establish who on the team determines when the unit meets compliance and someone who coordinates communication/services**

More Keys To Success

- Make sure everyone knows which violations are most severe and which are less of an immediate concern (not everything is Tier 1!)
- Make sure that everyone assisting with intervention understands the inspection report
- Communicate the timeline and consequences for failing to comply
- Use the CIR and Homes in regular communication
- The goal is a safe home, not perfection (Don't get caught in the perfection trap!)