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)
**Hoarder 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.
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 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

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 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.


**DIAGNOSING HOARDING:**

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

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

Clutter Image Rating Scale: Living Room
Treatment is challenging and has "mixed success". Cross system collaboration helpful. Medication and psychotherapy are beneficial.

Medication - SSRI's (Selective Serotonin Reuptake Inhibitors) are effective in treating secondary mood disorders such as 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.


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.
FROST AND STEKETEE

COGNITIVE BEHAVIORAL THERAPY PROTOCOL

Four Elements:
- Information processing
- Emotional attachment to possessions
- Beliefs about possessions
- Behavioral avoidance

COGNITIVE BEHAVIORAL THERAPY PROTOCOL

- Information processing:
  Focuses on sorting, organizing and decision making.

COGNITIVE BEHAVIORAL THERAPY PROTOCOL

- Emotional attachment to possessions:
  Cognitive restructuring and exposure techniques are used to challenge beliefs around objects and explores consequences of discarding.
Beliefs about possessions:
Focuses on cognitive restructuring and exposure to examine beliefs around possessions.

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".

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

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


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


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

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**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”

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**RESOURCES FOR HOARDING TASK FORCES**

- International Exchange on Hoarding (Mental Health Association of Orange County) - [http://www.hoardingtaskforce.org/](http://www.hoardingtaskforce.org/)


- Orange County Task Force on Hoarding - [http://ochealthinfo.com/bhs/about/amhs/hoarding](http://ochealthinfo.com/bhs/about/amhs/hoarding)
RESOURCES FOR HOARDING TASK FORCES


RESOURCES


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• 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_ood.tripod.com/hoarding.html

- Orange County Hoarding Intervention “Resource Guide” -

- 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/

SUGGESTED READINGS


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QUESTIONS?