HOARDING SEMINAR: UNDERSTANDING AND TREATING THE CHAOS

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MYTHS ABOUT HOARDING DISORDER

- “She’s just lazy.”
- “He refuses to clean.”
- “Those people just won’t change.”
- “Just take it one room at a time and it’ll be no problem at all!”
- “You’re not even trying!”
- “I’ll clean the house while he’s gone and give him a fresh start.”
- “Those people are pigs – disgusting – crazy – sick – there’s nothing wrong with them, they just need to knock it off.”
CONSEQUENCES OF ACTING ON THESE MYTHS

- Communities that clean out homes over and over again – spend too much money, get frustrated at lack of results, get stuck in legal problems and court cases.

- Relationship losses for individual who hoards, family members and friends, neighbors, communities.

- Anger, disgust, humiliation, shame, guilt, hurt, frustration, lack of trust, broken relationships, potential re-traumatization of person who hoards.

- Waste of money, time and human resources

- In the end, we are back where we started – a home that is hoarded and unsafe for the homeowner and the public.
WHAT TO DO?

- Keep in mind that Hoarding Disorder is a mental health disorder that has public safety implications.

- Unless we address both the mental health disorder AND the public safety concerns, we will not have sustainable and effective treatment that supports the person who hoards and those who are impacted by their behaviors.
OBJECTIVES

- Introduction to Hoarding Disorder
- Public Safety, mental health and hoarding
- Conducting a home visit
- Diagnosis and assessment of Hoarding Disorder
- Assessments of Home Environment and Functioning
- Treatments strategies
BACKGROUND ON
HOARDING DISORDER
Quick answer: With the DSM5 hoarding disorder is a diagnosis, the common definition has 4 parts:

1. Excessive acquisition of stuff*
2. Difficulty discarding possessions due to the “role” of the hoard.
3. Living spaces that can’t be used for their intended purposes because of clutter.
4. Causing significant distress or impairment (Frost & Hartl, 1996)

*Not universal in all people who hoard
About 2-5% of the population hoard, which is about 15 million people in the U.S., on the high end. (Iervolino et al., 2009; Samuels et al., 2008)
WHAT’S THE DIFFERENCE BETWEEN CLUTTER, COLLECTING, AND HOARDING?
CLUTTER: POSSESSIONS ARE DISORGANIZED AND MAY BE ACCUMULATED AROUND LIVING AREAS

No major difficulty with excessive acquisition AND no major difficulty discarding items
Can carry on normal activities in home
COLLECTING: EXISTING AND NEW POSSESSIONS THAT ARE PART OF LARGER SET OF ITEMS

Display does not impede active living areas in home
HOARDING: POSSESSIONS BECOME UNORGANIZED PILES OF CLUTTER PREVENT ROOMS FROM BEING USED FOR NORMAL ACTIVITIES

Motivation to display items: lost
Research projects that

- **Older people hoard more than younger people** (Samuels, et al. 2008)

- **People with lower income hoard more than people with higher income** (Samuels, et al. 2008)

- **Gender differences?** (2008 Samuels, Bienvenu, Grados, Cullen, Riddle, Liang, Eaton, & Nestadt).

- Self-reported childhood adversities were associated with hoarding
- Lack of security
- Excessive physical discipline
- Parental psychiatric symptoms (mania, depression, and heavy alcohol use) were associated with hoarding
- Chaotic upbringing = may seek security in collecting and saving a large amount of possessions.
- Strong emotional attachment to possessions may be a response to poor attachment to parents during childhood.
Yes, hoarding disorder must be considered a co-occurring disorder and is associated with another mental health diagnosis 92% of the time (Frost et al., 2011)

- 57% Major depressive disorder
- 29% Social phobia
- 28% Generalized anxiety disorder (Frost et al., 2006)
- 30-40%: OCD (e.g. Samuels et al., 2007)
- 31%: Organic Brain Illness
- 30%: Personality Disorders (Mataix-Cols, et al., 2000)
- 20%: ADHD (e.g. Sheppard et al., 2010)
- Dementia (Hwang et al., 1999)
- Eating Disorders (Frankenburg, 1984)
- Substance abuse (Samuels et al., 2008)
Hoardings behavior arises from a variety of external and internal variables that are biological, psychological, and social in nature. We can’t talk about one of these pieces without talking about the others!
Biological:
- Family History
- Medical background
- Information processing deficits

Family history/genetic link
- Hoarding Disorder is a clearly familial condition with a large correlation between hoarding behaviors and having at least one first-degree relative who hoards

- Over 50% of a sample of severe hoarding participants had a first degree relative with hoarding problems (Pertusa et al., 2008)

- Sibling studies have also confirmed hoarding to be familial (Cullen et al., 2007; Chacon et al., 2007; Hasler et al., 2007; Pinto et al., 2008)
Psychological

- Co-morbidity
  - Depression
  - Anxiety
  - OCD
  - ADHD
  - Personality Disorders
  - Severe and Persistent Mental Illness (SPMI)
Psychological Cont’d

Role of the hoard

- Feelings toward object: Memory-related concerns
- Desire for control
- Responsibility and waste
- Aesthetics
- Hoarding behaviors can be reinforced over time (Frost & Hartl, 1996)
  - Acquiring things makes us feel good, so we want to do more of it
  - Getting rid of things makes us anxious, so we want to do less of it
- Mental health/emotional distress:
  - Poor coping/self-care
  - Co-morbid mental health conditions
  - Unresolved trauma and loss

Memory

- Impaired delayed recall (both verbal and visual) and use less effective visual recall strategies (Hartl et al., 2004)
- Reported relying more on visual recall (remembering where an item was last seen) instead of categorical recall (remembering where a certain category of item is usually placed) (Tolin 2011)
- **Social**
  - Unresolved trauma and loss
  - Major life events, transitions
  - Societal messages
    - Stigma
  - Family relationships
    - Dynamics
    - Relational patterns
      - Closeness, flexibility, communication, conflict, satisfaction
WHAT IS THE LINK BETWEEN HOARDING AND THE BRAIN?

- **Brain functioning differences – Occipital and frontal lobes** *(Saxena et al., 2004)*
  - Abnormalities in areas associated with: executive functioning, impulse control, and processing of reward value

- **Maladaptive Cognitive Processes** *(Grisham, Brown, Savage, Steketee, & Barlow, 2007; Grisham, Norberg, Williams, Certoma, & Kadib, 2010; Hartl, Duffany, Allen, Steketee, & Frost, 2005; Hartl et al., 2004; Lawrence et al., 2006)*
  - Information processing difficulties
    - Over-reliance on visual vs. categorical memory cues
    - Attention: Churning; “Clutter blindness” = failure to recognize extent of clutter in the home *(Stekete & Frost, 2014, p.2-3)*
  - Over- or undercategorization
Complex ability to respond in adaptive way to novel situations. Include processes such as:

- Decision Making
- Planning
- Planned action
- Effective performance
- Attention
- Inhibitory control
- Organization
- Categorization
- Attention
- Complex thinking
- Working memory

Effective organization requires an individual be able to attend to the task, make decisions, problem-solve and be able to change plans or strategies when they are ineffective. 

Loring, 2004
SAFETY & HEALTH RISKS ASSOCIATED WITH HOARDING

**Safety**
- Fire hazard
- Blocked exits
- Risk of falls/items falling
- Lack of routine home maintenance
- Structural damage to building from increased weight and volume of clutter
- Risk of eviction and homelessness

**Health**
- Impaired functioning
  - Poor hygiene and grooming, nutrition
  - Inattention to medical needs
  - Inadequate financial management
  - Difficulty cleaning around clutter
  - Sleeping on floor instead of bed

**Mental Health**

**Increased Health Problems**
- Molds, bacteria, dust, dirt
  - Asthma, allergies, headaches
- Rodent/insect infestation
- Animal/human feces/remains (hanta virus, tapeworm, psittacosis, cat scratch disease)
PUBLIC SAFETY, MENTAL HEALTH, AND HOARDING
Hoarding is a mental health disorder that has public safety implications.
Generally, communities wait until a home is significantly hoarded, the city then gets involved – no mental health support is provided. If the homeowner cannot or will not clean the home, a forced cleanout takes place.
The public safety issue is addressed . . . momentarily. Because the mental health issue has not been addressed, the homeowner will return to hoarding behaviors almost immediately. Let’s be clear, public safety is doing its job – but if its job is to be sustainable, mental health MUST be part of the solution.
AND THE CYCLE CONTINUES . . .

- This response is not sustainable.
- This response is not effective.
- This response is not financially sound.
- This response is potentially traumatizing or re-traumatizing for the homeowner.
Clean-outs can do more harm than good.
- Can be traumatizing
- Emotional Flooding
- Even threats can be unhelpful
  - Can ruin relationships and trust

“In all three instances of going in and cleaning these places up, within weeks of relocating the individual back into a clean environment, the individual passed away…it was such a dramatic change for them because we didn’t realize the impact of the sociological change.” (Brace, 2007)

- It’s not sustainable
- BUT sometimes it’s necessary
Hoarding: A Community Burden

- By the time hoarding cases come to public attention, they likely:
  - Require intensive, lengthy, costly, strategic and complex responses
  - Require coordinated, collaborative efforts from many different public and private systems
    (hoardingtaskforce.org)
This alternative to forced clean-outs requires collaboration between:

- Legal
- Fire and police
- Medicine
- Animal control
- Organizers
- Volunteers
- Cleaning companies
- Homeowner/client
- Family/friends
- County/city departments
- Housing/code enforcement
- Public health
- Community mental health agencies
- Mental health professionals
- Protective services
- Aging services
CONDUCTING A HOME VISIT
CONDUCTING A HOME VISIT: 
MANAGE INITIAL REACTIONS TO 
HOARDED HOME

- Use respectful language
  - Avoid judgments
    - “What a mess!”
  - Be aware of non-verbals
    - Facial expressions

*Your reaction will set the mood if they are going to trust you

- Match person’s language
  - Avoid using “trash”, “junk”, “hoarding”
  - Use client words: “your things”, “your collections”
Avoid touching objects
- Can evoke strong emotions from clients
  - Violation; fear
- Take a notebook and pen to keep hands occupied; less temptation to touch objects

Avoid making suggestions about belongings
- Suggestions- though well-intended- are generally poorly received
Focus on initial safety

- Avoid discussing the “fate” of the client’s possessions during initial visits
  - Will be addressed later and may require input from other professionals
- Clarify safety and legal requirements

Imagine self in hoarding client’s shoes

- How would you want others to behave toward you to help you manage your anger, frustration, resentment, and embarrassment?
Dealing with Resistance

- Roll with it - expect it and do not fight it

- Consider the behavior to be the person’s best attempt to protect him or herself against uncomfortable/painful feelings

- Remember this is a mental health concern

- Person could be experiencing traumatic response
Family members can range in reactivity and beliefs
- Can influence intervention efforts
- They may also have hoarding traits or a full-blown problem
- Family relationships are likely strained because of the hoarding

Similar communication strategies for working with family

May recommend family seek out support/therapeutic services for their own struggles
- Also offer referrals for professional assistance
DIAGNOSIS AND ASSESSMENT OF HOARDING DISORDER
300.03 HOARDING DISORDER

a. “persistent difficulty discarding or parting with possessions, regardless of their actual value”

b. Difficulty due to a perceived need to save items and to distress associated with discarding them

c. Difficulty discarding possessions results in 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)

d. 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)

e. Not due to medical condition (e.g. brain injury, cerebrovascular disease)

f. Not due to another mental health condition (e.g. OCD, major depressive disorder, schizophrenia, neurocognitive disorders, autism)

Specify if:

a. With excessive acquisition

b. Insight (good, poor, delusional)
SCREENING: ASK!

- First and foremost, ASK!

- Make sure to incorporate some form of question that can help indicate a problem at home with clutter, excessive acquisition, or difficulty discarding.

- Examples:
  - Are any areas of your home difficult to walk through because of clutter?
  - Are you unable to use any parts of your home for their intended purposes? For example, cooking, using furniture, washing dishes, sleeping in bed, etc?
  - Do you find the act of throwing away or donating things very upsetting?
  - Do you have strong urges to buy or collect free things for which you have no immediate use?
  - Have you ever been in an argument with a loved one because of the clutter in your home?
ASSESSMENTS OF HOME ENVIRONMENT AND FUNCTIONING
### "LEVELS" OF HOARDING
(ICD CLUTTER—HOARDING SCALE)

<table>
<thead>
<tr>
<th>Structure and Zoning</th>
<th>Animals and Pests</th>
<th>Household Functions</th>
<th>Health and Safety</th>
<th>Personal Protective Equipment (PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL I</strong></td>
<td>All doors, stairs and windows accessible; plumbing; electric and HVAC operational; fire and CO2 detectors installed and functional.</td>
<td>Normal animal control (cleaning); approved number of animals; no evidence of rodents or insects.</td>
<td>No excessive clutter; all rooms properly used; appliances functional; good housekeeping and maintenance.</td>
<td>Safe, sanitary; no odors; medication control OK.</td>
</tr>
<tr>
<td><strong>LEVEL II</strong></td>
<td>1 major area blocked; 1 major appliance or HVAC device not working for longer than one season; some plumbing or electrical systems not fully functional; fire or CO2 detectors non-existent or non-functional.</td>
<td>Evidence of inappropriate animal control; visible or odoriferous pest waste; visible pest harborage; light to medium evidence of common household pests/insects.</td>
<td>Clutter beginning to obstruct living areas; slight conglomeration of objects; entrances, hallways and stairs; at least one room not being used for intended purpose; several appliances not functional; inconsistent household cleaning and maintenance.</td>
<td>Diminished appropriate sanitation; odors from dirty dishes, food prep areas, dirty dishes, milky; odors obvious and irritating; garbage cans not in use or overflowing; diet and debris; dirty laundry throughout house; RX and CTC medications hazardous control (e.g. children, pets, mentally impaired).</td>
</tr>
<tr>
<td><strong>LEVEL III</strong></td>
<td>Outside clutter of items normally stored indoors; HVAC devices not working for longer than one season; fire or CO2 detectors non-existent or non-functional; one part of home has light structural damage occurring within past six months.</td>
<td>Animal population exceeds local regulations; inappropriate animal control; inadequate sanitation; audible evidence of pests; medium level of spiders; light insect infestation such as bed bugs, lice, fleas, roaches, ants, silverfish, spiders, etc.</td>
<td>Clutter obstructing functions of key living areas; building up around attics, entryways, hallways and stairs; at least one room not being used for intended purpose; several appliances not functional; inappropriate usage of electric appliances and extension cords; substandard housekeeping and maintenance; hazardous substances in small quantities.</td>
<td>Limited evidence of maintaining sanitation (heavily soiled food prep areas, dirty dishes, milky); odors obvious and irritating; garbage cans not in use or overflowing; diet and debris; dirty laundry throughout house; RX and CTC medications hazardous control (e.g. children, pets, mentally impaired).</td>
</tr>
<tr>
<td><strong>LEVEL IV</strong></td>
<td>Excessive outdoor clutter of items normally stored indoors; HVAC devices not working for longer than one year; fire or CO2 detectors non-existent or non-functional; structural damage to home lasting longer than six months; water damaged floors, damaged walls and foundations, broken windows, doors or plumbing, odor or evidence of sewer backup.</td>
<td>Animal population exceeds local ordinances; poor animal sanitation; destructive behavior; excessive spiders and webs; bats, squirrels, rodents in attic or basement (audible and visible); medium insect infestation.</td>
<td>Diminished use and accessibility to key living areas; several rooms cluttered to extent they cannot be used for intended purposes; clutter inhibits access to doorways, hallways, and stairs; inappropriate storage of hazardous/combustible materials; appliances used inappropriately; improper use of electric spaces heaters, fans, or extension cords.</td>
<td>Rotting food, organic contamination; expired, leaking cans or bottles, buckled sides and tops; dishes and utensils; unusable, no lines on boards; sleeping on mattresses; chair or floor; infestation of bedding and/or furniture; medications; RX and CTC medications easily accessible to anybody.</td>
</tr>
<tr>
<td><strong>LEVEL V</strong></td>
<td>Extreme indoor/outdoor clutter; hillage overgrowth; abandoned machinery; ventilation inadequate or nonexistent; HVAC systems not working; water damaged floors, walls and foundation; broken windows, doors or plumbing; uninstalled electrical, water and/or septic systems; odor or sewer backup; irreparable damage to exterior and interior structure.</td>
<td>Animals at risk and dangerous to people due to behavior; health and numbers; pervasive spiders, cockroaches, mice, rats, squirrels, rabbits, bats, snakes, etc; heavy infestation of insects such as bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.</td>
<td>Key living spaces not usable; all rooms not used for intended purposes; entrances, hallways and stairs blocked; toilets, sinks, and tubs not functioning; hazardous conditions observed by clutter; appliances unusable, hazardous and primitive use of propane, kerosene, kerosene, candles, fireplaces/ or mobile homes as primary source of heat and/or light.</td>
<td>Human waste and access present; rotting food; organic contamination; cans or jars expired, leaking or buckled; dishes and utensils buried or nonexistent; bats inaccessible or unusable due to clutter or infestation; pervasive mold and/or mildew; moisture or standing water; RX and CTC medications easily accessible to anybody; presence of aspirin RX.</td>
</tr>
</tbody>
</table>

*Optional*

**LIGHT PPE**
- Medical or work gloves
- Caps (shock or poly bouffant)
- First aid kit
- Insect repellent
- Hand sanitizer

**MEDIUM PPE**
- Face masks or N95 respirator masks
- Eye protection
- Gloves
- Disposable coveralls
- Poly caps
- Work shoes/boots
- Full PPE
- Headlamp or flashlight

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Assessment of home’s interior, except where outside structure affects overall safety of interior

Guideline tool by professional organizers and related professionals

5 categories:

- **Structure and Zoning**
- **Animals and Pests**
- **Household Functions**
- **Health & Safety**
- **Personal Protective Equipment (PPE)**

**ICD Clutter-Hoarding Scale (CHS)**

Available for free download: www.challengingdisorganization.org
Household environment is considered standard. No special knowledge in working with chronically disorganized is necessary.
Household environment requires professional organizers or related professionals who have additional knowledge and understanding of chronic disorganization.
Pivot point between a cluttered household environment and a potential hoarding environment. Those working with Level III household environments should have significant training in chronic disorganization and will require a community network of resources, especially a mental health professional.
Household environment required a coordinated collaborative team of service providers in addition to professional organizers and family: mental health professional, social workers, financial counselors, pest and animal control officers, crime scene cleaners, licensed contractors and handypersons.
Professional organizers should no work alone in a Level V environment. Requires a collaborative team, potentially including family, mental health professionals, social workers, building manager, zoning, fire, and/or safety agents. Formal written agreements among the parties should be in place before proceeding.
Uniform Inspection Checklist: Quick Reference

The inspector must be able to view, reach, and test all items on the inspection checklist.

**Priority #1: Harm Reduction Targets:** The following items must be UNOBLICUTED (completely clear of any items). *Inspector: Place an 'X' next to items to indicate that they are unobstructed.*

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit</td>
<td>Exit must be unobstructed. All doors: including entry &amp; exit, closet, cabinet, pantry, etc.</td>
</tr>
<tr>
<td>Smoke detectors, CO detectors, &amp; sprinkler heads (all that apply)</td>
<td>To be able to locate &amp; access.</td>
</tr>
<tr>
<td>All doors: including entry &amp; exit, closet, cabinet, pantry, etc.</td>
<td>May not have barrier or obstruction.</td>
</tr>
<tr>
<td>Minimum of 1 unobstructed window in living room &amp; each bedroom for</td>
<td>Emergency exit.</td>
</tr>
<tr>
<td>minimum of 1 unobstructed window in living room &amp; each bedroom for</td>
<td></td>
</tr>
<tr>
<td>emergency exit</td>
<td></td>
</tr>
<tr>
<td>Emergency pull cords - end of cord must be no more than 18&quot; from</td>
<td></td>
</tr>
<tr>
<td>the floor</td>
<td></td>
</tr>
</tbody>
</table>

**Priority #2: General Inspection Targets:** The following items must be ACCESSIBLE (easily able to reach by the inspector). *Inspector: Place an 'X' next to items if they are accessible to you.*

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windows</td>
<td></td>
</tr>
<tr>
<td>Electrical panel(s) &amp; electrical outlets</td>
<td></td>
</tr>
<tr>
<td>All heat sources</td>
<td></td>
</tr>
<tr>
<td>All plumbing fixtures &amp; pipes, including plumbing under all sinks</td>
<td></td>
</tr>
<tr>
<td>Sinks, bathtubs, &amp; showers</td>
<td></td>
</tr>
</tbody>
</table>

**Priority #3: General Health and Safety Targets:** *Inspectors: Place an 'X' next to item if the general health and safety guideline has been met.*

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinks</td>
<td>Must function and show routine use &amp; care.</td>
</tr>
<tr>
<td>Kitchen area must have a clear &amp; clean space sufficient for food</td>
<td></td>
</tr>
<tr>
<td>preparation</td>
<td></td>
</tr>
<tr>
<td>Refrigerator &amp; freezer clean, not overfilled, no expired or rotting</td>
<td></td>
</tr>
<tr>
<td>food</td>
<td></td>
</tr>
<tr>
<td>No expired or decaying food or garbage (no attract vermin)</td>
<td></td>
</tr>
<tr>
<td>Stove, range w/ oven - interior, exterior, &amp; top must be clean &amp;</td>
<td></td>
</tr>
<tr>
<td>free of debris</td>
<td></td>
</tr>
<tr>
<td>No evidence of infestation</td>
<td></td>
</tr>
<tr>
<td>Garbage &amp; debris must be removed from residence on routine basis</td>
<td></td>
</tr>
<tr>
<td>No trip hazards, fall hazards, or avalanche risk</td>
<td></td>
</tr>
<tr>
<td>No extension cords under carpets or across floors or rooms of</td>
<td></td>
</tr>
<tr>
<td>residence</td>
<td></td>
</tr>
<tr>
<td>No long-term storage of newspapers, magazines, papers, or flammable</td>
<td></td>
</tr>
<tr>
<td>liquids to cause fire</td>
<td></td>
</tr>
<tr>
<td>No exposed or frayed electrical wiring</td>
<td></td>
</tr>
<tr>
<td>No excessive pet odor, pet hair, pet waste</td>
<td></td>
</tr>
</tbody>
</table>

*Any items that are not marked must be addressed as part of the Eviction Diversion Program.*
ACTIVITIES OF DAILY LIVING- HOARDING (ADL-H) SCALES

- Extent to which ordinary activities can be accomplished in the context of hoarding problem
  - Specific risks
- Scoring: Average
  - Sum scores (except NA’s) and divide by number of scored items
  - Score in the 3 range: indicate substantial functioning impairment due to clutter
- How much hoarding interferes with 16 ordinary activities
  - Ex: bathing, dressing, preparing meals
- 7 questions: quality of living conditions
  - Ex: presence of rotten food, insect infestation
- 6 questions: safety and health
  - Ex: fire hazards and unsanitary conditions
- 2 subscales scored separately
Developed to overcome problems with over- and under-reporting
9 pictures for 3 main rooms
- Kitchen
- Living room
- Bedroom
1= no clutter to 9= severe clutter
Review room and select picture that looks most like room in the home
Score of 4 or more: clinically significant clutter problem
PSYCHOLOGICAL ASSESSMENT TOOLS
STRUCTURED INTERVIEW FOR HOARDING DISORDER (PERTUSA ET AL., 2013)

- Diagnostic tool
- Interview structured to help guide a clinician’s diagnosis through the 6 criteria of hoarding disorder and its 2 specifiers

**CRITERION A**

*Persistent difficulty discarding or parting with possessions, regardless of their actual value.*

Do you experience difficulty discarding or parting with possessions? This may include throwing away, selling, giving away, recycling, etc.

- YES → go to next box
- NO → hoarding disorder not present

How long have you had this problem for? ________________ months/years.

If hoarding is a persistent problem that has been present for a long period of time → Criterion A is present → go to next box

If hoarding has been present for a relatively short period of time (i.e., only a few weeks or months), inquire about temporary factors that may account for the difficulties discarding (e.g., recent inheritance of a large number of possessions, moving to a different home). If the hoarding behavior can be entirely explained by these circumstances → hoarding disorder not present
Done in addition to the physical observation of home

Better understand:
- Causes of problem
- Features that might affect intervention
- Avenues/impediments to change

Conducted as a conversation

Ideally conducted by a mental health professional, but other professionals with good skills in dealing with sensitive issues can also do this
HOARDING RATING SCALE (HRS)  
(TOLIN, FROST, STEKETEE, 2010)

- 5-item scale, self-report measure
- 2-3 minutes
- Assesses severity of main features of hoarding
  - Clutter
  - Difficulty discarding
  - Acquisition
  - Distress
  - Functional impairment
- 0 (no problem) to 8 (extreme problem)
- Hoarding disorder: score at least a 4 or above on clutter and difficulty discarding, as well as on either distress OR functional impairment
  - Mild but significant hoarding: 16
  - Moderate: Avg. 24
  - Severe: Above 30

Examples

1. Because of clutter or number of possessions, how difficult is it for you to use the rooms in your house?

2. To what extent do you have difficulty discarding (or recycling, selling, or giving away) ordinary things that other people would get rid of?
HARM REDUCTION & SAFETY
MENTAL HEALTH & SAFETY

- Care providers need to balance protecting individual rights and autonomy while effectively responding to public health and safety imperatives (Saltz, 2010)
- Thorough mental and physical health assessment, including mental capacity
- Development of positive and trusting relationship with patient
- Providing mental health treatment for co-occurring diagnoses even if treatment doesn’t improve hoarding
- Reducing risk by emphasizing increasing safety rather than eliminating hoarding behavior
- Working with appropriate community agencies to improve communication and develop coordinated response

<table>
<thead>
<tr>
<th>If the client has:</th>
<th>Goal of intervention:</th>
</tr>
</thead>
<tbody>
<tr>
<td>High risk/high capacity</td>
<td>Accept client’s right to self-determination</td>
</tr>
<tr>
<td>High risk/low capacity</td>
<td>Intervention required up to and including legal (guardianship, conservatorship, etc.)</td>
</tr>
<tr>
<td>High risk/moderate capacity</td>
<td>Reduce resistance; reduce risk; increase capacity</td>
</tr>
</tbody>
</table>
Set of practical strategies that reduce the negative consequences of a particular health issue (Harm Reduction Coalition, 2010)

Goal: not to eliminate behavior itself but to minimize negative, unwanted consequences that accompany behavior

Does not require the individual to have “insight” into reasons for hoarding
- Only recognize the potential for harm to them, others, or neighbors and to agree to minimize the risk
- Doesn’t prevent new items from coming in or increase discarding

Helpful for individual with cognitive impairments or for people who are unwilling to seek treatment
WHAT HARM REDUCTION LOOKS LIKE

- **Safety**
  - Moving flammable materials away from heat sources
  - Clearing walkways of trip hazards
  - Clearing enough room around doors and window

- **Health**
  - Clearing access to bathroom and washing facilities
  - Ensuring proper food storage
  - Addressing appropriate trash and waste disposal
  - Eliminating pest infestations

- **Comfort**
  - Addressing heating and cooling problems
  - Designating and clearing appropriate places to sleep and eat
  - Making space to conduct daily tasks
Not necessary to stop all acquiring nor clear all debris to reduce harm
Problem of hoarding is a unique interaction between person, condition, and person’s environment, and therefore requires a unique plan
Person who hoards is an essential member of the harm reduction team
Failures to honor the harm reduction plan are part of the approach and do not mean the approach is failing
People who hoard can make positive changes in their lives even though they continue to hoard

Goals of Harm Reduction
- Keep people safe and comfortable in their homes
- Focus on moving possessions away from high-risk areas
- Focus on creating systems to minimize acquisition and maintain safety
- Focuses on setting up systems for organization and effective living

TREATMENT AND STRATEGIES FOR SERVICE PROFESSIONALS
Combining strategies from across fields can help to most holistically treat this mental health and public safety issue.

Integrated treatment approach (modeled after treatment for co-occurring disorders)

- Prioritize treatment goals for primary diagnoses

Mental Health: CBT most Evidenced Based Practice

- Integrated treatment for hoarding will include different types of interventions to support specific treatment goals
  - Examples:
    - Distress re: discarding items: Exposure treatments (CBT)
    - Organization skills: Executive skills building (ADHD treatment)

Medication for Hoarding Disorder?
<table>
<thead>
<tr>
<th>COMMON TREATMENT GOALS FOR HOARDING DISORDER</th>
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<tbody>
<tr>
<td>- Increase understanding of hoarding behavior.</td>
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<tr>
<td>- Create living space</td>
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<tr>
<td>- Increase appropriate use of space</td>
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<tr>
<td>- Organize possessions to make them more accessible</td>
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<tr>
<td>- Improve decision-making skills</td>
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<tr>
<td>- Reduce compulsive buying or acquiring and replace these behaviors with other pleasurable activities</td>
</tr>
<tr>
<td>- Evaluate beliefs about possessions</td>
</tr>
<tr>
<td>- Reduce clutter level in home environment</td>
</tr>
<tr>
<td>- Learn problem-solving skills</td>
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<tr>
<td>- Prevent future hoarding</td>
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EFFECTIVE TREATMENTS FOR HOARDING DISORDER
WHEN THE HOARDED HOME IS EXTREME
Often a cleanout with a bio-hazard cleaning company will be required in order to bring the home to safety and protect the homeowner as well as those in proximity.

Remember the chart that showed six month re-hoarding?

With that in mind, a mental health professional who can be with the homeowner in the process:

- **Before** – clarify what to expect, practice mindfulness and anxiety management

- **During** – apply stress management techniques, keep client from getting emotionally flooded

- **After** – re-group, engage in long-term mental health therapy to address why the hoarding exists and the behaviors
WHEN THE HOARDED HOME IS AT MID-LEVEL
This can be described as a “clean hoard,” likely does not have bio-hazard materials, but rather too much stuff.

This is still a safety issue due to the amount of stuff in the home and must be addressed.

Mental health professional can collaborate with professional organizer, volunteer, or county worker (e.g., PCA or homemaker) to bring the home to safety according to housing code, which includes (not limited to):

- 3 ft. pathways
- cleared entrances and exits
- Working smoke alarms
- no flammable materials
TRANSITION TO LONGER TERM TREATMENT
Adapted to hoarding disorder
- elements of motivational interviewing
- several features of cognitive therapy and behavioral practice for OCD, and
- skills training

The treatment focuses on three hoarding behaviors:
- excessive acquisition
- difficulty discarding or letting go of possessions, and
- disorganization and clutter that impairs functioning.

Figure 1: A cognitive-behavioral model of hoarding disorder.

https://www.dovepress.com/neuropsychological-and-neurophysiological-insights-into-hoarding-disorder-peer-reviewed-fulltext-article-NDT
COPING STRATEGIES

- Work with client prior to exposure treatments on distress tolerance and self-soothing skills
  - *Breathing techniques*: help people to slow, control, and relax breathing
  - *Relaxation techniques*
    - Progressive muscle relaxation - tension and anxiety
    - “Safe place”
  - *Grounding techniques*: bring people back in touch with environment/surroundings
  - *Distraction techniques*: helpful to begin tackling avoidance
    - Counting, visualization, remembering a pleasant memory, focusing on breathing
COGNITIVE SKILL BUILDING

Executive Function

- The brain's ability to take in information, and make decisions based on this information.
  - Planning
  - Organizing
  - Shifting attention
  - Multi-tasking challenges
  - How to systematically approach a task
  - How to break down a task into smaller steps
  - How to manage and organize time
  - How to complete a task
Executive Function Strategies

- Teach how to ask for help
- Give one instruction at a time
- Point out the important information
- Use clear and direct language
- Prioritize by importance
- Create a reasonable time line or due dates
- Know what works for your client and stick with it
Behavioral Experiments in CBT for HD
- Behavioral experiments
- General – can be used to test any hoarding-related beliefs
- Needing objects in sight
- Give object to someone and make decision about what to do about it later, without seeing it again
- Influence on your life experiment
- Give an item to someone and then rate how much this impacted daily life; was it needed?
ACQUIRING INTERVENTIONS

- Detailed assessment of cues for acquiring and beliefs/emotions that contribute to behavior of acquiring
- Initially, may want to avoid triggers for acquiring in the short-term
- Write out decisional balance of acquiring and not acquiring (playing the tape all the way through)
- Establish rules for acquiring, keep reminder of rules handy
- Evaluating need versus want
- Create non-acquiring hierarchy
- Non-acquiring exposures
- Alternative sources of positive emotions
- Alternative coping strategies to acquiring for emotion regulation
Imaginal exposure
General – can be used to prepare for in vivo exposures
Loss of possessions
If house were going to be destroyed, what would they save?
How would they cope? What would they miss the most? Least?
Use to help establish priorities
Loss of information
Imagine all the publications in the US on a given day and all the information they contain
Imagine all the lectures and other sources of information they have missed
FAMILY THERAPY

- Coaching
  - Role-playing
- Communication
- Psychoeducation
- Support group involvement

- Positive family relationships can help serve as a protective factor between psychological distress and hoarding severity (Sampson & Harris, 2013).
## Support Groups

### People who Hoard
- Buried in Treasures
- Peer-led options
- Sense of belonging in a community
- Non-judgment
- Processing
- Self-awareness

### Family Members
- **THP Manual**
  - Psychoeducation
  - Communication
  - Self-care
  - Stigma
  - Trauma
  - Ambiguous Loss
  - Treatment Options
  - Resources
Research indicates that individual treatment approaches have limited success. (Saxena, Brody, Maidment & Baxter 2007; Tolin, Frost & Stekete 2007)

Multidisciplinary approaches attend to the complex nature of hoarding. (Koenig, et al 2010)

Why work collaboratively?
- Ethical – right thing to do
- Effective – bio-psychosocial problems
- Resource-conserving - integrated care less expensive
- Clinician and professional-friendly – supportive in a situation which has small “successes”

Identify stakeholders impacted by hoarding disorder:
- Housing
- Public health
- Mental health
- Protective services
- Aging services
- Legal
- Fire and police
- Medicine
- Animal control
- Organizers
- Cleaning companies
TIPS FOR HOARDING WORK

- **Assessment**
  - Screen for hoarding behaviors in all of your clients
  - Identify all significant factors, including any co-occurring disorders

- **Prioritize treatment with all factors considered**
  - Safety first
  - Skill building second
  - Deeper processing third

- **Work collaboratively as resources allow**
  - Once physical space is “safe”, de-cluttering does not need to be prioritized as main focus of treatment
    - Working with organizer as adjunct to therapy can be helpful
There are several different resources that are available to people who hoard, their families, and people who work with them.

### Non-profit agencies:
- THP Consulting
- Full Life Care
- International OCD Foundation
- Mental Health Association of San Francisco
- Institute of Challenging Disorganization
- Children of Hoarders

### Support Groups
- The Hoarding Project
- The Clutter Movement and The Clutter Movement Family Support groups on Facebook
- www.ocdseattle.org/support-seattle.aspx
- Children of Hoarders
- Clutterers Anonymous
REFERENCES

- **CERT Basic Training, 2011**