A Harm Reduction Approach to Hoarding

An Initiative of the Wellington Guelph Hoarding Response
Elements of Our Response

- Steering Committee
- Multidisciplinary Team (monthly)
- Full-Time Coordinator (consultation & links to service)
- OTN Clinical Consultation (4x year)
- Service Provider & Public Presentations
- Education for Loved Ones
- Peer Group – Buried in Treasures
- Fall Workshop (Annual)
- Flex Fund ($500 max)

WG Hoarding 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

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 ≠ 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

- Schizophrenia
- OCD
- OCPD
- Mania
- Depression
- Developmental & Learning Disabilities
- Acquired Brain Injuries
- Affective disorders (e.g., Anxiety)
- Dementias, Diogenes, Alzheimer’s, Parkinson’s and Huntington’s

Commonly Co-Occurring Mental Health Challenges

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

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

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
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?

Beauty (Aesthetic)

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

Useful (Intrinsic)

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

Sentimental

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

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

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...

Health

Comfort

Safety

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.

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

3. Keep food safe
   - Refrigerator and freezer in proper working order.
   - Outdated and spoiled food discarded.
   - Proper bins for food waste disposal.

4. Reduce the clutter
   - Stacks of boxes lowered and safely stored.
   - Weight of items in boxes reduced.
   - Clutter removed from doorways, hallways, windows, and main living areas.

5. Avoid the use of extension cords and replace damaged cords
   - Electrical cords checked for damage.
   - Refrigerators, stoves, toasters, microwaves, and space heaters plugged directly into wall outlets.

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.

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.
   - Alarms tested.
   - Batteries replaced.

10. Make sure you have working smoke alarms
    - An Initiative of the Wellington-Guelph Housing Boarding Network
    - www.wghoardingresponse.ca
Harm Reduction Process

1. Build Rapport
   - provides a solid foundation for the work that needs to be done

2. Identify Safety Concerns
   - Use assessment tools as an objective way of pinpointing specific risks*

3. Build HR Team

4. Reduce/ Eliminate Risks

5. Monitor Risks

Who will help support the client over time? What agencies or informal supports can help long-term?

Work with appropriate supports, such as cleaners, other professionals, 1:1 with the client, involving supportive family/friends, etc.

Who else needs to be involved? Other agencies friends, or family? Does someone else need to assess risks (e.g. fire prevention, humane society, mental health, etc.)*
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

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?

Reproduced with permission from Dr. Karen Rowa, St. Joseph’s Healthcare Hamilton
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.
Clutter Image Rating: Bedroom

Please select the photo 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.
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

**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)

Date: ________ Client Name: ________ Assessor: ________ Agency: ________
Assessing Harm Potential

Decoding Risk

Risk

Impact

Vulnerability

Probability
• “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

Emily Gibson
519-836-2332 ext. 108
info@wg hoardingresponse.ca
egibson@dunara.com
www.wghoardingresponse.ca