

HOARDING: Issues and Intervention

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HOARDING

(COMPULSIVE HOARDING, COMPULSIVE HOARDING SYNDROME)

Compulsive hoarding was originally defined as “acquisition of/ or failure to discard possessions that appear to be useless or of limited value”...

It has been expanded to include “significant clutter in the home and behavior that causes impairment”.

(Behavioral Research and Therapy, 1996; 34: 341-350)

CHARACTERISTICS OF COMPULSIVE HOARDING

- Excessive acquisition and retention of “apparently” useless things and animals.
- Cluttered living spaces that limit activities for which these spaces were designed.
- Significant distress or impairment is caused by the hoarding behaviors.

Frost and Hartl (1996)

HOARDING STATISTICS

- It is a hidden problem.
- Estimates are that hoarding behaviors effects between 2 - 5% of the population!
- Recent research states there is no gender differences.
- Though it is thought to begin in adolescence, due to the progressive nature of hoarding behaviors there are increasing problems as individuals age.

RISK FACTORS FOR HOARDING

- Age –begins in adolescence
- Stressful life event often precedes behavior
- Lower socioeconomic income
- Tendency to be single or divorced
- Hereditary issues – 50 – 80% of individuals who had hoarding behaviors had first degree relatives who were considered “pack rats” or hoarders.

RISK FACTORS FOR HOARDING

- Stressful Life Events –
 - Some individuals develop hoarding behaviors after experiencing a stressful life event such as a motor vehicle accident, death of a love one, sexual abuse, rape or witness to a crime.
 - Behavioral Research Therapy 1996; 34:341-350.
 - Behavioral Research Therapy 2005; 43:269-276.
 - Journal of Anxiety Disorders January 2005; 675-686.
 - Clinical Psychiatry News, June 2006.

RISK FACTORS FOR HOARDING

- Stressful Life Events Cont.
 - Significant correlation of hoarding in females to a history of interpersonal violence; 76% compared to 32% in the general populations (Tolin and Meunier et al., 2010).
 - Childhood adversities
 - Parent with psychiatric symptoms
 - Homebreak-ins
 - Excessive physical discipline (Samuels, Bienvenu, et al., 2008)

CO-MORBIDITY

- Depression – 57%
- Anxiety - Generalized, Social, Posttraumatic Stress
- Obsessive Compulsive Disorder
- Attention Deficit Hyperactivity
- Dementia

SYMPTOMS (WHAT WE SEE!):

- Cluttered living spaces
- Inability to discard items
- Keeping stacks of newspapers, magazines or junk mail
- Moving items from one pile to another without discarding anything – “churning”
- Difficulty managing daily activities, including difficulty making decisions

INDIVIDUALS WHO HAVE “HOARDING BEHAVIORS”:

- May have a significant emotional attachment to items.
- Feel the items they collect will be needed or will have value in the future.
- Feel **safer** when surrounded by the things they collect!



INDIVIDUALS WHO HAVE “HOARDING BEHAVIORS”:

- Personalities that may also be indecisive and avoidant
- Most individuals who hoard are socially withdrawn and isolated/ or hoarding behaviors may lead to social isolation
- People who compulsively hoard are often perfectionists



INDIVIDUALS WHO HAVE “HOARDING BEHAVIORS”:

- The need to acquire unneeded or seemingly useless items, including trash
- Excessive attachment to possessions and have discomfort letting others touch or borrow possessions
- A sense of responsibility
- Difficulty organizing items



KEY WORDS FOR HOARDING

Indecisiveness

Procrastination

Avoidance

Perfectionism

HOARDING

- Now considered a distinct disorder in DSM 5
- Previously was a Subtype or symptom of Obsessive Compulsive Disorder
- Hoarding behaviors may also be seen in individuals with Generalized Anxiety Disorder, Social Phobias, Schizophrenia, Dementia, Eating disorders and Mental Retardation
- Those with significant hoarding symptoms are more likely to suffer from co-morbid depression

DIAGNOSING HOARDING:

- Primary reasons for Hoarding are “biologically-based” rather than “psychological”.
- Studies have shown that no definitive cause that has been determined.

Randy Frost, PhD, Israel Professor of Psychology, Smith College, Northampton Mass.

HOARDING

- Why the relationship with Obsessive Compulsive Disorder?
 - Hoarding and “saving” behaviors are found in 18 – 42% of individuals with OCD
 - Most individuals who hoard will also exhibit symptoms of OCD



HOARDING RESEARCH

- Functional imaging suggests the medial prefrontal area of the brain plays an important role.
- PET Scans show lower than normal activity in the anterior cingulate gyrus. This area is associated with such tasks as focused attention and decision making.



HOARDING RESEARCH

- Compulsive Hoarding has a different pattern of genetic inheritance than OCD symptoms
- Studies had suggested that compulsive hoarding syndrome is a genetically distinct subgroup or variant of OCD with a characteristic pattern of associated symptoms and functional disability

Saxena, S., Brody, A, et al "Cerebral Glucose Metabolism in Obsessive-Compulsive Hoarding," American Journal of Psychiatry, 161:6, June 2004



DSM 5 Hoarding:

- Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- This difficulty is due to a perceived need to save the items and distress associated with discarding them.
- The symptoms result in the accumulation of possessions that congest and clutter active living areas, and substantially compromise their intended uses. If living areas are uncluttered, it is only because of the interventions of third parties.

DSM 5 CONT.

- The 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).
- The hoarding is not attributable to another medical condition (e.g.: brain injury, cerebrovascular disease, etc.).

DSM 5 CONT.

- The hoarding is not better accounted for by the symptoms of another DSM 5 disorder (e.g.: hoarding due to obsessions in Obsessive Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia, restricted interests in Autism Spectrum Disorder, etc.).

COMPLICATIONS OF HOARDING

- Unsanitary conditions that pose a health risk - 81% of cases
- Inability to perform daily tasks, such as bathing or cooking
- Poor work performance
- Loneliness and social isolation
- Fire hazard - 45% of cases
- Falls usually expose the situation!



ANIMAL HOARDING IS ALSO A CONCERN!



ANIMAL HOARDING IS DEFINED BY FOUR CHARACTERISTICS

- Obsessive attempts to accumulate or maintain a collection of animals in the face of progressively deteriorating conditions;
- Failure to provide minimal standards of sanitation, space, nutrition, and veterinary care for animals;

“Animal Hoarding: Structuring Interdisciplinary Responses to help People, Animals and Communities at Risk,” 2004, Hoarding of Animal Research Consortium(HARC).



ANIMAL HOARDING IS DEFINED BY FOUR CHARACTERISTICS

- Inability to recognize the effects of this failure on the welfare of the animals, human members of the household, and the environment and
- Denial or minimization of problems and living conditions for people and animals.

"Animal Hoarding: Structuring Interdisciplinary Responses to help People, Animals and Communities at Risk," 2004, Hoarding of Animal Research Consortium(HARC).

Hoarding is a "symptom" that is known to be difficult to treat, even more so if the client is unwilling!

DIAGNOSING HOARDING:

- Acquisition of a large number of possessions
- Having an overly cluttered home or living spaces
- Having significant distress over the hoarding behavior

ASSESSMENT



ASSESSMENT

- Saving Inventory-Revised tool (Frost)
- Saving Cognition Inventory (Frost, Steketee)
- Hoarding Rating Scale (Frost, Tolan, Steketee)
- Clutter Image Rating Scale (Frost)
- HOMES Assessment



ASSESSMENT

- Activities of Daily Living (ADL)
- Geriatric Assessment
- Neurocognitive Screens
 - MOCA - Montreal Cognitive Assessment
 - SLUMS - The Saint Louis University Mental Status



CLUTTER IMAGE RATING SCALE (FROST)

Clutter Image Rating Scale: Kitchen

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



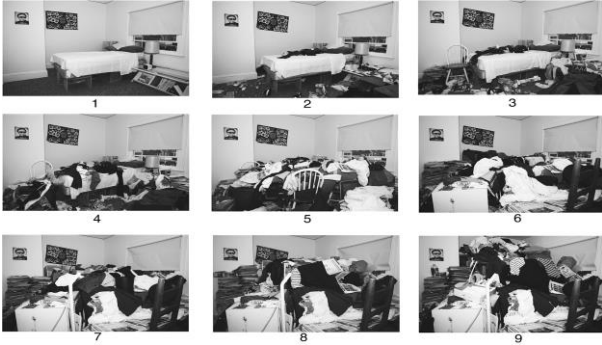
Clutter Image Rating: Living Room

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



Clutter Image Rating: Bedroom

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



HOMES ASSESSMENT

HOMES[®] Multi-disciplinary Hoarding Risk Assessment

Health

- Cannot use bathtub/shower
- Cannot access toilet
- Garbage/Trash Overflow
- Cannot prepare food
- Cannot sleep in bed
- Cannot use stove/fridge/sink
- Presence of spoiled food
- Presence of feces/urine (human or animal)
- Cannot locate medications or equipment
- Presence of insects/rodents
- Presence of mold or chronic dampness

Notes: _____

Obstacles

- Cannot move freely/safely in home
- Unstable piles/avalanche risk
- Inability for EMT to enter/gain access
- Egresses, exits or vents blocked or unusable

Notes: _____

HOMES ASSESSMENT

Mental health (Note that this is not a clinical diagnosis; use only to identify risk factors)

- Does not seem to understand seriousness of problem
- Does not seem to accept likely consequence of problem
- Defensive or angry
- Anxious or apprehensive
- Unaware, not alert, or confused

Notes: _____

Endangerment (evaluate threat based on other sections with attention to specific populations listed below)

- Threat to health or safety of child/minor
- Threat to health or safety of older adult
- Threat to health or safety of person with disability
- Threat to health or safety of animal

Notes: _____

Structure & Safety

- Unstable floorboards/stairs/porch
- Leaking roof
- Electrical wires/cords exposed
- No running water/plumbing problems
- Flammable items beside heat source
- Caving walls
- No heat/electricity
- Blocked/unsafe electric heater or vents
- Storage of hazardous materials/weapons

Notes: _____

TREATMENT



TREATMENT

- Treatment is challenging and has “mixed success”
- Cross system collaboration helpful
- Medication
- Psychotherapy



TREATMENT - MEDICATION

- Antidepressants – (SSRI's) Selective Serotonin Reuptake Inhibitors to treat the secondary mood disorder/ depression



TREATMENT -THERAPY

- Behavioral Therapy
- Cognitive remediation
- Focus on building concrete skills

COGNITIVE BEHAVIORAL THERAPY

- Cognitive Behavioral Therapy is the most commonly cited approach and has been shown to be effective up to 50% of individuals.

- Muroff, J., Steketee, G., Bratiotis, C., et al. "Group cognitive and behavioral treatment for compulsive hoarding: a preliminary trial," *Depression and Anxiety*, 2009; 26 (7): 634-640.
- Steketee, G., Tolin, D.F., "Cognitive-behavioral therapy for hoarding in the context of contamination fears," *Journal of Clinical Psychology* 2011; 67 (5): 485-496.

TREATMENT -THERAPY

- Frost and his colleagues found that 26 sessions of behavioral therapy, including home visits, over a 7 to 12 month period helped half of the 10 hoarders who completed a cognitive behavioral/ psychotherapeutic program become "much improved" or "very much improved."

Randy Frost, PhD, Israel Professor of Psychology,
Smith College, Northampton, Mass.

COGNITIVE BEHAVIORAL THERAPY PROTOCOL FROST AND STEKETEE

❖ Four Elements:

- Information processing
- Emotional attachment to possessions
- Beliefs about possessions
- Behavioral avoidance



COGNITIVE BEHAVIORAL THERAPY PROTOCOL FROST AND STEKETEE

❖ Information processing:

Focuses on sorting, organizing and decision making.



COGNITIVE BEHAVIORAL THERAPY PROTOCOL FROST AND STEKETEE

❖ Emotional attachment to possessions:

Cognitive restructuring and exposure techniques are used to challenge beliefs around objects and explores consequences of discarding.



**COGNITIVE BEHAVIORAL
THERAPY PROTOCOL** FROST AND STEKETEE

❖ Beliefs about possessions:
Focuses on cognitive restructuring and exposure to examine beliefs around possessions.



**COGNITIVE BEHAVIORAL
THERAPY PROTOCOL** FROST AND STEKETEE

❖ Behavioral Avoidance:
This protocol focuses on creating experiences that allow the individual to face situations that generate anxiety, while replacing avoidance with “adaptive coping strategies”.



COGNITIVE BEHAVIORAL THERAPY

- “Declutter” the home by in-home visits with therapist or “professional organizer”.
- Learn “relaxation” skills.
- Family or group therapy.
- Hospitalization if needed.
- Periodic visits / ongoing treatment to keep up “healthy” habits.



COGNITIVE BEHAVIORAL THERAPY

- Explore potential issues behind hoarding behaviors.
- Learn to organize and categorize possessions. (Practical Approaches – Four Key Actions).
- Improve decision-making skills

PRACTICAL APPROACHES – FOUR KEY ACTIONS

- Throw away (TA)
- Recycle (R)
- Give Away (GA)
- Keep and Put Away (KAPA)

These actions should be the basis of **everything** you do!

<http://understanding OCD.tripod.com/hoarding.html>

CLUTTERGONE APPROACH

[HTTP://WWW.CLUTTERGONE.CO.UK/](http://www.cluttergone.co.uk/)

- Clutter – easily shifted, part of a disorganized life
- Clots – collection of clutter not moved for 6 months or more
- Clogs – when “clots” become stuck together
- Goat paths – between clots
- Define “rubbish”
- During “first pass” get rid of rubbish

INTERVENTION

ASSESSING CLUTTER

- Where does the clutter come from?
 - Acquiring
 - Difficulty Discarding
 - Or is it both?

INTERVENTION PROCESS

- Understand your Role
- Engage the person and build trust
- Assess the home and the person
- Build a harm reduction team
- Create a harm reduction plan & contract
- Monitor progress and manage setbacks
- Coordinate modified clean out or “Safety Day” (if necessary)

ENGAGEMENT

Remember these guidelines:

- Don't **gasp!**
- Find something to compliment!
- Be grateful and nonjudgmental.
- Ask questions!
- Don't touch!
- Evaluate for safety!
- Build trust – remember the relationship is important!

ENGAGEMENT

- **Set a goal - What will change look like?**
 - I will have a bed where I can sleep.
 - I will have a table I can eat at.
 - I will have floor space for my grandchildren to play.
 - I will have kitchen where I can cook.
 - I will have my possessions organized and easy to find.

HARM REDUCTION TECHNIQUES

- Help the client set realistic harm reduction goals!
 - **SMART** goals (Specific, Measurable, Achievable, Results-focused, Time-bound)
 - Set Harm Reduction targets for each goal
- Develop a way to monitor progress towards the goals
- Develop a list of strategies each team member will use to help.
- Develop a written **contract** that spells out goals, strategy and agreement.

STRATEGIES TO REDUCE CLUTTER

○ Questions to help with sorting and discarding?

- When was the last time I needed it?
- When was the last time I used it?
- How likely is it that I will use it in the future?
- What is my track record of using items like this?
- What is the impact of keeping the things in relation to my problem?

STRATEGIES TO REDUCE CLUTTER

○ Assist Client to set “rules”:

- I will get rid of anything I have not used in the past 2 years.
- I will give some of my keepsakes to my family so I can see them enjoy them now.
- I will keep only the amount of this item that will fit in this closet.
- I will keep only those things that bring me great joy.
- For every one thing I keep, I will discard something.
- For every one thing I bring home, I will discard something.

MONITORING PROGRESS MANAGING SETBACKS

- On each visit, review harm reduction goals in contract
- Monitor previously cleared harm reduction targets
- Praise all approximations to the desired goal
- Clear a harm reduction target
- Agree on next harm reduction target
- Set a date for next visit
- End on a positive

CLEANOUT

- Major Cleanout
 - Removal of all clutter from the home
- Modified Cleanout
 - Requires careful preparation and commitment.
 - Assisted sorting and removal of clutter from high-risk areas.
 - Also called "Safety Day" due to focus on health and safety of individual.

PRACTICAL APPROACHES

- Be direct and talk face to face with the client
- Use a soft, gentle approach
- Let the individual tell their story
- Treat the person with respect and dignity
- Remain calm and factual, but caring and supportive

Associated Counselors and Therapists, Hermosa Beach
California - <http://www.beachpsych.com/pages/cc80.html>

PRACTICAL APPROACHES

- Respect the meaning and attachment to the "possessions"— they may have **strong** attachments to seemingly unimportant objects
- Evaluate for safety
- Refer for medical and mental health evaluation
- Go slowly and expect gradual changes

Associated Counselors and Therapists, Hermosa Beach
California - www.beachpsych.com/pages/cc80.html

PRACTICAL APPROACHES

- Reassure the client that you are there to work **with** them!
- Involve the older adult in finding solutions
- Work with medical, mental health, public health and other agencies to maximize resources

Associated Counselors and Therapists, Hermosa Beach California - <http://www.beachpsych.com/pages/cc80.html>



COMMUNITY-BASED INTERVENTIONS

- Cross system collaborative approach
 - Multiagency Hoarding Teams – (MAHT) – coordination of public sector approaches
- “Hoarding Task Forces”



HOARDING TASK FORCES

KEY ISSUES

- A comprehensive, multi-agency approach best serves the interests of the owner/ occupant.
- Each agency must have an understanding of services and capabilities of other agencies.
- Hoarding behaviors can create unsafe living conditions; action must be taken to protect life, health, and safety.

Fairfax County, Virginia Hoarding Task Force, Annual Report, 2009



HOARDING TASK FORCES KEY ISSUES

- Significant staff resources may be required. Enforcement, follow-up, remediation, and court action may require many hours and there is no guarantee that the behavior will not reoccur.
- A compassionate, professional, and coordinated approach must be developed to provide a chance of recovery for the owner/ occupant and the community. Fairfax County, Virginia Hoarding Task Force, Annual Report, 2009

CROSS SYSTEM COLLABORATIVE APPROACH

- Area Agency on Aging
- Mental Health Centers/ Providers
- Crisis Intervention/ emergency services
- Inpatient Psychiatric Services
- Department of Health
- Humane Society
- "Cleanup" organizations
- Religious organizations
- Private consultants – "professional organizers"

RESOURCES FOR HOARDING TASK FORCES

- International Exchange on Hoarding (Mental Health Association of Orange County) - <http://www.hoardingtaskforce.org/>
- Fairfax County Hoarding Task Force - <http://www.fairfaxcounty.gov/code/hoarding/hoarding-annual-report.pdf>
- Orange County Task Force on Hoarding - <http://ochealthinfo.com/bhs/about/amhs/hoarding>

RESOURCES FOR HOARDING TASK FORCES

- o Koenig, T., Chapin R., and Spano, R. "Using Multidisciplinary Teams to Address Ethical Dilemmas with Older Adults Who Hoard," *Journal of Gerontological Social Work*, 53: 137-147. 2010.
- o Whitfield, K., Daniels, J., Flesaker, K., and Simmons, D. "Older Adults with Hoarding Behavior Aging in Place: Looking to a Collaborative Community-Based Planning Approach for Solutions," *Journal of Aging Research*, Volume 2012, Article ID 205425.

RESOURCES

- Buried in Treasure: Help for Compulsive Acquiring, Saving and Hoarding, Randy Frost and Gail Steketee, Boston: Houghton Mifflin Harcourt Press, (2010).
- Compulsive Hoarding and Acquiring: Treatment that Works, Workbook by – Randy Frost and Gail Steketee, Boston: Houghton Mifflin Harcourt Press, (2010).

RESOURCES

- Digging Out: Helping Your Loved One Manage Clutter, Hoarding and Compulsive Acquiring, Michael A. Tompkins and Tamara L. Hartl. Oakland, Calif.: New Harbinger Publications, (2009).
- Stuff: Compulsive Hoarding and the Meaning of Things, Randy Frost and Gail Steketee. Boston: Houghton Mifflin Harcourt, (2010).
- The Hoarding Handbook: A Guide for Human Service Professionals, Bratiotis, C., Schmalisch, C., & Steketee, G. . New York: Oxford University, (2011).

RESOURCES

- Philadelphia Hoarding Task Force - <http://www.philadelphiahoarding.org/>
- Boston Housing Partnership Hoarding Intervention and Tenancy Preservation Project - <https://www.bostonhousing.org/en/BHA-Blog/October-2014/Hoarding-Intervention-Tenancy-Preservation-Project.aspx>

RESOURCES

- Cluttergone - <http://www.compulsive-hoarding.org/index.html>
- Help for Hoarders - <http://www.helpforhoarders.co.uk/>

RESOURCES

- Mayo Clinic – <http://www.mayoclinic.org/diseases-conditions/hoarding/basics/definition/CON-20031337>
- Web MD - <http://www.webmd.com/mental-health/features/harmless-pack-rat-or-compulsive-hoarder?>

RESOURCES

- Hoarding Fact Sheet –
<http://www.beachpsych.com/pages/cc80.html>
- Understanding OCD/ Hoarding –
<http://understanding OCD.tripod.com/hoarding.html>
- Orange County Hoarding Intervention “Resource Guide” -
<http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=11039>
- AARP Caregiving Checklist -
http://assets.aarp.org/external_sites/caregiving/checklists/checklist_homeSafety.html

RESOURCES

- Fire prevention -
<https://www.nfpa.org/~media/Files/Safety%20information/For%20consumers/Hoarding/hoarding.pdf>
- Organizing websites – “Set Me Free”
<http://setmefreeonline.com/>

The Coalition may provide links or references to websites or organizations as a resource. Any mention of such websites or organizations does not imply endorsement or promotion by the Coalition and should not be construed as such.

RESOURCES

- Tufts University Veterinary School -
<http://www.tufts.edu/vet/hoarding/>
- “Animal Hoarding: Structuring interdisciplinary responses to help people, animals and communities at risk,” 2006, Hoarding of Animal Research Consortium, (HARC) Edited by Gary Patronek, Lynn Loar, and Jane N. Nathanson.

SUGGESTED READINGS

- o Ayers, C, et al. "Age at onset and clinical features of late life compulsive hoarding," *Int J Geriatr Psychiatry*, 2010; 25 142-149.
- o Frank, C and Misiaszek, B. "Approach to hoarding in family medicine: beyond reality television," *Canadian Family Physician*, Vol. 58; October 2012.



SUGGESTED READINGS

- o Frost, R. "Treating elders with compulsive Hoarding: a pilot program," *Science Direct: Cognitive and Behavioral Practice*. (2010) Vol.17; 449-457.
- o Frost, R., Tolin, D., and Maltby, N. "Insight-related challenges in the treatment of hoarding," *Science Direct: Cognitive and Behavioral Practice*. (2010) Vol.17; 404-413.



SUGGESTED READINGS

- o Gibson, A., Steketee, G., et al. "Ethical considerations in the treatment of compulsive hoarding." *Science Direct: Cognitive and Behavioral Practice*. (2010) Vol.17; 426-438.
- o Mataix-Cols, Frost, R., Pertusa, A et al. "Hoarding disorder: a new diagnosis for the DSM 5?" *Depression and Anxiety*, (2010) 27: 556-572.



SUGGESTED READINGS

- Pertusa, A, Frost, R., Fullana, M., et al. "Refining the diagnostic boundaries of compulsive hoarding: a critical review." *Clinical Psychology Review*. (2010) 30; 371-386.
- Saxena, S., Brody, A., et al "Cerebral glucose metabolism in obsessive-compulsive hoarding. *Am J Psychiatry*. (2004) 161: 6 1038-1048.



QUESTIONS?