LEARNING OBJECTIVES

- Participants will be able to identify behaviors of individuals with hoarding disorder and understand the criteria based on the DSM5.
- Participants will review a case study and the impact of EBPs, including CBT and HR.
- Participants will learn 2-3 intervention techniques they can use when in the homes of those who hoard to help them learn to discard items, reduce acquiring items, and decrease distress related.
HISTORY OF HOARDING

• 1908: Freud links hoarding to the anal stage of development due to the loss of control and the desire to gain back the control in the form of “possessions”.

• 1912: Fixations at the Anal stage Anal Personality OCPD (DSM-III)

• 1966: The term “compulsive hoarding” was first mentioned to describe collecting in the article by Bolman & Katz, “Hamburger Hoarding: A case of symbolic cannibalism resembling Whitico psychosis.”


• 1987: Research article on compulsive hoarding by D Greenberg was published.

• 1990s: Major empirical studies and research began. Primarily by Randy O Frost, Gail Steketee, David F Tolin, and Tamara L Hartl.

• 1996: Definition of compulsive hoarding, used today, was developed by Randy O Frost & Tamara L Hartl.

• 2013: Hoarding Disorder became a new diagnosis in the DSM-5.

A FEW FACTS ABOUT HOARDING

• 2-6% of the population suffer from Hoarding Disorder—making it one of the most prevalent.

• The 5% rate is 2x the rate of OCD & 4x the rate of bipolar and schizophrenia.

• 92% of individuals diagnosed with Hoarding Disorder also have another co-occurring disorder.

• 15% of hoarder have insight and acknowledge their behavior as irrational.

• 50% of hoarders grow up in a hoarded home.

• Without intervention the rate of recidivism is nearly 100%.
MYTHS ABOUT HOARDING

1. “DISORGANIZED, LAZY, UNMOTIVATED, UNSANITARY”
   - HD IS A DIAGNOSIS, RATHER THAN AN UNFAIR STIGMA
   - WHAT PEOPLE REALLY NEED IS COMPASSION

2. “CAN’T STOP HOARDING”
   - INTERVENTIONS CAN BE SUCCESSFUL, IT IS A LONG PROCESS

3. “THOSE WHO HOARD ARE COLLECTORS”
   - HOARDING AND COLLECTING ARE 2 DIFFERENT THINGS

HOARDING DEFINED BY DSM-5:

- The DSM-5 categorizes hoarding disorder (300.3) as:
  - 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 to distress associated with discarding the items.
  - The difficulty discarding possessions results in the 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)
  - 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).
HOARDING DEFINED BY DSM-5:

- The hoarding is not attributable to another medical condition.
- The hoarding is not better explained by the symptoms of another mental disorder.

Specify if:

- Excessive Acquisition: Do they continue to acquire items they don’t have space or need for?
- Level of Insight: Good, Fair, Poor, Absent/Delusional

WHO IS HOARDING?

- **Age:** Hoarding behavior may begin as early as adolescence around age 13 (mild), behaviors progress to a moderate problem in the 20s-30s, and to a severe problem in the 40s-50s. Late onset is rare (after 40yo) and usually is correlated with a traumatic event. Hoarding symptoms have been shown to increase each decade.

- **Race/Ethnicity**

- **Gender:** Reports of gender differences have been mixed.

- **Income:** In one study 54.4% of participants report financial difficulty and 37.9% report receiving less than the poverty level in 2005. However, income level varies and resources are an important factor.

- **Other Contributing Factors:** Significant loss, experience of a traumatic event, family history of hoarding, domestic violence, and memory issues were also reported in the analysis of MBHP’s study.

- **IMPORTANT:** there is not a “typical” description of a person who hoards. Hoarders are from all backgrounds, ages, socioeconomic status, gender, ethnicity & race.
SQUALOR? NOT ALWAYS..

* A study by MBHP's analysis of the HI/TPP shows that squalor occurs in 33% of Hoarding cases (total of 175 participants). * Squalor and Hoarding are not mutually exclusive.
WARNING SIGNS

• Difficulty discarding items, regardless of value
• Excessive attachment to items
• Inability to use spaces for intended purposes due to clutter
• Acquiring unneeded items (free and/or purchased items)
• Difficulty managing daily activities/decision-making
• Difficulty organizing
• Isolation or limited social interaction
• Shame or embarrassment
• Excessive bargain shopping
• Feeling overwhelmed by amount of items
• Hesitancy to allow “outsiders” in their home

ITEMS HOARDED

• Paper (mail, newspapers, etc.)
• Books
• Clothes
• Containers (boxes, paper & plastic bags, etc.)
• Garbage/Rotten Food (less common)
• Animals (Even less common)
A STORY…MARTHA

The story of Martha is a common one, yet one that has many complexities.
- Lives alone
- Family home
- Older adult, Physical health is declining
- Socially isolated, no support system, or family support
- Afraid of being removed from home
- Lack of insight
- Many safety concerns & infestations
- Home needs many repairs
- Squalor is present
- Basic needs not being met (shower, toilet, food, etc.)

Clutter Image Rating Scale: Kitchen

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

1  2  3
4  5  6
7  8  9
Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.
BEDROOM #2

Clutter Image Rating: Living Room
Please select the photo below that most accurately reflects the amount of clutter in your room.
<table>
<thead>
<tr>
<th>Activities at Being Living for Reading. (18-39)</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Read work</td>
<td>✔</td>
</tr>
<tr>
<td>2. Use television</td>
<td>✔</td>
</tr>
<tr>
<td>3. Go home</td>
<td>✔</td>
</tr>
<tr>
<td>4. Use Internet</td>
<td>✔</td>
</tr>
<tr>
<td>5. Do sports</td>
<td>✔</td>
</tr>
<tr>
<td>6. Make music</td>
<td>✔</td>
</tr>
<tr>
<td>7. Do housework</td>
<td>✔</td>
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<tr>
<td>8. Drink</td>
<td>✔</td>
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<tr>
<td>9. Use Internet</td>
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<td>10. Use Internet and</td>
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<td>11. Do housework</td>
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<td>12. Make music</td>
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<td>13. Go home</td>
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<tr>
<td>14. Drink</td>
<td>✔</td>
</tr>
<tr>
<td>15. Do housework</td>
<td>✔</td>
</tr>
</tbody>
</table>

The data suggests that reading, working, and using the Internet are the most common activities at being living for reading. The table also shows that people often combine activities, such as drinking while using the Internet. The activities are ranked based on their frequency and duration.
Home Environmental Index

Date: 

Choose and mark problems or concerns based on test results. Please circle the answer that best fits the concern stated in the column.

Do not exceed the following maximum points in the house:

No points:
- No需点
- Water that is run through the tap has no noticeable odor.
- Maintenance: the home, furniture, and household items are clean and well-maintained.
- Odor after the water is run through the tap, maintenance, and household items are clean and well-maintained.
- Maintenance: the home, furniture, and household items are clean and well-maintained.
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- Maintenance: the home, furniture, and household items are clean and well-maintained.
- Odor after the water is run through the tap, maintenance, and household items are clean and well-maintained.

Points:
- 1: 1
- 2: 1
- 3: 1
- 4: 1
- 5: 1
- 6: 1
- 7: 1
- 8: 1
- 9: 1
- 10: 1
- 11: 1
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- 91: 1
- 92: 1
- 93: 1
- 94: 1
- 95: 1
- 96: 1
- 97: 1
- 98: 1
- 99: 1
- 100: 1

Note: Environmental Index

- No points:
- Maintenance: the home, furniture, and household items are clean and well-maintained.
- Odor after the water is run through the tap, maintenance, and household items are clean and well-maintained.
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IN THE HOME…NOW WHAT

• Tiered system
• Sorting session, what does it look like
• Building a relationship….so important

4 TIER SYSTEM

• Tier 1: Ensure client safety in accordance with Philadelphia safety and housing codes.
• Tier 2: Support clients in reverting rooms in their homes to their intended function.
• Tier 3: Establish organizational systems with clients. JFCS supports clients in establishing methods of organization, such as storage containers or filing cabinets, which can help them determine which belongings are essential. These practices contribute to reduced rates of recidivism and help clients maintain orderly and safe living spaces over the long term.
• Tier 4: Provide clients with after-care and continued care coordination to reduce recidivism. JFCS care managers continue to support clients who have successfully de-cluttered their homes and undergone therapy related to managing hoarding behaviors, in order to reduce the likelihood that hoarding tendencies will return, and to ensure that clients have ongoing support following their time in the program. When needed, JFCS connects clients with outside resources that can help monitor client success, like home health aides who previously may not have been able to enter the home.
SORTING SESSION

- Keep Pile
  - Over time items in this pile will reduce
- Maybe Pile
  - Must decide at end of session
- Discard Pile
  - Trash, Recycle, Donate, Give away
  - Don’t remove from pile once decided (create back up plan so items don’t return to Keep Pile).

TIPS FOR SORTING SESSIONS

Focus on one area at a time, decide together where it will be.
Create a place to sort.
Categorize where items will “live”.
Remove items in Discard Pile promptly or have specific plan for when they will be removed.
Set guidelines.
**DOS AND DON’TS**

- **DO** utilize the same language and descriptors the client uses to describe their items or clutter, such as “collections”, “things”. These are items of value to the individual and we want to validate their feelings and beliefs.
- **DO** consider safety first rather than discarding items.
- **DO** identify strengths rather than barriers and utilize positive, encouraging language.
- **DON’T** use language that can be perceived as judgmental or negatively defines their possessions. (“trash”, “junk”, “mess”, etc.). Be cautious of your non-verbal cues!
- **DON’T** engage in a power struggle regarding objects and be aware of suggestions to discard perceptively valuable items, even well intended suggestions may have a negative impact.
- **DON’T** touch personal possessions with permission.

**TREATMENT OPTIONS**

- **Cognitive Behavioral Therapy**- Developed by Steketee and Frost in 2007. A 26 week intervention model to reduce clutter and decrease acquisition of items.
- **Harm Reduction Model**- Developed by Michael A. Tompkins. An alternative to traditional interventions which may be challenging for individuals with hoarding behaviors who may be resistant to treatment.
TREATMENT INTERVENTIONS-CBT

Cognitive Behavioral Therapy Model for Hoarding (Steketee & Frost, 2007)

- This model presumes problems result due to:
  - Personal vulnerabilities (past experiences, comorbidity, negative mood, core beliefs, personality traits, info processing)
  - Beliefs about possessions
  - Positive and negative emotional responses
  - Hoarding behaviors: acquiring, difficulty discarding, disorganized clutter.

- Hoarding behaviors are reinforced positively OR negatively.

Positive Reinforcement: Pleasure from acquiring or saving
Negative Reinforcement: Avoidance of a negative stimuli (or emotions)

MARTHA

- Personal Vulnerabilities
  - comorbidity, personal beliefs about herself/shame, past traumas-loss of parents/sentimentality, family history, personality traits-aesthetic
- Beliefs about Possessions/Thought process
  - sentiment of her items, connection she believed she had with them, perceived value of items
- +/- Emotional responses
  - Positive emotions-obtaining items for crafts, beautiful items, family heirlooms, memories
  - Negative emotions-distress with discarding, fear of losing memories or how would people perceive her (including parents)
- Hoarding Behaviors
  - Collecting arts and crafts, papers, items from parents, mail, food boxes, etc.

HOW IS SHE +/- REINFORCED TO MAINTAIN BEHAVIOR?
**TREATMENT INTERVENTIONS-CBT**

- Risks: Martha’s story
  - Uncovering traumatic memories or unresolved grief
  - Mandated reporting
  - Squalor

- Benefits: Martha’s success
  - After 26 weeks of treatment:
    - 37%-39% showed a reduction in hoarding symptoms
    - 71% were rated as “much” or “very much” improved by therapists
    - 81% were self-rated as “much” or “very much” improved
  - Individuals gain important skills
  - Interventions typically increase self-esteem, mood, & functioning
  - Improvements with Hoarding and clutter which:
    - May reduce risk of eviction
    - Reduce environmental & safety risks

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**TREATMENT INTERVENTIONS-HR**

**Harm Reduction for Hoarding**
(Michael Tompkins, 2012)

- Hoarding is a unique disorder because it has a connection between the person, condition, and person’s environment.
- Person who hoards is considered a significant member of the harm reduction team.
- Person does not need to stop acquiring items altogether.
- Person does not need to endure a full “clean-out” of all their possessions.
- The approach takes failure into account and is part of the harm reduction plan, it does not mean the approach is failing.
- People can hoard and make positive changes in their lives that allows them to live safely and independently.
- Assesses for harm potential based on four categories:
  - Environmental Risk
  - Social Capacity
  - Physical Capacity
  - Psychological Capacity
MARTHA

• Martha has not left her home in over 5 years, lived in her home for entire life
• Martha is engaged, initial member of the team, over the course of 1 year had 33 people enter her home.
• Continued to acquire, purchases became more thoughtful, unable to leave home so delivery was important.
• SAFETY DAY
• Martha’s goal was for her home to be “safe enough” to age in place.
• Back steps, built into intervention process. When expected it helps to protect Martha and Support Person.

TREATMENT INTERVENTIONS-HR

BENEFITS
• Increases involvement for those who are treatment resistant.
• Allows individual to live safely without the trauma of a full Clean Out.
• Allows for fluctuation in motivation.

CHALLENGES
• Comorbidity
• Other members of the hoarding contract are either too involved or not as involved as planned.
• Lack of contract adherence measures
• Burnout

Benefits & Challenges-Martha’s Story
ALTERNATIVE TREATMENT INTERVENTIONS

- Exposure and Ritual Prevention (ERP) is typically utilized for individual with OCD-symptoms.
  - This treatment has shown to be ineffective in most cases.
- Support Groups
  - Some success when highly structured
  - Buried In Treasures: Help for Compulsive Acquiring, Saving, and Hoarding has created a structured guide to facilitate a group.
  - The Hoarding Project: Family member support groups
- Forced Clean-outs
  - Usually result in anger, hurt, trauma, and mistrust.
  - Should only be used when necessary for personal and environmental safety.
  - The individual should always be involved in the clean-out process.
- Medication:
  - No medication specific to hoarding disorders
  - Other medications may be prescribed for comorbid disorders such as antidepressants, antipsychotics, anxiolytics, etc.

ASSESSMENT TOOLS

- Clutter Image Rating (CIR)
- Activities of Daily Living-Hoarding (ADL-H)
- Homes Environment Index (HEI)
HOARDING PROGRAM @ JFCS

36 scores over 2 years

THANK YOU!!

- JFCS of Greater Philadelphia
- Hoarding Intervention Program
- Courtney Owen, LCSW
  - cowen@jfcsphilly.org
  - 267-838-1462
  - OR
  - 1.866.JFCS.NOW