HOARDING DISORDER:
A Collaborative Community Approach

October 2, 2018
2018 Wyoming Conference on Aging, Laramie, WY

www.HoardingDisorderGroup.education

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I. **Terminology Disclaimer**

The use of the terms “Hoarder” and “Clutterer” are used in the context of this presentation as short hand ways of identifying people with hoarding disorder or chronic disorganization.

In using these terms we do not suggest that they define the entirety of who the person is; they simply describes behavior that can impact that person’s life.

Such terminology is not meant to label anyone, as labels are limiting, and obscure the ability to change that each one has inside of us.

*We are all unique beings*
While the condition of hoarding has been documented for centuries, it has only been in the last 10-15 years that researchers have begun to analyze the causes, treatment and impact of this disorder.

This presentation is possible due to the incredible work by:

- Dr. Randy Frost
- Dr. Gail Steketee
- Dr. Christiana Bratiotis
- Dr. Michael Tompkins
- Dr. David Tolin
- Dr. Tamara Hartl

Their groundbreaking work can be found in the bibliography for this workshop.
Manifestations of Hoarding Disorder (HD)

- Acquisition
- Saving
- Disorganization
Home of Langley and Homer Collyer circa March 1947

Harlem brownstone on Fifth Ave at the corner of 128th St.
HOMER COLLYER FOUND DEAD!

Langley Collyer Main Suspect

As news of the fall of Batista's government spread through Havana, The New York Times described the scene as one of jubilant crowds pouring into the streets with automobile horns hooting. The black and white photo of the 26th of July Movement workers and police officers reading The New York Times is a stark contrast to the violence unfolding around them.

NYPD and July 26th Movement workers

© HRDT Group 2015
By I. F. Stone: How 11,000 Live on Cyprus

Collyer Died as He Lived

No Break in Phone Strike

Billy Rose

Ford to Be Buried At His Birthplace

N. Y. vs. Philadelphia Picking Horseshoes, Page 2

Vandenberg Backs Truman But Criticizes Tactics

This is the tunnel-booby trap where Langley Collyer died. Detectives Joseph Whitmore, left, and John Langley, who had been detailed to find Langley, had insisted that the only place the Frightened Hermit could be was in his own mansion. Four feet of rubbish covered the body when the police began their job of clearing the rooms in which Hooier and Langley were known to have lived. Rats came scurrying out of the tunnel as the workers neared the end of their 16-day search.

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Manifestations of Hoarding Disorder (HD)

Hoarding Disorder

vs.

Clutter
Collecting
Squalor

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Clutter is defined in the DSM-V as “a large group of usually unrelated or marginally related objects piled together in a disorganized fashion in spaces designed for other purposes (e.g.) tabletops, floor, hallway)."
Chronic Disorganization can be a consequence of continued clutter
Chronic disorganization is persistent disorganization that impacts life on a daily basis. Substantial time is spent looking for lost items or repeating lost work. Self care and personal goals may not exist.

Chronically disorganized people may not have excessive acquisitions.

Those with Hoarding Disorder may not perceive themselves as disorganized.
Hoarding vs. Collecting

- Collectors are organized and systematic, even though some collectors may have a similar amount of possessions as someone with HD.
- Collecting does not produce the clutter, distress, or impairment that HD does.
- Collectors typically keep their possessions well-organized, and each item differs from the other items to form interesting and often valuable groupings.
- An important purpose of collecting is to display the items to others who appreciate them.
Hoard vs. Collecting

- Hoarding goes beyond collecting

- Collectors generally acquire and discard, while those who hoard acquire and retain.

- Collecting is a pleasurable pastime; hoarding is an compulsion.
Collections

Neatly arranged and organized
Care taken to preserve and display
Collectors takes pride in displaying collections
With Hoarding Disorder:

- There is no perceived sense of organization
- All horizontal surfaces are covered
- Living space becomes dysfunctional
Hoarding Disorder
Hoarding Disorder
Hoarding Disorder
When the living space is consumed with a high level of items, people with hoarding disorder - by necessity - carve out areas for themselves - often referred to as: a nest - a cocoon - command central - bunker - home base
Hoardding Disorder

The compulsion to acquire is not limited by living space
Hoarding Disorder

September 2018 after 3 months of intervention with “Susan”
Hoarding Disorder

September 2018 after 3 months of intervention with “Susan”
Hoarding Disorder

September 2018 after 3 months of intervention with “Susan”
Prevalence, Onset and Course

- Hoarding Disorder (HD) occurs in 4-6% of adult population

- Researchers hypothesize that there is a much greater prevalence, but it is an unknown “hidden epidemic” due to the shame of self-reporting.

- HD appears to affect men and women at similar rates.
Around 75% of individuals who have HD have a co-occurring mental health condition.

The most common co-occurring disorders are: major depressive disorder, social anxiety disorder/social phobia, and generalized anxiety disorder.

Around 20% of people with HD also have OCD (to be discussed more in depth later).
Prevalence, Onset and Course

Hoardin symptoms begin to appear early in life and continue through the entire lifespan, increasing in severity with each passing decade - if untreated.

- Ages 11-15: symptoms may first emerge.

- By the mid-20’s: symptoms begin interfering with every day functioning.

- By the mid-30’s: individuals demonstrate clinically significant impairment and are likely to meet full criteria for a diagnosis of HD
Prevalence, Onset and Course

Hoardings symptoms appear to be almost 3 times more common in older adults (ages 55-94 years).
Increased challenges with older adults include:

- Older adults tend to have more collected items.
- Increased risk of severe injury related to a fall or topple hazard.
- Tend to have more risk of diminished physical and mental capacity (disease, dementia).
- Multiple medications / multiple medical providers.
- Combined issues possibly indicating Self-neglect.
- Tend to have more losses (less support).
- Not familiar / comfortable with psychiatric treatment.
- Limited / fixed income.
Hoarder behavior crosses the spectrums of Age, Gender, Race, Ethnicity, Religion and Geographic Location.

Can you guess which continent has not yet reported any cases of hoarding?
Hoardidng disorder is a chronic, mental health condition that has close to a 100% recidivism rate without effective intervention and on-going monitoring / supervision.
Squalor
Also referred to as Diogenes Syndrome

- Squalor is a situation of extreme filth, decay, deterioration of objects and or structure.
- Often includes infestation of bugs or creatures seeking shelter
- Mold and mildew usually present

(Warning: next slide is not pleasant)
Squalor
Animal hoarding is so very different from other types of Hoarding, and the research is still in its infancy.
Animal Hoarding was first described in 1982, and formally defined in 1999.

- Animal hoarding used to be described as “animal collectors”.
- An animal hoarder is someone who had accumulated animals and who fails to provide minimum standards of nutrition, sanitation, and veterinary care.
- A person can have just a few animals and meet the standard of ‘animal hoarder’. Likewise, they can have a substantial amount of animals, but not be animal hoarders because of good care.
- Animal Hoarders fail to act on the deteriorating condition of the animals (including disease, starvation and death), and the environment (severe overcrowding, and extreme unsanitary conditions.
- They also do not have insight into the negative effects on their own health and well-being, and that of other family members.
Air quality

- Air quality is a concern in animal hoarding situations. It is not uncommon for first responders to require respiratory protection during removal of the animals.
- Ammonia is a known irritant of the eyes and upper respiratory tract.
- The Occupational Safety and Health Administration (OSHA) sets a limit of 50 ppm (parts per million) for safe air quality.
- Ammonia arising from decay of animal waste, which produces additional and potentially toxic respirable compounds. An ammonia concentration of 300 ppm is considered “Immediately Dangerous to Life and Health” by the National Institute of Occupational Safety and Health (NIOSH).
Animal Hoarding

- A rough estimate is that 88 out of 100,000 people hoard animals.

- Nationwide, there are anywhere from 1,500 to 5,000 cases reported annually, involving approximately 250,000 animals.

- Like with Hoarding disorder of inanimate objects, animal hoarding situations also have close to 100% recidivism rate without on-going monitoring and oversight.

- Those who hoard animals have the fixed belief they are truly helping the animals, regardless of the state of care, health or even death of the animals in the home.

<<<YouTube Video: DOCS: Denial/ Animal Cops Houston>>> 
https://youtu.be/i3meoTyMn2M
Hoarding Disorder (HD) as a Distinct Psychiatric Diagnosis

- Mental Health Disorder (May 2013 - DSM-V) Previously categorized under Obsessive Compulsive Disorder
  - Manifest features are acquisition, saving and chronic disorganization
  - Not a character flaw caused by laziness, lack of standards, or lack of responsibility
  - Large percentage of those with HD are competent and able to make their own decisions
    - Consequences of these decisions will be discussed throughout this presentation
Diagnostic Criteria 300.3

➢ All 6 criteria must be met

1. Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions.
Diagnostic Criteria 300.3

2. This difficulty is due to strong urges to save items and/or distress associated with discarding.
Diagnostic Criteria 300.3

3. The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas become uncluttered, it is only because of the interventions of third parties (i.e.: family members, staff, etc.).
Diagnostic Criteria 300.3

4. The symptoms cause clinically significant distress of impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
Diagnostic Criteria 300.3

5. The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).
Diagnostic Criteria (cont.)

6. The hoarding symptoms are **not restricted to the symptoms of another mental disorder** (e.g.: hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in **Dementia**, restricted interests in Autism Spectrum Disorder, food storing in Prader-Willi syndrome).
As mentioned earlier, around 20% of people with HD also have Obsessive Compulsive Disorder (OCD). In some cases, a person may appear to have HD, when really they have OCD. This can occur when the apparent hoarding behaviors are the result of OCD symptoms.

Examples:

- Contamination obsessions may prevent someone from touching things that have fallen to the floor.
- A person who feels they must check and re-check documents may ignore piles of papers to avoid their checking rituals.
- Non-religious or moral scrupulosity obsessions may enhance a person’s hypersensitivity regarding feelings of guilt around issues of waste or phobias of being wasteful.
Here are some other differences between saving and clutter due to OCD and HD:

- In OCD, the individual does not get any pleasure from saving things and the resulting clutter, which they find to be unwanted and highly distressing.
- Individuals with OCD are much less interested in the items they save. They have few sentimental attachments or beliefs about the value/worth of the items themselves.
- **Excessive acquisition of items is rare** among those with OCD based saving and clutter.
- Saving and clutter due to OCD is treated by using the same treatments methods used for other types of OCD (exposure with response prevention (ERP) and/or medication (antidepressants))
The distress or impairment caused by hoarding can be seen in a variety of ways:

- Excessive anxiety about others moving or touching possessions
- Inability to complete necessary activities due to clutter (cooking, paying bills, etc.)
- Inability to use areas of home as intended; lack of working utilities / appliances
- Inability to work because of the clutter
Important Interpersonal Aspects

- Helpers may not touch or throw away anything without explicit permission.
- All decisions regarding saving, discarding, and organizing are made by the client.
- Be aware of your body language and non-verbal behavior.
- Use respectful language.
- Match your client’s language.
Treatment Considerations

**Important Interpersonal Aspects**

- Utilize curious questioning (Cultural Humility)
- Use Empathic Statements
- Statements of Concern
- Focus on relationship building instead of clutter reduction
- Initially identify issues of safety / imminent risk.
- Develop a collaborative “plan of attack”.

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# How to talk about Hoarding

<table>
<thead>
<tr>
<th>A.C.E.S.</th>
<th>Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Words</td>
<td>Tell me about ......</td>
</tr>
<tr>
<td></td>
<td>Show me ......</td>
</tr>
<tr>
<td>Curious Questioning</td>
<td>I wonder if ..................</td>
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<tr>
<td></td>
<td>Help me understand ..............</td>
</tr>
<tr>
<td>Empathic Statements</td>
<td>It sounds like you are feeling (worried about, frustrated, etc.)......</td>
</tr>
<tr>
<td></td>
<td>I can understand (how hard this is, that you are feeling sad, etc.) .........</td>
</tr>
<tr>
<td>Statements of Concern</td>
<td>I worry that ......</td>
</tr>
<tr>
<td></td>
<td>I am concerned because ..........</td>
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</table>
Hoarding Related Consequences

- Social Isolation = C.H.A.O.S.
  (Can’t Have Anyone Over Syndrome)
- Strained relationships
  Family / Friends
  Landlords / Neighbors
- Legal and financial problems
- Credit card debt
- High expenses - excessive purchases; storage unit fees
- Property damage - loss of home investment
Prevalence, Onset and Course

- Hoarding behavior can be triggered by a traumatic event
  - Living through the depression
  - Loss of a loved one
  - Divorce / attachment issues
  - PTSD in Veterans
  - Changing your residence.
Prevalence, Onset and Course

Genetic Link

- There is early research to support initial hypothesis that some hoarding behavior may be tied to genetic predisposition - up to 12% first degree relatives who hoard (Johns Hopkins, 2007) but specifics are not known, and research has only been subjective.
Brain Physiology

- Brain-imaging studies of people with Hoarding Disorder reveal abnormal activation in areas of the brain known to process:
  - Error monitoring
  - Weighing the value of things
  - Assessing Risks
  - Unpleasant feelings, and
  - Emotional decisions

- These studies pinpoint brain circuit activity suspected of underlying the lack of self-insight, indecisiveness, and inflated desirability of objects.
1. Information Processing Deficits

- Decision-making
- Categorization (underinclusion)
- Memory (out of sight - out of memory)
- Neuro-spatial Perception Issues
Neuro / Spatial Perception
Treatment Considerations

Interpersonal Aspects

- **Video Clip - Bob and Shirley**
  
  https://youtu.be/CMEWT1AWhq0

- **Exercise:** While watching this video, pretend you are the one evaluating their situations.

- Using your handout - take notes on:

  - **LANGUAGE**
    - How do they describe their possessions?
    - How do they describe themselves?

  - **EMOTIONS**

  - **INSIGHT**

  - **MOTIVATION TO CHANGE**
Treatment Considerations

Interpersonal Aspects

- **BOB**
  - How does he describe his possessions?
  - How does he describe himself?

- **EMOTIONS**

- **DESCRIPTIVE WORDS** used to describe belongings

- **INSIGHT**

- **MOTIVATION TO CHANGE**
Treatment Considerations

Interpersonal Aspects

- **SHIRLEY**
  - How does she describe her possessions?
  - How does she describe herself?

- **EMOTIONS**

- **DESCRIPTIVE WORDS** used to describe belongings

- **INSIGHT**

- **MOTIVATION TO CHANGE**
These alterations in neurological functioning create challenging situations for people with hoarding disorder to make quick, functional, everyday decisions - leading to the risk of:

SELF-NEGLECT
Self-Neglect

Self-neglect is:

The result of an adult’s inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks including: providing essential food, clothing, shelter and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs.

(Bozinovski, 2000 p.38)

Self-Neglect is considered a form of ELDER ABUSE
Exacerbation of Medical Symptomatology of Older Adults in Hoarded Environments
Cases of Self-Neglect

- Chronic and age-related medical illnesses
  - Respiratory Issues / COPD
  - Arthritis / history of joint replacements
  - Diabetes
  - Cardiac Issues / CHF
  - Obesity and / or malnutrition
  - Diminished senses (sight / taste / smell)

- Medication and dietary mismanagement leading to a worsening of medical conditions.
Impact of Hoarded Environments on Self-Neglect

- Continuous compulsive acquisition of new items that enter the home environment directly impacts the level of quality of life as well as functionality of the living space.

How are things acquired?
Compulsive Acquisition (Active and Passive)
Compulsive Acquisition

WANT vs. NEED
Reasons for Saving

Hoardding has 3 distinct categories / values

1) **Intrinsic Value** (hoarding items of beauty)
   “This is beautiful. Think of the possibilities!”

2) **Instrumental Value**
   (hoarding items with perception of usefulness)
   “I might need this. Somebody might need this.”

3) **Sentimental Value**
   (hoarding items with perceptions of memories)
   “This represents my life. It is a part of me.”
THREE VALUE CATEGORIES OF HD

1) Intrinsic Value (hoarding items of beauty)
2) **Instrumental Value**

(hoarding items with perception of usefulness)
THREE VALUE CATEGORIES OF HD

3) Sentimental Value

(hoarding items with perceptions of memories)
Levels of Insight Regarding Hoarding Behavior

**Insight Barometer:**

- **Good or Fair Insight:** The individual recognizes that hoarding-related beliefs and behaviors are problematic.

- **Poor Insight:** The individual is mostly convinced that hoarding-related beliefs and behaviors are not problematic despite evidence to the contrary.

- **Absent Insight**
Levels of Insight Regarding Hoarding Behavior

**Absent Insight** (i.e. delusional beliefs about hoarding): The individual is completely convinced that hoarding related beliefs and behaviors are not problematic despite evidence to the contrary.

- **Fear of Discovery:** (related to shame and humiliation). They are aware that something is wrong - may be good indicator to enhance insight.

- **Hopelessness:** Belief they can’t do anything. Low self-esteem. Exhausted from decades of previous attempts. Assess for depression; Would be good candidate for counseling, if willing.

- **Coping:** Pushes people away to preserve self-esteem and self-determination. “I can do it myself”.

- **Defensive Resistance:** “If YOU tell me what to do - I won’t do it”. Freedom to retain choice - Support their control issues while assessing their readiness for change. Have the client generate actions.
**Hoarding Disorder Assessment Scale**

**The Hoarding Rating Scale** (Tolin, Frost, Steketee, 2010)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Not at all difficult</td>
</tr>
<tr>
<td>1</td>
<td>Mild</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
</tr>
<tr>
<td>3</td>
<td>Severe</td>
</tr>
<tr>
<td>4</td>
<td>Extremely difficult</td>
</tr>
</tbody>
</table>

1. Because of the clutter in number of possessions, how difficult is it for you to use the rooms in your home?
2. To what extent do you have a difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?
3. Do you currently have a problem with collecting free things or buying more things than you need or can use or can afford?
4. To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?
5. To what extent do you experience impairment in your life (daily routine, job/school, Social activities, family activities, financial difficulties) because of clutter, difficulty discarding, or problems with buying or acquiring things?
Hoarding Disorder
Treatment Interventions

TYPES OF TREATMENT

1. Medications (not effective as a stand alone treatment)
2. Cognitive Behavioral Therapy
3. Motivational Interviewing
4. Exposure With Response Prevention (ERP) to reduce acquisitions
5. Mindfulness
6. Peer Support Groups
7. Harm Reduction

Ideal Clinical Intervention Approach:

- Cognitive behavioral Therapy with Motivational Interviewing and Exposure Therapy along with a Harm Reduction team and plan of care.

- Most hoarding interventions, however, start at the level of Harm Reduction due to resistance and lack of insight.
**Medications** - treat related disorders like depression or anxiety. No medications currently identified to treat Hoarding Disorder

- Minimal benefits from medications - SSRI’s like paroxetine (Paxil); fluoxetine (Prozac) or antidepressant venlafaxine (Effexor)

- New research in 2015 looked at the effectiveness of ADD drugs like methylphenidate (Ritalin). Study ended when side-effects of Ritalin overweighed benefits in the elderly. (Tolin 2016)
Evidence supports benefits of CBT and MI - 70% or more of those who hoard show improvement after 26 CBT sessions, which can take a year or more.

CBT with exposure therapy, MI, and harm reduction, are often used in conjunction with one another.
CBT Treatment

- Type of therapy that challenges negative thoughts
- Works on changing beliefs about the self and the world
- Based on the premise that your thought and beliefs affect your behavior, as well as conscious or unconscious emotions
CBT Treatment Plan for work with Hoarding Disorder

- Identifying Core Beliefs

  - Deeply ingrained beliefs, possibly formed early in childhood, that we have about different areas of life.
  
  - They serve as “filters” though which we process information.
  
  - We all have different life experiences so our filters are unique to us.
  
  - This is why two people can experience the same event differently.
Aaron Beck developed the downward arrow technique to get through automatic /obsessive thoughts to the persons’ core beliefs.

The downward arrow technique uses **Socratic questioning**, which is a form of disciplined questioning that can be used to pursue thought in many directions and for many purposes, including:

- To explore complex ideas.
- To get to the truth of things.
- To open up issues and problem.
- To uncover assumptions.
- To analyze concepts.
- To distinguish what we know from what we do not know.
- To follow out logical consequences of thought.
Finding the Core Value through Downward Arrow Interviewing

An in-home session discussing piles and piles of yogurt containers

W: “What would be so bad if you got rid of those yogurt containers?”
C: “I need them. They can be very useful”

W: “What would be so bad if you didn’t have the containers?”
C: “I wouldn’t know what to put things in, like leftover food.”

W: “What would happen if you couldn’t store food in the containers?”
C: “It would spoil.”

W: “What would happen if your food spoiled?”
C: “That would be wasteful.”

This is the Core Belief that is driving the saving
It’s painful for all of us to confront our core beliefs.
As the discussion unfolds, the worker talks about whether the client was worried that she was a wasteful person, or that her behavior was wasteful. The worker strategically helps the client come up with their own solutions.

“I’ve noticed across a couple of conversations that you can’t waste things - that this is a belief that you hold.”

*Ambivalence between wasting food and a clean refrigerator.*

“You’ve mentioned that you like fresh food, and you deserve to eat fresh things.”

“With everything in yogurt containers, it’s hard to tell what is in the refrigerator, and you’ve mentioned that it’s exhausting opening up each container to find out what is inside.”

“You are worthy to eat fresh food, and yet there is a part of you that worries about wasting.” (Helping client to identify new solutions)
CBT Plus ERP

- Build up from least to most feared situation (hierarchy)
- Start with small area of focus
- Help client learn to tolerate and manage anxiety
- Anxiety will dissipate, the body cannot remain anxious forever
- Frequent exposure is necessary to develop a new skill set
- Schedule consistent appointments for exposure work.
CBT Plus ERP

- Changing reactions to emotions
- Recognizing trigger responses
- Finding alternative ways to handle triggers
The best strategy is to begin with the client’s concern. Don’t assume that the hoarded environment is what they see as the problem. They may say “How do I get (my daughter / landlord, that social worker, etc.) to leave me alone.”

Identifying what their motivational goal is, can lead to contracting steps required to meet that goal.

Motivation to change depends on two things:

1) Importance of the change and
2) Confidence that change is possible
Using Motivational Interviewing

Stages of Change

- Precontemplation: No intention of changing behaviour
- Contemplation: Aware a problem exists. No commitment to action
- Preparation: Intent upon taking action
- Action: Active modification of behaviour
- Maintenance: Sustained change - new behaviour replaces old
- Relapse: Fall back into old patterns of behaviour

Upward Spiral - Learn from each relapse
Mindfulness is the practice of focusing in on the present moment; calming the voices in your head; re-framing anxiety and stress; re-claiming awareness of your senses; your body; your breath.
A 26 week workshop format with a structured outline, readings, and homework exercises.

Free download of “Leading the Buried in Treasure’s Workshop: facilitator’s guide:

http://www.philadelphiahoarding.org/resources/Buried%20in%20Treasures%20Facilitator's%20Guide.pdf
In the majority of identified hoarding scenarios, the person will exhibit poor or absent insight into the scope and severity of their environment, and will actively resist and oppose entering into therapeutic clinical treatment, at least at the outset.

When that is the case, the main method of intervention is usually

HARM REDUCTION
HARM REDUCTION

- It’s an approach to managing severe hoarding to decrease the harmful consequences of hoarding, especially when the person consistently refuses help or treatment, and continues to engage in the behavior or activities that place their health and safety (or that of others) at immediate risk.

  (Tompkins, 2015)
Harm Reduction Principles

- Recognize that the person may make the decision not to allow harm reduction interventions, by exerting their right to Autonomy.

- It’s not necessary that the individual stop all hoarding behavior - just make environment habitable - “good enough” (not Martha Stewart).

- No two hoarding situations are identical.
Change is slow (reasonable accommodations).

The person with Hoarding Disorder is an essential part of the harm reduction / care plan team.

Contract failures don’t mean that the harm reduction approach is failing.

There are probably other problems than hoarding to consider.

Three Goals: SAFETY - HEALTH - COMFORT
Goals of Harm Reduction

1. **SAFETY**

- Move flammable materials away from heat sources.

- Clearing 3 foot walkways of potential trip hazards.

- Clearing enough room around doors and (fire) escape windows for exit in an emergency, and for staff or EMS responders.
2. **HEALTH**

- Clear access to the bathroom and washing facilities.
- Make sure appliances are functional: (refrigerator / toilet / shower / oven / laundry)
- Ensure proper food storage.
- Address appropriate trash and waste disposal.
- Eliminate pest infestations.
3. **COMFORT**

- Addressing heating and cooling problems in the room.

- Ensure proper ventilation.

- Designate and clear appropriate places to sit, sleep and socialize.
SAFETY & HEALTH ISSUES RESULTING FROM HOARDING

Vulnerable “At-Risk” Populations who may be affected by Hoarding Disorder (Imminent Risk)

- Frail Elders (spouses, parents, room mates, neighbors)
- Children
- Animals

Duty to Warn

- “Mandated” Reporters
- Ethical issues related to duty to warn
  - Right to Privacy
  - Imminent Risk
- HIPAA Confidentiality

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Legal Implications

- Denial and Resistance of hoarding individual to effect required changes.

- Fair housing implications for landlords, co-op boards and building management companies.

- Disability status under the Americans with Disabilities Act - entitled to “reasonable accommodations”.

- Court involvement resulting in possible guardianship proceeding.
SAFETY & HEALTH ISSUES RESULTING FROM HOARDING

ADDITIONAL Vulnerable “At-Risk” Populations

FIRST RESPONDERS

RYAN PENNINGTON, Jumpseat Training out of Charleston, W. Virginia

First Responder Safety and Tactics

www.CHAMBEROFHOARDERS.com

Website has four hour training sessions on fire dynamics, structural weight stressors, and enhanced psychological understanding of the complexities of working with people who hoard.

Facebook:

**Hoardng Task Force Network**
- Closed group discussions and peer support
- Videos
- Assessment forms / letters / tools / Support group manuals

- Additional closed Facebook groups:

  **The Clutter Movement Individual Support Group**
  **The Clutter Movement Family Support Group**
Treatment Considerations

Interpersonal Aspects

- Metropolitan Boston Housing Partnership
  Center for Hoarding Intervention
  www.mbhp.org

Jesse C. Edsell- Vetter
Hoarding Intervention Program Manager
Jesse.vetter@mbhp.org

“Inch by inch it’s a cinch -
By the yard is hard”