

A Harm Reduction Approach to Hoarding

An Initiative of the Wellington Guelph Hoarding Response



Elements of Our Response



Flow of Presentation

- What is hoarding? What else could it be?
- What treatments are available?
- Developing a positive working relationship
- Health and safety risks as a result of hoarding
- Principles of Harm Reduction as it relates to hoarding
- Clean Ups
- Assessing Harm Potential
 - Assessment Tools
- Tips & Strategies

Group Exercise





Identifying Hoarding

What is Hoarding?

Three Hallmarks:

1. *Persistent* difficulty discarding items due to *distress*
2. Not able to use *active living areas* or rooms of the home for their intended purpose
3. Causes impairment or distress in other areas of life

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Other Things to Consider

- Might be acquiring a lot of items
 - Passive vs. Active Acquisition
- Might not think that their saving and collecting items is a problem
 - May have a hard time understanding why you think it is a problem

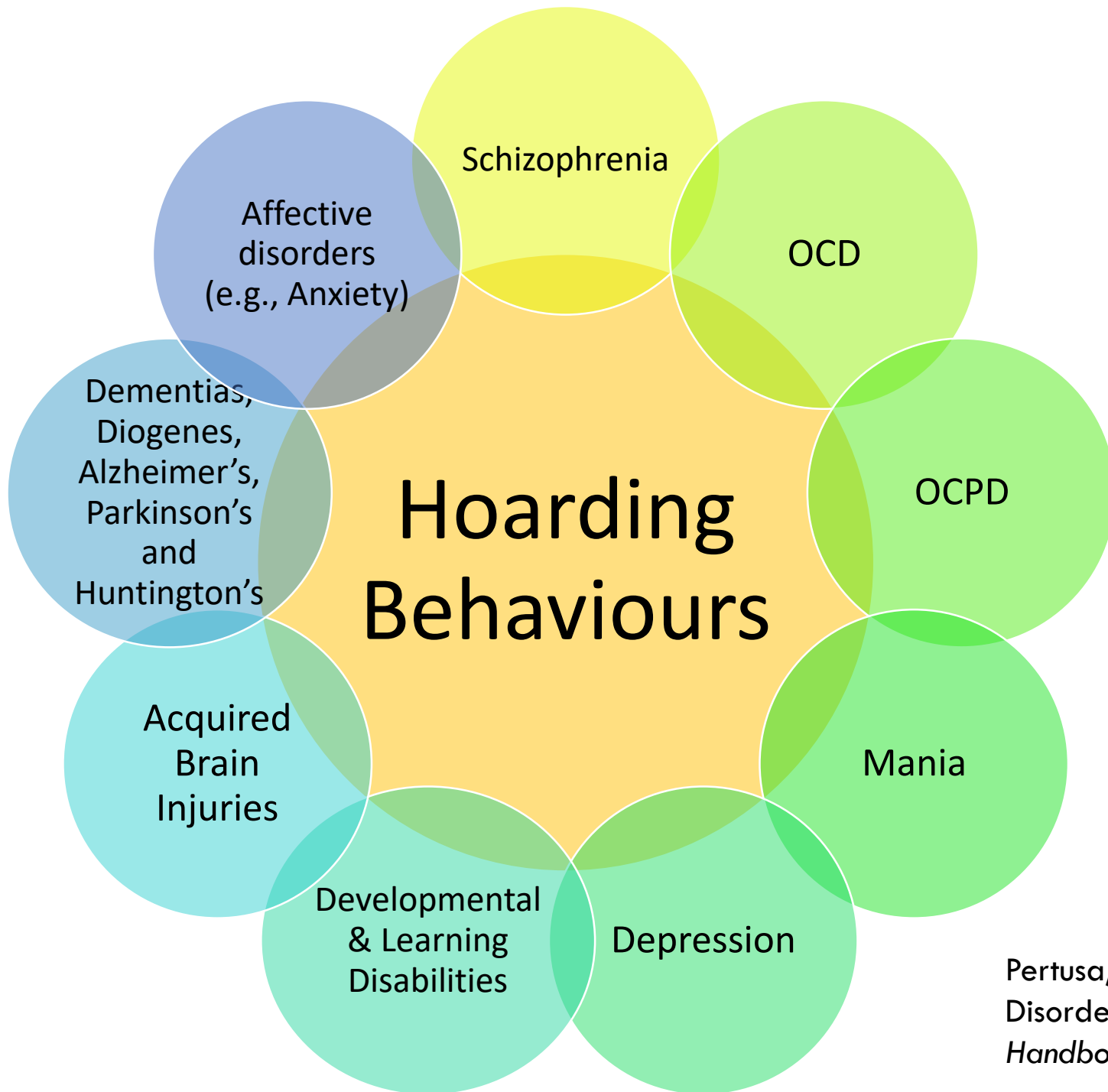
Clutter

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Hoarding

Complexity of Hoarding

- Highly co-occurring with other mental health concerns
 - Eg. Depression, Anxiety, AD/HD, Bi-polar, Impulse control
- Wide variety of health concerns can lead to hoarding conditions/behaviour
 - Eg. Depression, OCD, OCPD, dementia, trauma, mania, ABI
- Common physical health problems assoc. with hoarding
 - Fibromyalgia, arthritis, chronic fatigue, lupus/thyroid/autoimmune disease etc .

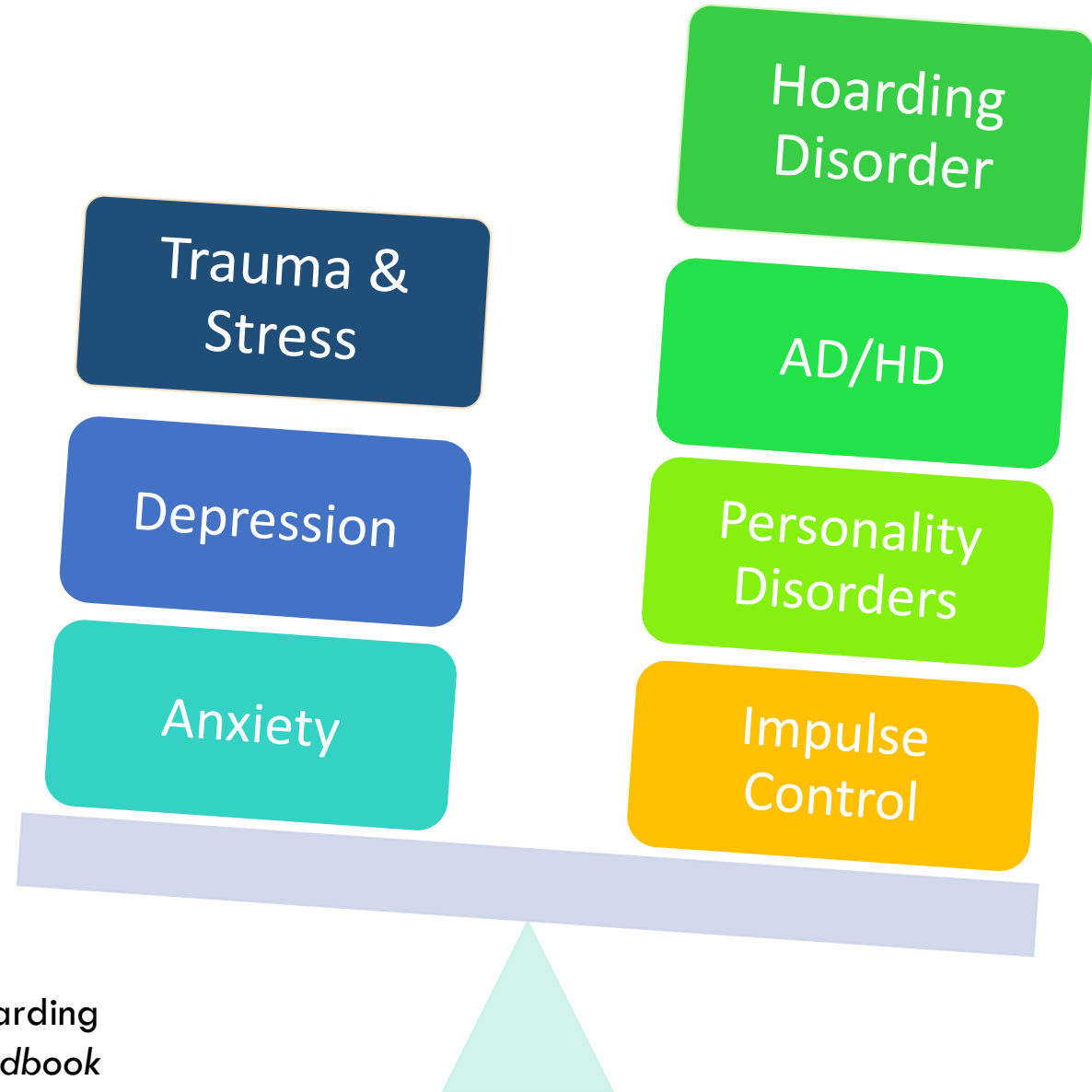


Common Mental Health Concerns Associated with Hoarding Behaviour

Pertusa, A. & Fonseca, A. (2014). Hoarding Behaviour in Other Disorders. In Frost, R.O. & Steketee, G. (Eds.) *The Oxford Handbook of Hoarding and Acquiring*. Pp. 59-74

Commonly Co-Occurring Mental Health Challenges

92% of people with Hoarding Disorder have a co-occurring mental health condition



Wheaton, M.G. & Van Meter, A. (2014). Comorbidity in Hoarding Disorder. In Frost, R.O. & Steketee, G. (Eds.) *The Oxford Handbook of Hoarding and Acquiring*. Pp. 75-85

Commonly Co-Occurring Physical Health Concerns

Most commonly reported medical conditions in one study:

- Arthritis
- Hypertension
- Chronic stomach/gallbladder trouble
- Lupus/thyroid disorder/autoimmune disease
- Chronic fatigue syndrome
- Fibromyalgia
- Diabetes/high blood sugar
- Higher likelihood of being overweight or obese

Tolin, D.F, Frost, R.O., Steketee, G., Gray, K.D., & Fitch, K.E. (2008). The economic and social burden of compulsive hoarding. *Psychiatry Research*, 160, 200–211.

Identifying Hoarding

- Not just about the physical space
 - Only addresses the functional impairment piece of the definition
- Physical space can look very different from person to person
 - Organized - ie. boxes stacked up neatly
 - Level of cleanliness
 - Volume of items in home
 - Type and variety of possessions saved











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Animal Hoarding

- 1. Failure** to provide minimal standards of sanitation, space, nutrition, and veterinary care for the animals
- 2. Inability** to recognize the effects of this failure on the welfare of the animals, human members of the household, and the environment
- 3. Obsessive** attempts to accumulate or maintain a collection of animals in the face of progressively deteriorating conditions
- 4. Denial** or minimization of problems and living conditions for people and animals

Why Do People Save All that Stuff?

This is so unique,
I could never find
another one.



Beauty
(Aesthetic)

I might need this
later and I can't
afford to get
another one.



Useful
(Intrinsic)

If I give this away, I'll
lose this memory
forever!
It's like giving away a
part of myself



Sentimental

Struggles Associated with Hoarding

Information Processing
Difficulties

Insight into the problem

Inattention - Trouble focusing

Grouping and organizing items

Attachment to inanimate objects

Perception of memory as poor

Noticing the Clutter – Clutter Blindness

Making decisions

Tolerating negative emotions

Treatment Options

- Modified Cognitive Behavioural Therapy (CBT)
 - Individual, Group
- Medications (SSRIs)
 - Medications for co-occurring or other conditions
- Harm Reduction
- Motivational Interviewing



Profile of Hoarding Overall

- Between 2 and 6% of the general population
- Affects men and women equally
 - Women more often come for treatment
- Affects people around the world
- Early onset tendencies :
 - Childhood or adolescence, sometimes in twenties
 - Chronic and progressive
 - Triggered by traumatic event



Profile of Hoarding Overall (cont'd)

- Less likely to be married, co-habit
- No difference in level of education
- Conflicting information about levels of income
- Increased risk of eviction

Profile of Hoarding in Guelph Wellington

- 65% were female
- 52% were ages 35-64 and 40% were over age 65
- 72% live in rental accommodations
- 56% are on some type of rental subsidy
- 43% have had a previous clean-up





Developing a Relationship

Do's and Don'ts

- Don't...
 - Argue or try to persuade the person to part with items
 - Touch the person's belonging without explicit permission
 - Make decisions for the person
 - Work beyond your own tolerance level
 - Call the person a "hoarder"
- Do's
 - Mirror the client's language - What do they call their possessions? Themselves?
 - Help the person stay focused on the task at hand
 - Provide emotional support
 - Be a cheerleader – praise and encourage often and genuinely
 - Help haul items away

Adapted from: Frost, R.O. & Steketee, G. (2007). "Instructions for Coaches." Compulsive Hoarding and Acquiring Workbook. Toronto: Oxford University Press, pp. 21-24.

Language

What language does the individual use to describe:

- Their **possessions**?
 - **Try:** Treasures, collections, items, possessions, supplies, memories, keepsakes, goodies,
 - **Avoid:** Junk, trash, crap, stuff, clutter
- Their **behaviour**?
 - Collecting, saving, rescuing, tinkering
- **Themselves**?
 - Collector, saver, recycler, re-purpose, inventor

ACES

Action Words	Tell me about.... Show me....
Curious Questioning	I wonder if... Help me understand...
Empathetic Statements	It sounds like you are feeling (worried about, frustrated, etc.) I can understand (how hard this is, that you are feeling sad, etc.)
Statements of Concern	I worry that... I am concerned because...

Reproduced from: Metropolitan Boston Housing Partnership. (2015). Effective Hoarding Intervention: A manual for non-clinical professionals. Boston: Jesse C. Edsell-Vetter.



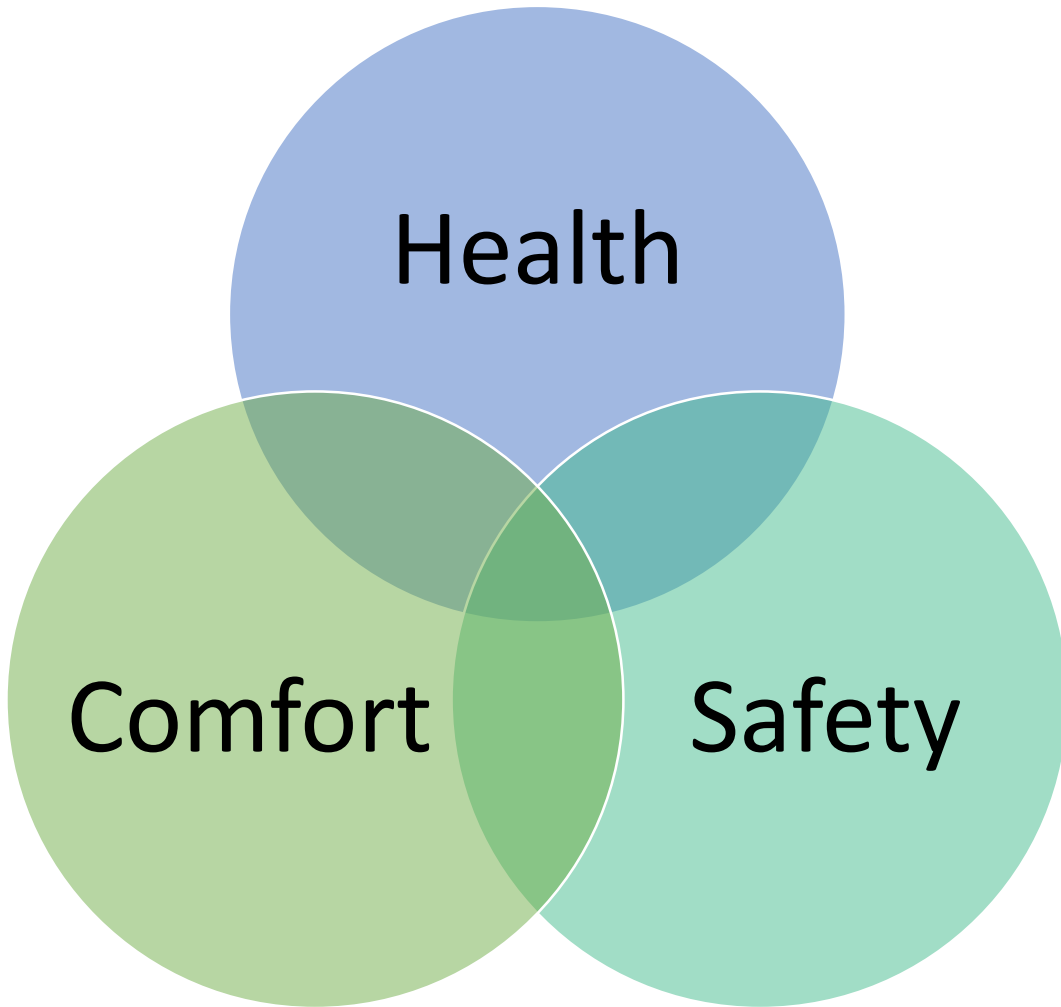
Harm Reduction

Top Five Safety Concerns

- Limited Access to exits and windows – 63%
- Clutter around heat sources – 51%
- No pathways in rooms, along hallways or stairs – 38%
- Open/spoiled food – 33%
- Flammable near stovetop – 31%



Harm Reduction Approach to Hoarding Is...

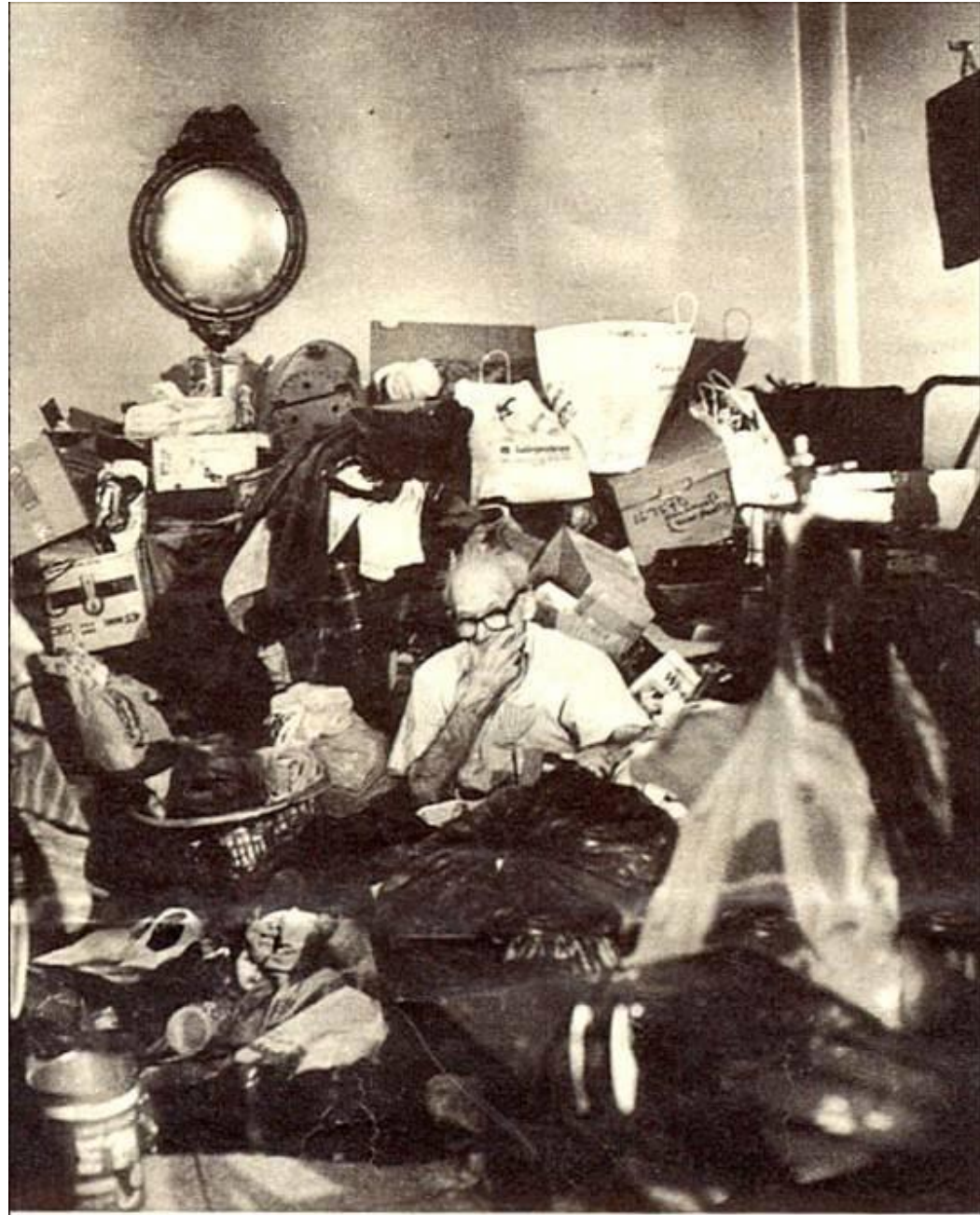


10 STEPS
TO A SAFER, HEALTHIER AND MORE COMFORTABLE
HOME

Harm Reduction Approach

- It is **not** necessary for the person to stop all hoarding behaviour
- Minimize risks associated with the problematic behaviour

Meet Arthur...





Why Harm Reduction?

- Limited Insight
 - Not everyone recognizes that there is a behavioural issue
- Ambivalence & Readiness for Change
 - Normal to have mixed feelings, even when you want to change
 - May not be ready for change
- Treatment
 - Therapy for hoarding is long and a lot of hard work – not everyone is ready or able to do it
 - Might not be available
- Reactance
 - The harder you push, the harder the client pushes back
 - Harm reduction changes the focus from “stop hoarding” to “I want you to be safe”
- Stigma
 - Focusing on “hoarding” can trigger feelings of shame and cause people to decline help
- Limits to Authority
 - People have the right to live how they choose, and at some risk.
 - There are no laws to good housekeeping, and we can only ask people to reduce risk
- We know it works
 - Success in research for high risk behaviours (e.g. addiction)
 - Large scale clean ups do not work
- Works regardless of the underlying diagnosis/issue

10 STEPS

TO A SAFER, HEALTHIER AND MORE COMFORTABLE

HOME



1 Keep your bathroom clean and working

- Plumbing checked for leaks and repaired.
- Toilets, tubs, showers, and sinks cleared and ready to use.
- Expired medications, make-up, creams, lotions, and sunscreen thrown out.



5 Avoid the use of extension cords and replace damaged cords

- Electrical cords checked for damages.
- Refrigerators, stoves, toasters, microwaves, and space heaters plugged directly into wall outlets.



2 Clear your stove

- Paper, cloth, and other fire hazards cleared from cooking area.
- Stove checked for electrical faults or gas leaks.



6 Remove your garbage regularly

- Proper bins for food waste disposal.
- Clear sink for dish washing or dishwasher in working order.
- Furniture, carpet, and other sensitive areas checked for pests.



3 Keep food safe

- Refrigerator and freezer in proper working order.
- Outdated and spoiled food discarded.
- Counters and dishes cleaned.
- Proper bins for food waste disposal.



7 Clear your heater by at least one metre

- One metre (3 ft) distance between all heat sources and anything that can burn.

8 Clear hallways and exits

- Stairs and railings cleared of all items.
- Two exits into your home are clear and accessible.
- One metre (3 ft) pathway cleared throughout your home, including hallways.

9 Care for your pets

- Clear access for pets to litter box or outdoor area.
- Proper bins for pet waste disposal.



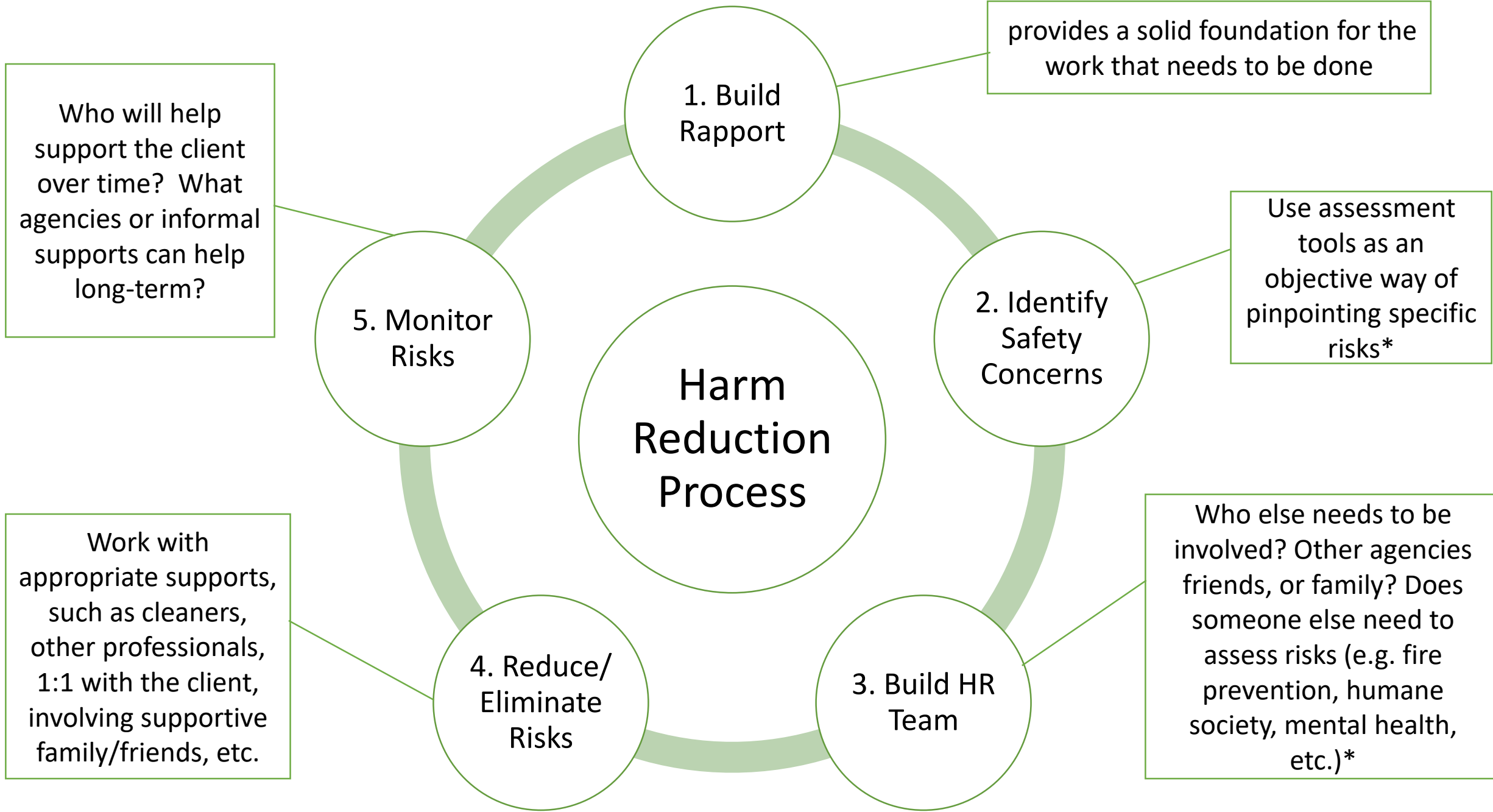
10 Make sure you have working smoke alarms

- Alarms tested.
- Batteries replaced.

4 Reduce the clutter

- Stacks of boxes lowered and safely stored.
- Weight of items in boxes reduced.
- Clutter removed from doorways, stairways, windows, and main living areas.





Harm Reduction Strategies

1. Starting somewhere is enough
2. Focus on a home that is safe and functional
3. Establish trust
4. Take the time to understand how the person views their possessions

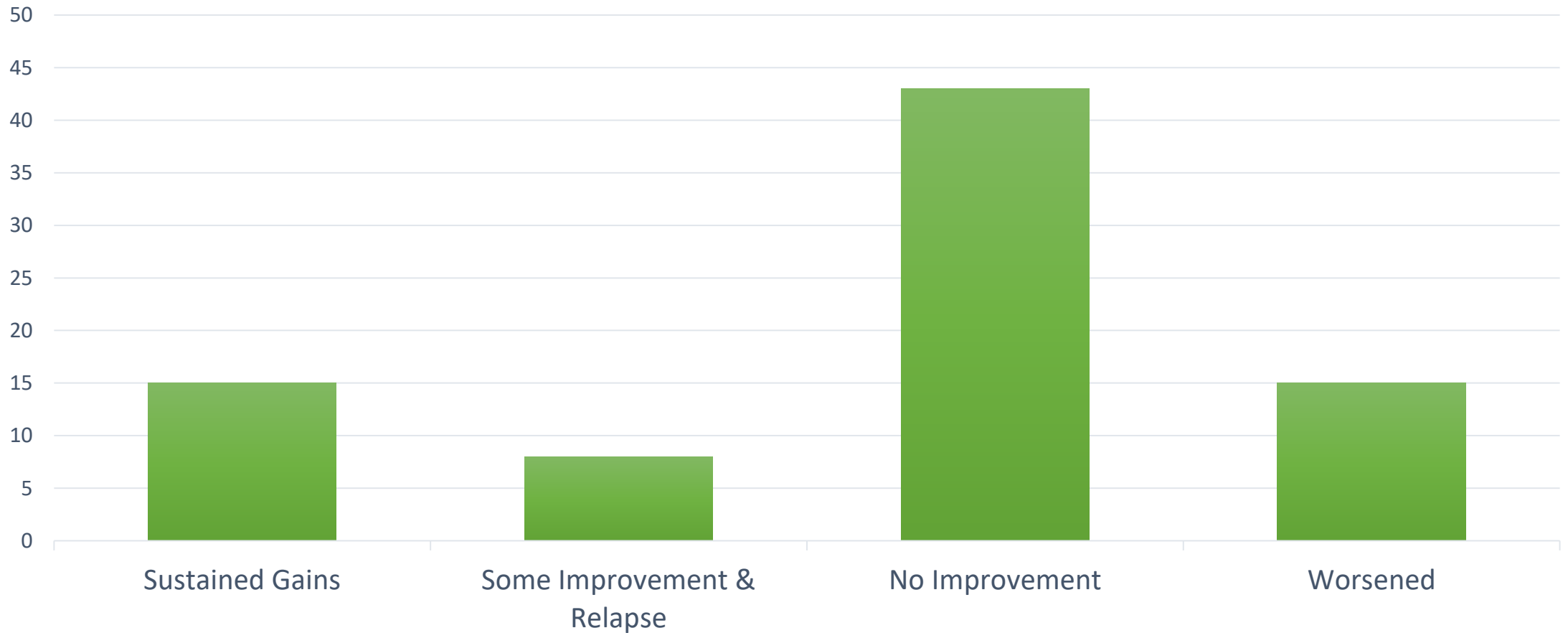
Harm Reduction Strategies cont'd

5. Praise and use positive encouragement for changes no matter how small
6. Focus on improving health, safety and comfort vs. stopping the hoarding behaviour
7. Client involvement and decision making in the process is essential
8. Failure does not mean failure



Clean Outs

Effectiveness of Clean Outs



Steketee, G., Frost, R.O., & Kim, HJ. (2001). Hoarding by elderly people. *Health & Social Work, 26*,3, 176-184.

Open-Ended Questions to Help with Motivation

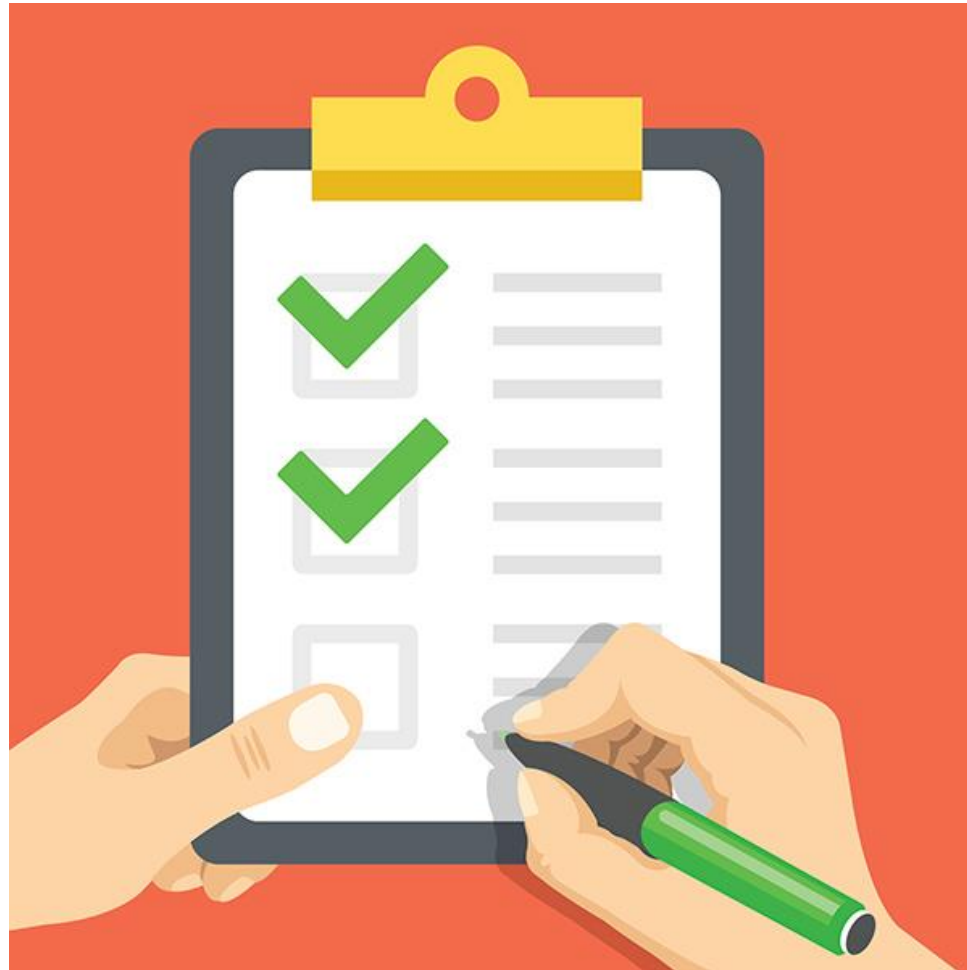
- What worries you about your current situation?
- What difficulties have you had due to your hoarding?
- In what ways does the clutter concern you?
- How would you like things to be different?
- What would be good about clearing out some of your rooms?
- When else have you made changes and stuck to them?
- What strengths do you have that will help you?
- What are you willing to try / change?
- What would you like to see happen?
- If you could make this change immediately, by magic, how would things be different?

Modified Harm Reduction Cleans

- Often support is needed with cleaning – some factors include:
 - Client has physical/mobility limitations
 - Job is too big/overwhelming for client to handle on their own
 - Requires specialized equipment/PPE (ie. squalor conditions)
 - Timeframe for cleaning is short (ie. fire order, eviction notice, property standards order)

Prepping for Modified (HR) Cleans

- Things to consider:
 - What kind of intervention can client tolerate? (team of cleaners vs 1:1)
 - Where is their motivation to change at?
 - Are they able to part with some items or nothing at all?
 - What is their distress tolerance like?
 - Are they hesitant to accept any help? Can they work along side someone else?
 - Can they make decisions about items? How long does it take for them to make a decision?
 - Get client input on **specific** goals of the cleaning
 - Eg. “I want to sleep in my bed and not in the armchair”
 - Are there areas of home that are off-limits?
 - Are there any treasures/missing items cleaners should be on the look out for?
 - What are the cleaning rules?
 - Eg. Newspapers older than 5 years can be recycled
 - Anything with cat urine or mould on it will be thrown away
 - How will we know that the clean has been a success?



Assessing Harm Potential

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.



1



2



3



4



5



6



7



8



9

Clutter Image Rating: Living Room

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

Wellington Guelph Hoarding Response (WGHR)
HOMES® Multi-disciplinary Hoarding Risk Assessment

Health

- Can't access or use toilet
- Can't use shower
- Pests
- Can't prepare food
- Spoiled food
- Can't sleep in bed
- Urine/feces
- Garbage overflow
- Mold/chronic dampness
- Can't locate medications or equipment
- Can't use stove/fridge/sink

Notes: _____

Obstacles

- Safe movement inhibited
- Unstable piles/avalanche risk
- Blocked egress/vents
- EMT unable to enter/gain access

Notes: _____

Mental Health (Risk factors)

- Lacks insight re: problem severity
- Defensive/angry
- Confused
- Anxious/fearful
- Lacks insight regarding consequences
- Low mood/sadness

Notes: _____

Endangerment (Health and safety)

- Child/minor
- Disabled person
- Older adult
- Animals

Notes: _____

Structure & Safety

- Unstable floorboards/stairs/porch
- Leaking roof
- Electrical wires/cords exposed
- Caving walls
- No running water/plumbing problems
- No heat/electricity
- Flammable items near heat source
- No working smoke alarms
- Blocked/unsafe electric heater or vents
- No CO2 detectors
- Storage of hazardous materials/weapons

Notes: _____

- Unable to access the home for a complete assessment

Date: _____ Client Name: _____ Assessor: _____ Agency: _____

Adapted from: Bratiotis, C., Schmalisch, C.S., & Steketee, G. (2011). *The Hoarding Handbook: A Guide for Human Service Professionals*. New York: Oxford University Press

Household Composition

- # and age of adults _____
- # and age of children _____
- # and kinds of pets _____
- In home smoking Yes No
- Person(s) with physical disability Yes No
- Language(s) spoken in home _____

Risk Measurements

- Imminent harm to self, family, animals, public: _____
- Threat of Eviction
- Do Not Occupy order has been issued

Motivation For Change (Client strengths and capacity)

- Awareness of clutter
- Acknowledges risks to health/safety/housing stability/impact on daily life
- Physical ability to clear clutter
- Psychological ability to tolerate intervention
- Willingness to accept intervention assistance

Support Network

- No informal support
- Limited formal support
- Informal support network present: _____

- Verbal Consent to contact informal support
- Community Agency Involvement: _____

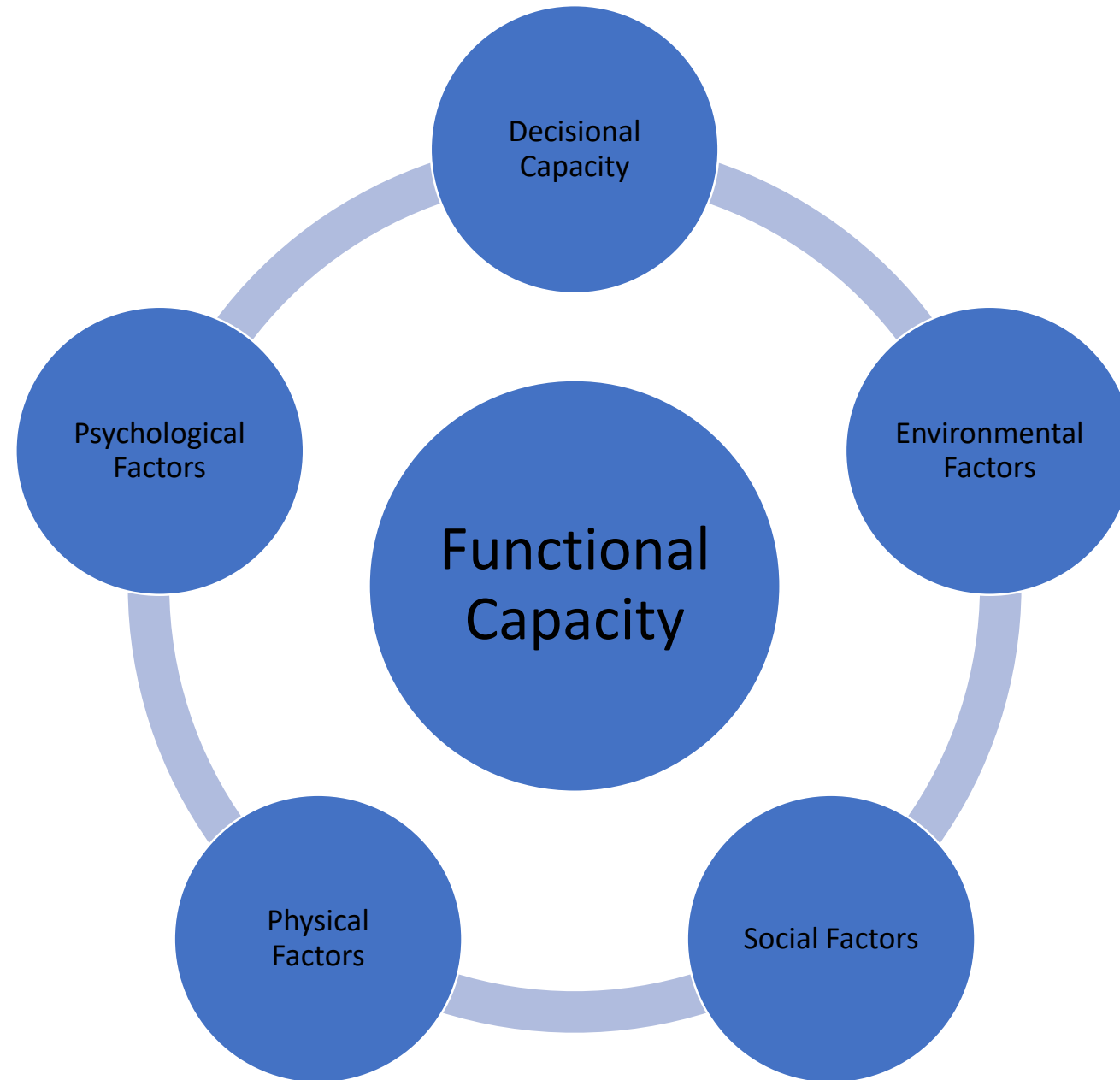
Post-Assessment Plan/Referral

Premises severity (H+O+S) = _____ (out of 26)

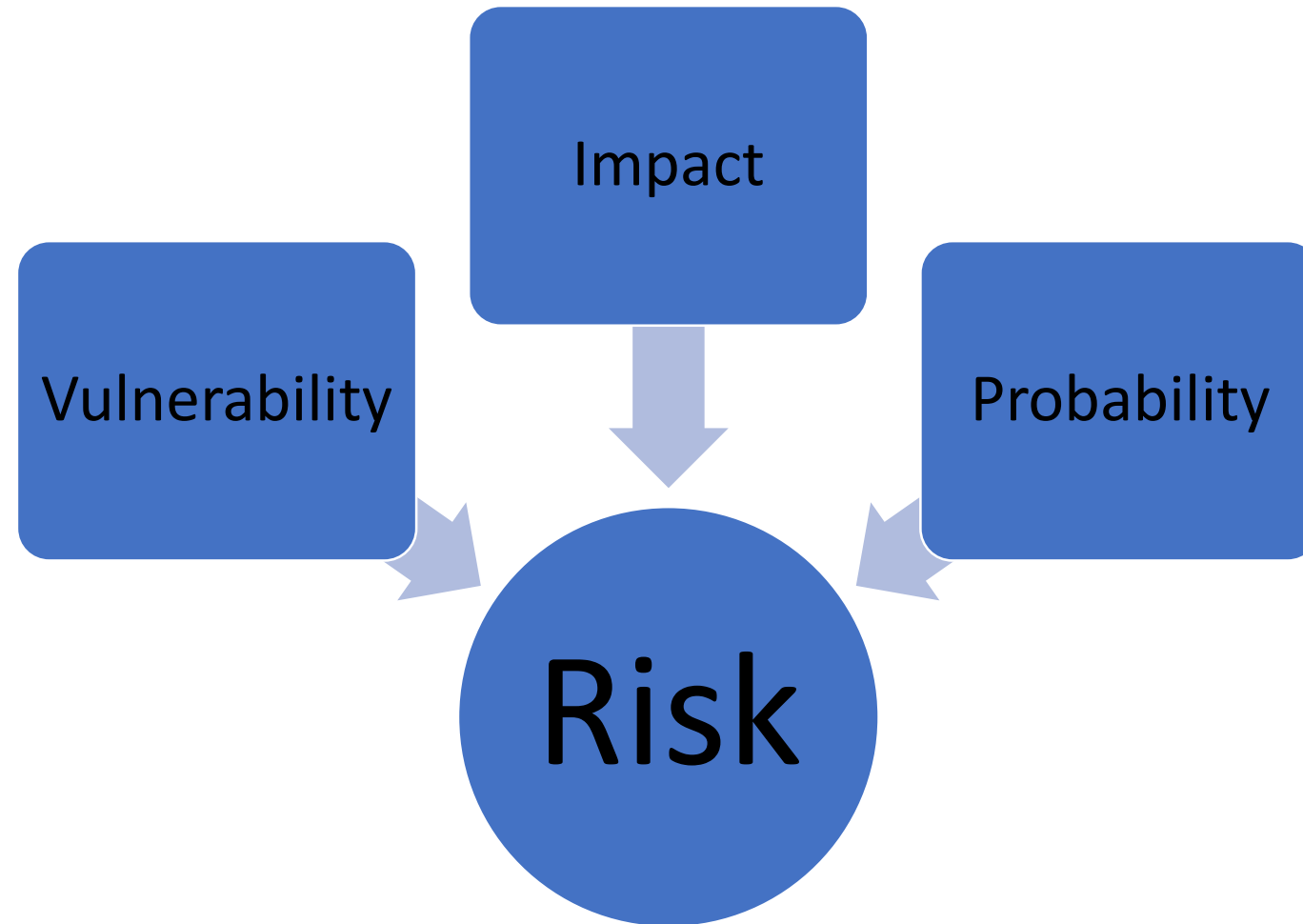
Protection issues (M+E) = _____ (out of 10)

(The higher the score indicates higher risk and safety concerns)

Assessing Harm Potential



Decoding Risk



- “Why do you have this *here*?”
- Hierarchy – start with items that are less distressing
- Rules for discarding
- One (small) area at a time (hula hoop)
- Cover areas with bedsheets to reduce distraction
- Use an alarm clock
- Reward specific efforts



Conventional & Unconventional Strategies

- Conventional Sorting Strategies
 - Alphabetical and/or chronological
 - In drawers, boxes, cupboards & bins (OOSOOM)
 - Keep, toss, donate bins
- Unconventional Sorting Strategies
 - Treasure hunt
 - Friends, Acquaintances, & Strangers
 - “Does this item need me?”
 - Visual organizing (clear bins, colour-coding)

Survey



Contact Information



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