



Leeds Grenville
Mental Health

Hoarding

Cindy Birt
Hoarding Support Planner

Concerns With Hoarding

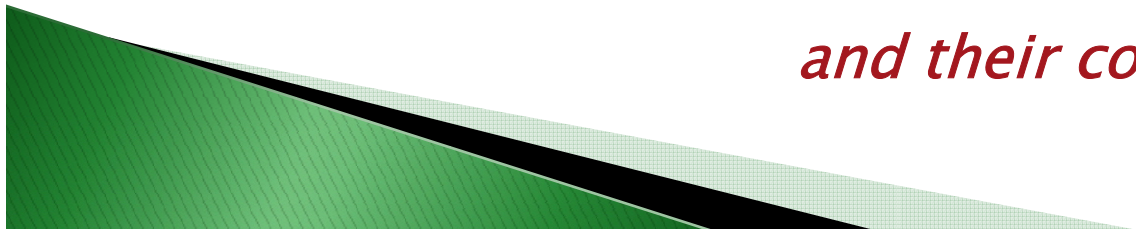
- The concerns of living in a hoarded environment are varied and can impact the individual, other members of the household, emergency personnel, neighbors and the community.
- These concerns may include:
 - Risk of eviction – landlord, local authorities.
 - Impaired activities of daily living.
 - Increased – fire/safety risks, risk of health problems, financial loss.
 - Unsanitary conditions.
 - Social isolation
 - Legal issues



Hoarding

- Hoarding occurs in all cultures, income/education levels, any type of housing, living situation or environment and for many different reasons.
- Hoarding behavior occurs in an estimated 2–5% of the general population.
- Hoarding interventions are usually complicated, costly and time consuming.

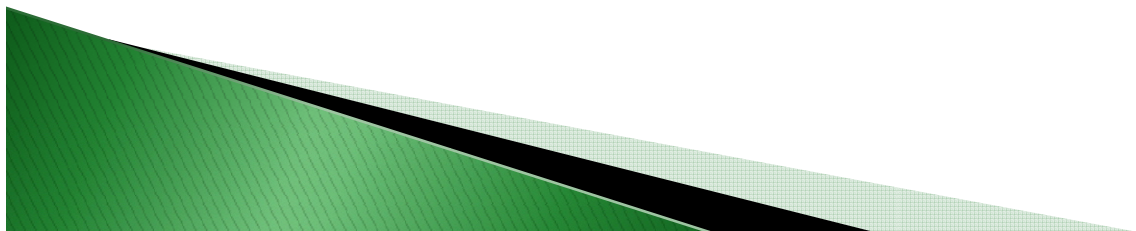
‘Hoarding situations will continue to deteriorate until the health & safety of the individual and their community are put at risk’



DSM

Diagnostic & Statistical Manual of Mental Disorders

- Outlines criteria for the diagnosis and classification of mental disorders.
- 1st Edition: 1952
- 4th Edition: 1994; Hoarding a symptom of OCD; Compulsive Hoarding
- 5th Edition: 2013; Hoarding a discrete disorder with distinct treatments; Hoarding Disorder



Hoarding

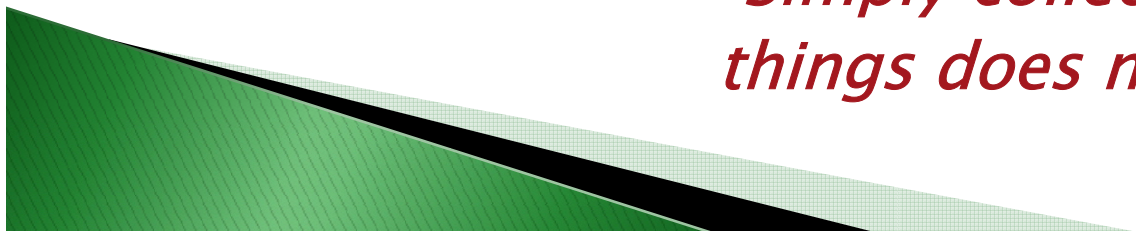
Characterized by 3 behaviors,

- Acquiring too many possessions.
- Having difficulty discarding or getting rid of items when they are no longer useful or needed.
- Having difficulty organizing possessions.

Hoarding becomes a disorder when these behaviors lead to,

- Enough clutter and disorganization that it affects someone's health or safety.
- Significant distress or impairment in social, occupational, financial or other important areas in functioning.

‘Simply collecting or owning a lot of things does not qualify as hoarding’



Collection

- Possessions are usually kept well organized.
- Each item differs from other items to form interesting and often valuable groupings.
- Usually proudly displayed for others to appreciate.



Clutter

- Spaces may have excessive accumulation, but items can easily be discarded.
- The accumulation does not impair lives to the same degree.



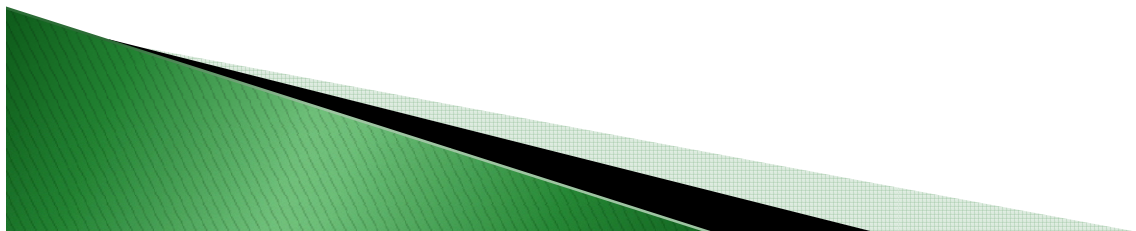
Hoarding

- Rooms can no longer be used for their intended purpose.
- Moving through the home is difficult.
- Exits are blocked



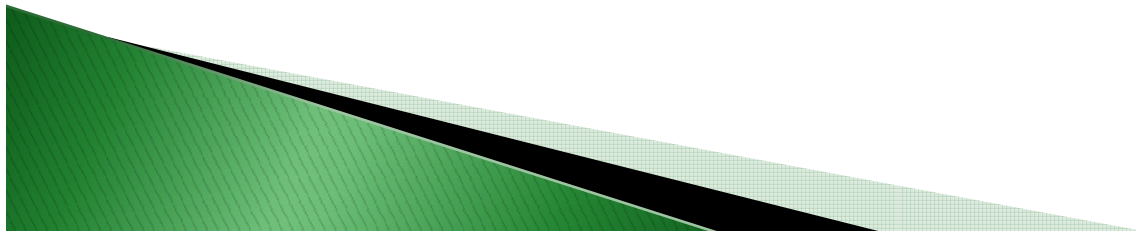
Types of Hoarding

- ▶ **Common Hoarding**
 - Generalist
 - Specialist
- ▶ **Diogenes Syndrome**
- ▶ **Animal Hoarding**
 - The Overwhelmed Caregiver
 - The Rescuer
 - The Exploiter



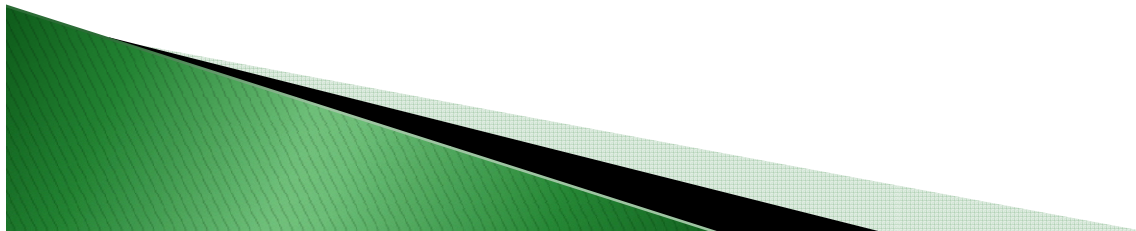
Common Hoarding

- Most prevalent type.
- Anything can be hoarded.
- Insight and motivation fluctuates.
- Generalists,
 - accumulate a chaotic mix of everything from human waste to valuable items.
- Specialists,
 - save one or more specific categories of items.



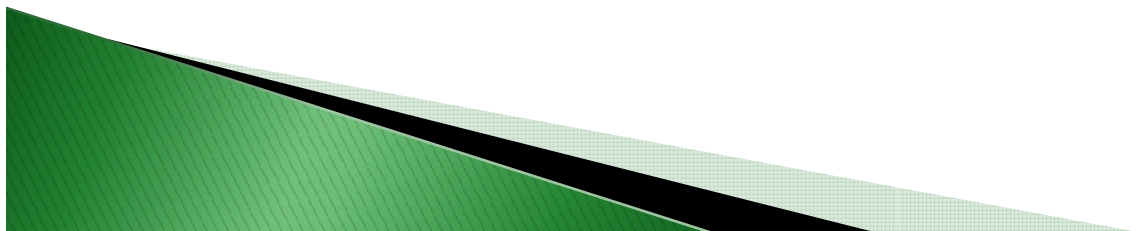
Diogenes Syndrome

- Extreme self-neglect of environment, health or hygiene.
- Compulsive hoarding of refuse (e.g. food waste, empty containers, expired vitamins/meds).
- Complete lack of insight.
- Most are single/widowed and live alone.
- Most have above average intelligence, successful work histories, stable family backgrounds, adequate social resources.



Animal Hoarding

- The most distressing and difficult type to treat.
- Individuals refer to themselves as pet rescuers.
- Fails to provide minimal standards of nutrition, sanitation and veterinary care.
- Fails to act on the deteriorating condition of the animals or the environment.
- Fails to act on the negative effect the collection has on their own health and well being or that of other household members.
- History of unstable/inconsistent parenting, trauma, neglect or abuse.



Animal Hoarding

The Overwhelmed Caregiver

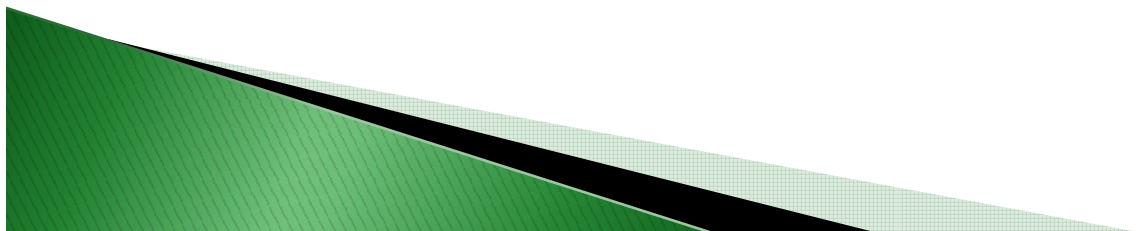
- Problems triggered by change in circumstances.
- Animals are family members.
- Self-esteem linked to role as caregiver.

The Rescuer

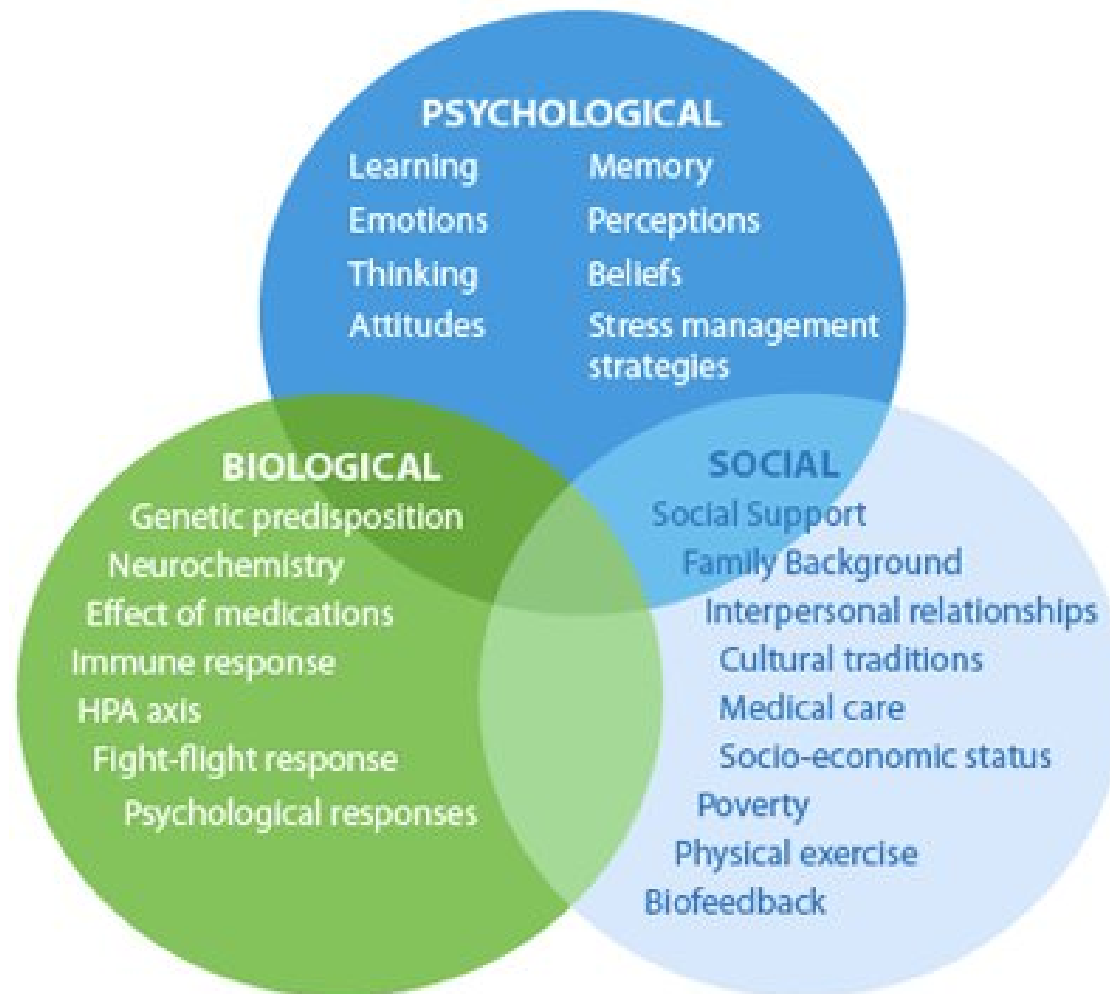
- Fear of death to animals if removed from care.
- Believes they are the only one who can provide care.
- Actively acquiring; may have extensive network of enablers.

The Exploiter

- Lacks empathy for people or animals.
- Lacks guilt or remorse.
- Manipulative; superficial charm.



Bio-Psycho-Social Model



Predisposing Risk Factors

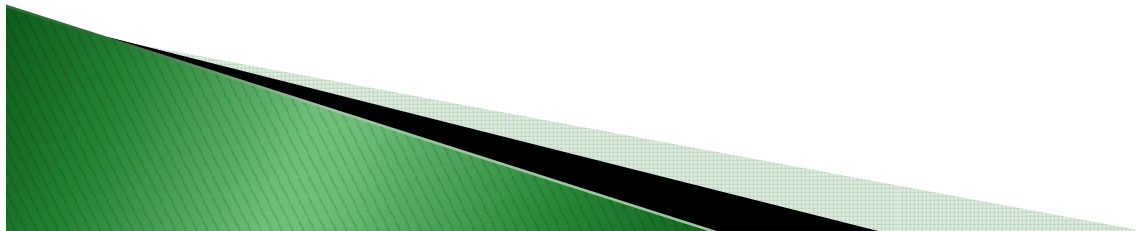
Genetics

- Genetic markers have been found on 3 specific chromosomes (4,5,17).
- 84% of people who hoard report a 1st degree family member with hoarding behaviors.

Having a Co-Morbid Condition

- Depression, Anxiety Disorders, Addictions, Schizophrenia; Personality Disorders (OCD, Avoidant); Dementia, Aging with Mobility Issues, Traumatic Life Events, Acquired Brain Injury.

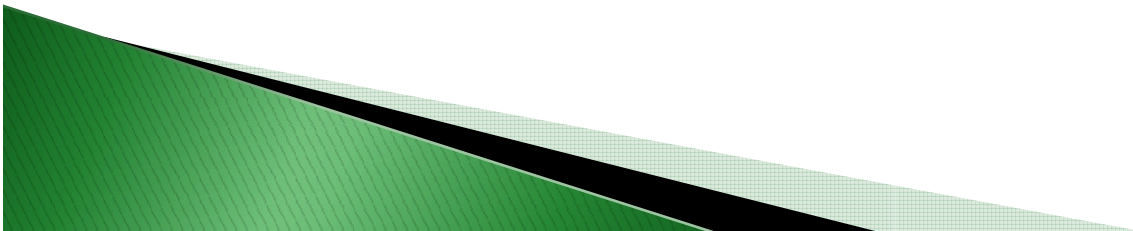
Chronically Overwhelmed & Vulnerable



Causes of Hoarding Behavior

Hoarding stems from 4 different types of deficits/difficulties.

- Information processing.
- Problems with emotional attachments to possessions.
- Distorted beliefs about the nature and importance of possessions.
- Behavioral avoidance.



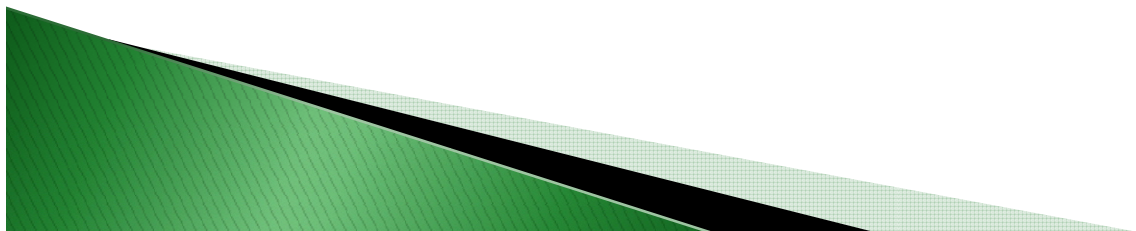
Causes of Hoarding Behavior

Information Processing,

- Difficulty making decisions.
- Difficulty organizing and categorizing (e.g. organize by sight/space; over-categorize items).
- Memory deficits.
- Poor attention and concentration (e.g. easily distracted).

Problems with Emotional Attachments to Possessions,

- Sentimental attachments make possessions feel like extensions of oneself; a part of one's identity.
- Possessions become sources of comfort/safety and their removal results in feelings of vulnerability.



Causes of Hoarding Behavior

Distorted Beliefs about the Nature/Importance of Possessions,

- Overestimate the possible future need for an item.
- Overestimate the negative consequences of discarding an item.
- Underestimate their ability to cope without an item.

Common Beliefs,

- They must maintain absolute control over their possessions.
- They are responsible for making sure possessions are not wasted and find the proper home.
- It is necessary to remember everything perfectly.
- Discarding an item would mean lost opportunities/information.
- One must be prepared for every imaginable contingency or something terrible will happen.

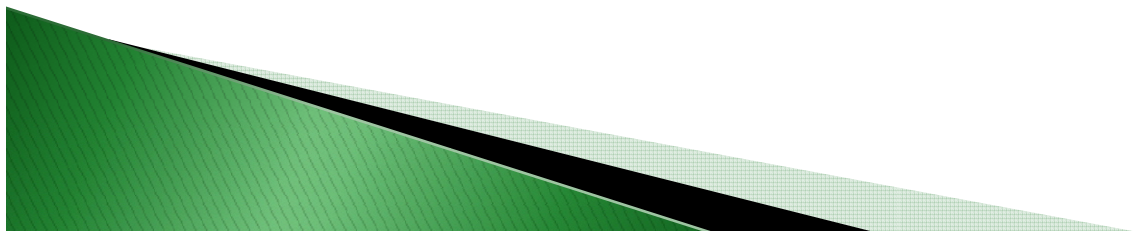


Causes of Hoarding Behavior

Behavioral Avoidance; Procrastination,

➤ Avoidance of difficult/unpleasant situations including,

- Decision making.
- Making potential mistakes.
- Loss of emotional attachment.
- Loss of opportunities/information.
- Emotional upset.
- Discomfort of facing the difficult task of sorting/organizing.



Common Saving Patterns

Future Need

- 'This must be saved because it could be useful in the future'.

Lack of Wear or Damage

- 'This is too good to throw away'. It may still be useful/of value to someone therefore, discarding it would be wasteful.

Sentimental

- 'This means too much to part with'. It may be associated with memories of important people, places or events; it becomes part of the individual's identity.

Aesthetic

- 'I love this'. The individual appreciates the way an object looks; especially its shape, color and texture.

Potential Value

- 'This may be worth something someday'.



Stages of Change

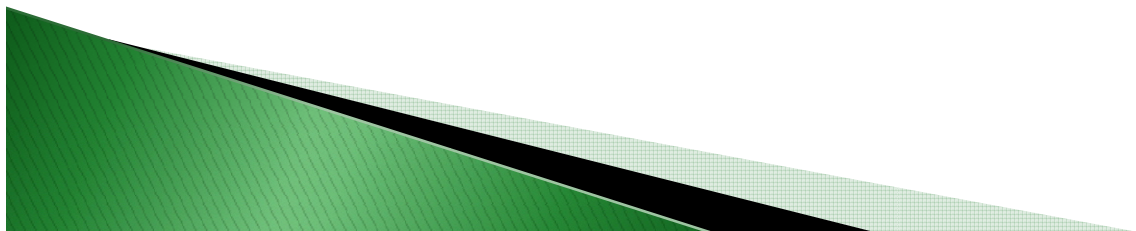
Stages of Change Model

- Describes readiness to change as a process in which the advantages and disadvantages of changing a behavior generates ambivalence.

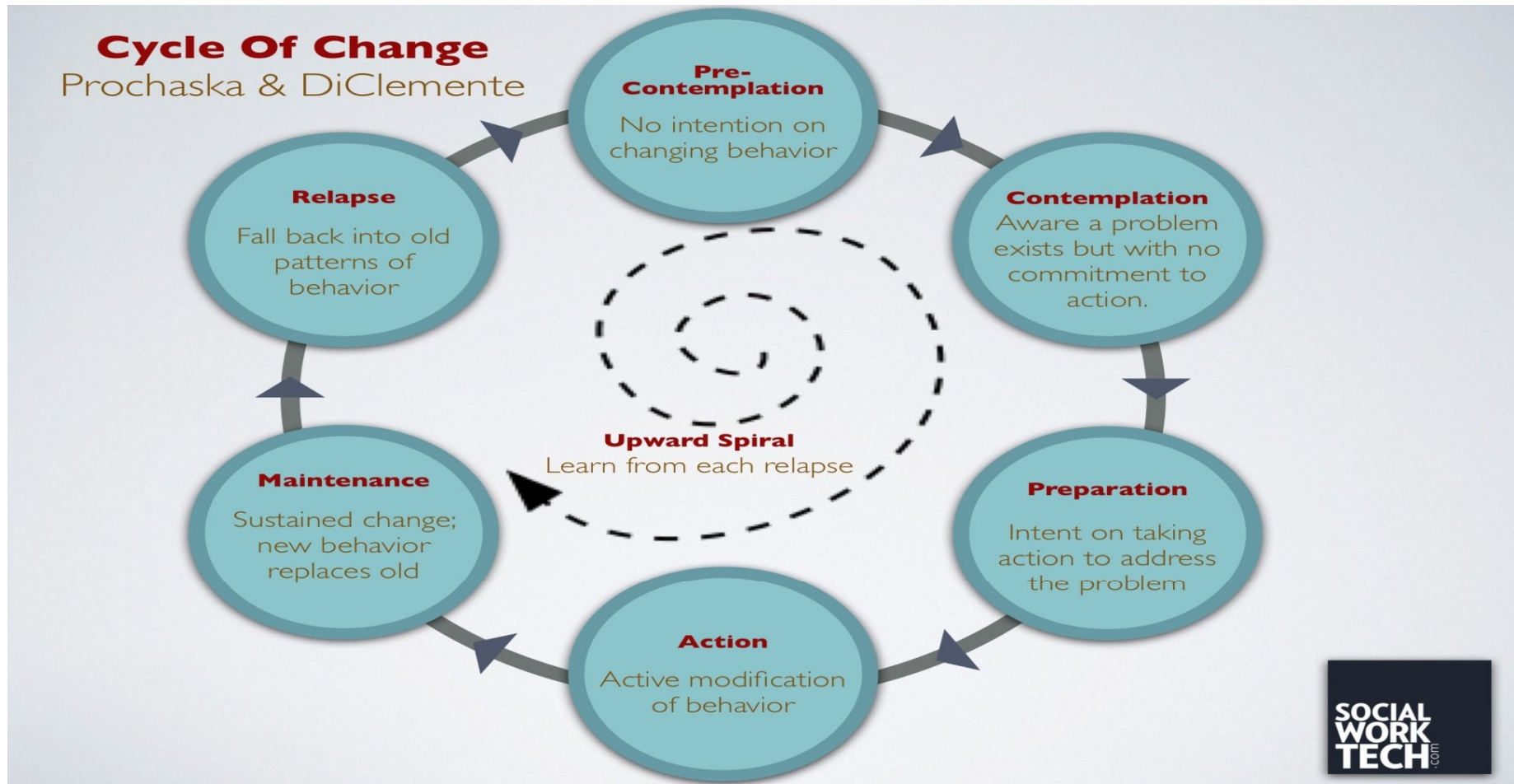
‘Ambivalence is a conflicted state where opposing attitudes or feelings coexist in an individual’

Habits are long standing, deeply ingrained, involuntary and natural behavior patterns.

- The 1st step in changing a habit is to identify which stage of change you are currently at.



Stages of Change



Keys To Successful Intervention

- Get people help for the reasons they hoard.
- Clean up the environment which is a by-product of their untreated behavior.
 - Motivation for change cannot be forced.
 - There's no 'quick fix'.
 - Clean outs don't resolve the issues, just the environment – 99% relapse rate.

Intervention is not just about cleaning up the environment, it's about changing the relationship / attachment an individual has with their things.

“Hoarding is not a clutter problem, it's a thinking problem”



Stages of Intervention

- Hoarding interventions are usually complicated, costly and time consuming.
- The individual must commit to treatment, and those involved must learn how to handle issues that may come up as the treatment progresses.

Stages,

- Pre-Contemplation
- Referral (usually by phone)
- Home Assessment
- Develop Intervention Team and Plan
- Onsite Clutter Coaching
- Ongoing Monitoring and Management
- Relapse Prevention



Home Assessment

Assess the risk to resident, other residents/tenants and emergency personnel.

- Fire Hazards
 - Cleared routes into/out of residence/rooms; pathways clearances throughout home; heat source used; level of combustibles; electrical cords; smoke alarms; smokers.
- Structural Safety
 - Floors; walls; roof; neglected repairs; weight of items.
- Safety Risks
 - Pile collapse; trips/falls; stairwell and landings.
- Clutter
 - What is hoarded, quantity, how stored?
- Mental/Physical Health
 - Stability, insight, physical ability.



Home Assessment

Dependents, Spouse, Pets

- Care provided; affect of living environment

Environmental/Contamination

- Rotting food; human waste; mold/mildew

Rodents/Pest

- Bedbugs; mice; fleas; moths

Room Use & Accessibility

- Activities of daily living; appliances; plumbing; utilities

Multi-unit vs Private Dwelling? Risk of Eviction?

Financial Situation

‘Based on initial assessment, determine who else needs to assess or be involved’









Intervention Team

Emergency

- Fire; Police; Paramedic; Red Cross; Crisis Team; Victim Services; Interval House; Family & Children Service; OSPCA; By-Law

Mental Health & Addictions

- Community Mental Health; Geriatric MH; Children's MH; ACTT; Tri-County Addiction Services

Community Support

- Access Centre; Health Care Providers; Family Health Teams; Housing/Landlords; Brain Injury Services; Developmental Services; Public Health

Others

- Lawyer, Pest Control; Financial Credit Counsellors; Church Groups; Landfill/Waste Management; Professional Organizer,



Goals of Treatment

- Increase knowledge and understanding of hoarding.
- Create living space.
- Increase appropriate use of space.
- Improve decision making skills.
- Organize possessions to make them more accessible.
- Reduce compulsive buying or acquisition.
- Remove unneeded possessions (e.g. discard, recycle, sell, donate).
- Evaluate beliefs about acquiring and discarding.
- Improve problem solving skills.
- Prevent future hoarding.



Clients Goals

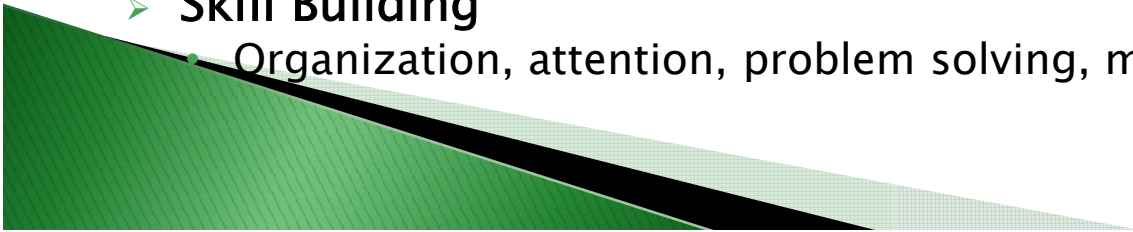
- Work with the client to achieve their personal goals.
- Goals must be consistent with their capabilities, values and needs. SMART Goals,
 - Specific: Identify specific reasons, purpose or benefits of accomplishing the goal.
 - Measureable: Establish criteria for measuring progress.
 - Attainable: Identify reasonable goals that are slightly out of reach. Work to develop attitudes, abilities, skills and financial capacity to reach these goals.
 - Realistic: A goal must represent an objective toward which the individual is both willing and able to work.
 - Timely: A goal should be grounded within a realistic yet challenging time frame.
- Treatment Goals will be achieved if the client is working with you in a recovery partnership.







Common Treatment Approaches

- **Motivational Interviewing**
 - Increase insight, motivate into action.
 - **Rational Emotive/Cognitive Behavioral Therapy**
 - Change beliefs related to acquisition, attachment and disposal.
 - **Harm Reduction**
 - Safety first, build engagement, move belongings to a safer, temporary space.
 - **Group Therapy**
 - **Peer Support**
 - Mutual aid from those with lived experience, SMART Recovery Model, Hoarders Anonymous.
 - **Psycho-Education**
 - Include individual and their natural supports when possible.
 - **Medication**
 - Often useful initially in decreasing anxiety while therapeutic intervention builds clients skills and cognitions changes.
 - **Skill Building**
 - Organization, attention, problem solving, memory cues.
- 



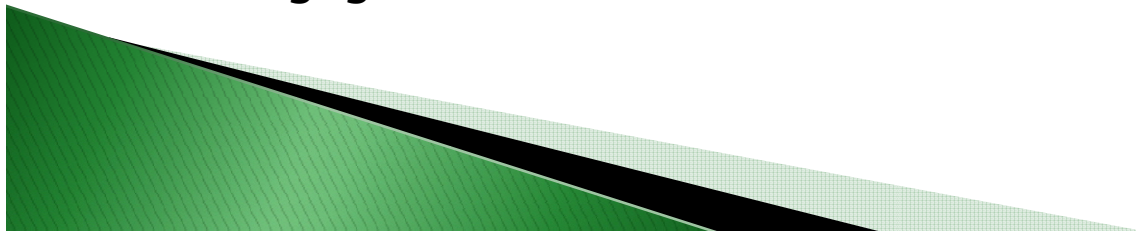


Best Practice Strategies

Best practices are methods or techniques that, through experience and research, have consistently proven to give the most effective course of action.

Best practice strategies that may be used to support people who hoard include:

- Improve Organizational Skills
- Manage Attention Deficits
- Improve Problem Solving Skills
- Improve Memory
- Treat Acquiring Problems
- Treat Discarding Difficulties
- Identify Distorted Beliefs
- Engagement



Supportive Strategies

Things to remember,

- Put yourself in their shoes.
- Match their language (e.g. “my **things**”, “my **collection**”).
- Use encouraging language (reduces defensiveness; increases motivation).
- Highlight strengths and accomplishments.
- Focus intervention on safety rather than discarding.
- Treat individual with respect.
- Treat each situation and each person individually.
- Allow individual to make their own decisions.
- Allow individual do things for themselves, only providing motivation/ guidance.

Cristina Sorrentino, Ph D







Non-Supportive Strategies

- Use judgmental language.
 - “What a mess. Who could live like this?”
- Use words that devalue possessions.
 - ‘junk, garbage, trash’
- Let your non-verbal expressions say what you’re thinking.
 - ‘frowns, grimaces’
- Make suggestions about the persons belongings.
- Try to persuade or argue with the individual.
- Touch or move their belongings without permission.

Cristina Sorrentino, Ph D



Assessment Forms

Determine Client Awareness, Insight or Motivation.

- Activities of Daily Living; Saving Inventory; Hoarding Rating Scale; Clutter Image Rating

Gail Steketee, Ph D, Randy Frost, Ph D

- Clutter Screening Questionnaire; Top Ten Clutter List

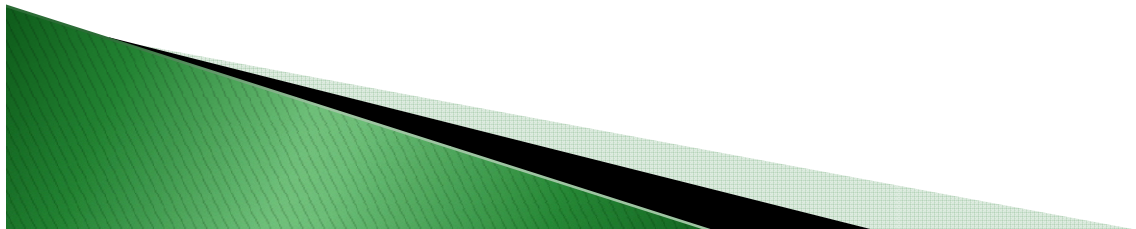
Gail Steketee, Ph D

- Readiness to Change Questionnaire

Cristina M Sorrentino, Ph D

- Quiz: Are you a hoarder in the making?

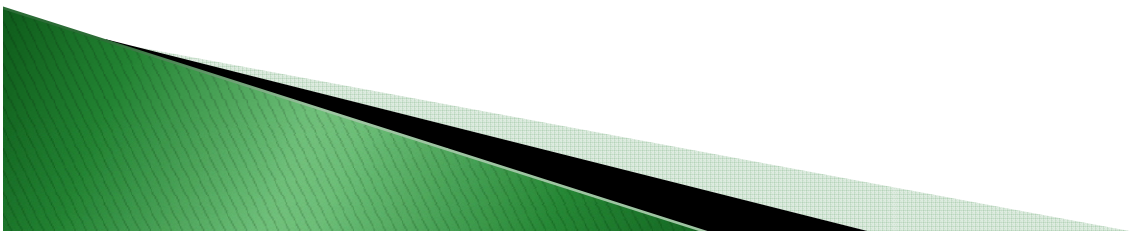
Elaine Birchall, MSW, RSW



Clutter Screening Questionnaire

- Do you have a problem with excessive clutter in your home?
- Have family, friends or visitors ever suggested that you need to reduce the clutter in your home?
- To what extent does the clutter interfere with using rooms in your home in a normal way?
- When you try to clear out the clutter, how much distress or emotional upset do you experience?
- To what extent do you have a problem with collecting or buying more things than you need or can use?

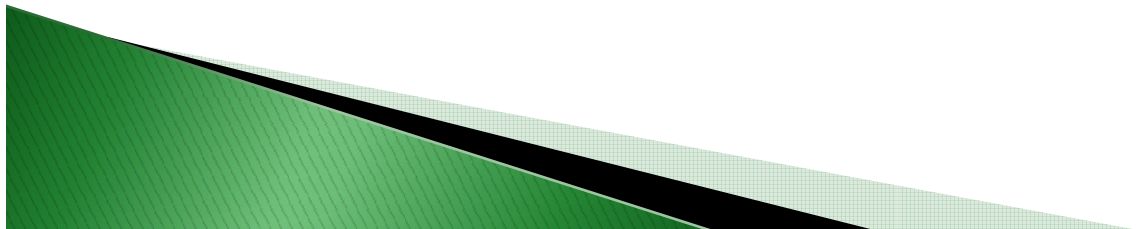
Gail Steketee, Ph D



Readiness To Change Questionnaire

- My home is ok as it is.
- I am trying to collect less than I used to.
- I enjoy saving things but sometimes I collect too much.
- I should cut down on collecting items.
- I have just recently changed my collecting habits.
- My collecting is a problem.
- It's alright for me to keep collecting as I do now.
- My life would be the same, even if I collected less.

Cristina Sorrentino, Ph D



Clutter Image Rating

- People have very different ideas about what it means to have a cluttered home.
- To get an accurate sense of a clutter problem, a series of pictures of rooms in various stages of clutter was created.
- People can pick out the picture in each sequence that comes closest to the clutter in their own home.
- This requires some degree of judgement as no 2 homes look exactly alike.
- Clutter that reaches level #4 or higher impinges enough on people's lives that we would encourage them to get help for their hoarding problems.

Randy Frost, Ph. D





November 2013



December 2013



Assessment Forms

Identify Environmental Health & Safety Risks/Hazards.

- Homes: Multi-Disciplinary Hoarding Risk Assessment

Cristina M Sorrentino, Ph D

- Home Environment Index; Safety Questions

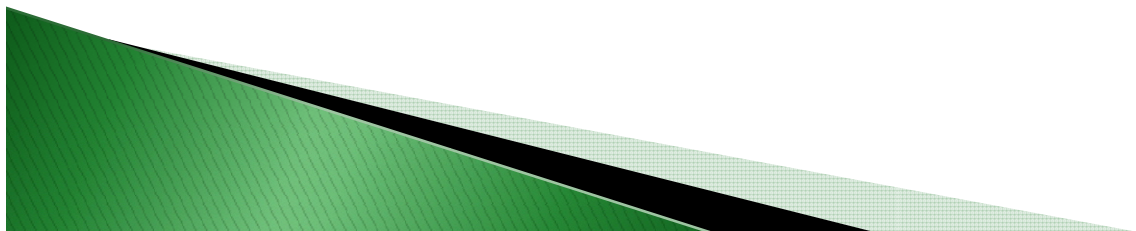
Gail Steketee, Ph D; Randy Frost, Ph D

- Clutter Hoarding Scale

Institute For Challenging Disorganization

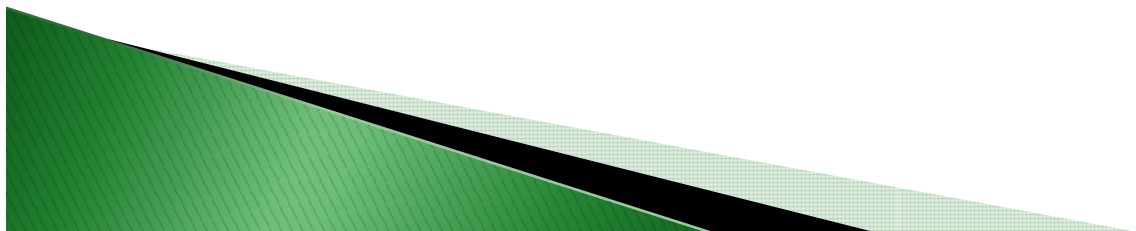
- Pathway Through The Maze

Squalor & Hoarding Toolkit



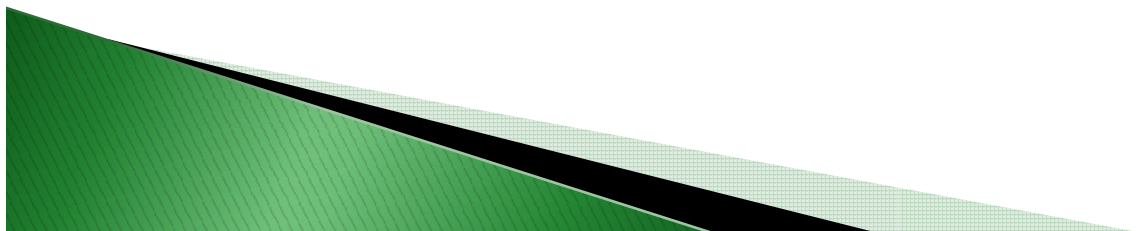
Crisis Situations

- Intensified: Mental Health, Safety Risks, Emotions.
- Intervention Team: 1st responders, Emergency Personnel.
- Develop Hoarding Coalition:
 - Rely on community partners as resource and expertise in their profession.
- Be Prepared:
 - Define terms of reference.
 - Clearly establish roles & responsibilities.
 - Outline intervention process.
 - Identify emergency housing & support options.



Laws & Regulations

- Human Rights Code: 'Duty To Accommodate'
- Freedom of Information and Protection Act: 'Confidentiality'
- Substitute Decisions Act: 'Mental Capacity'
- Ontario Building Code: 'Fire Protection, Property Standards & Building Structural Safety'
- Fire Prevention and Protection Act
- Residential Tenancies Act
- Child & Family Services Act
- Prevention of Cruelty to Animals Act
- Mental Health Act
- Health Care Consent Act
- Health Protection & Promotion Act: 'Public Health Standards'



Human Rights Code

- 'Duty To Accommodate'
- A provincial law that gives everybody equal rights and opportunities without discrimination.
- Discrimination based on disability is prohibited.
 - Hoarding is a mental disorder therefore qualifies as a disability protected from discrimination by the Code.
- A disability must be accommodated but not to the point of undue hardship.
- To determine undue hardship, two factors are considered:
 - Cost – Includes the actual, present financial cost, as well as any reasonably foreseeable costs that may arise. May also include operational costs.
 - Health & Safety Risks – To both to the individual and the public.



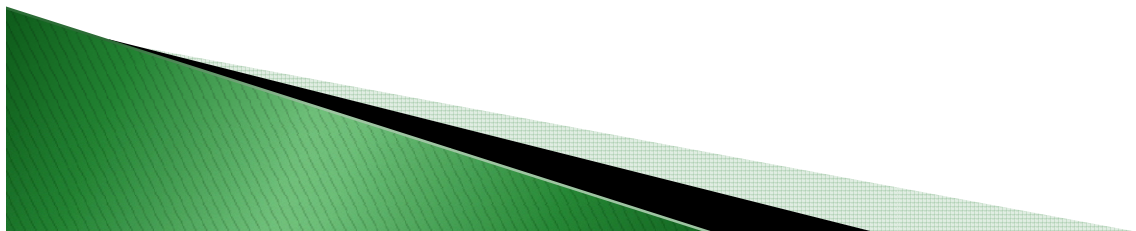
Freedom of Information & Protection of Privacy Act

- 'Confidentiality'
- Establishes an individuals right to access records and sets out the terms under which a public body can collect, use and disclose the personal information of individuals.
- Valid consent,
 - Must be in writing and provide details regarding what information can be disclosed and to whom.
 - Person giving consent must be mentally capable.
 - Consent must be informed & individual must be given proper time and environment to assess the information.
- Duty to Warn,
 - Takes precedence over client confidentiality only when there is an imminent danger of violent behavior.



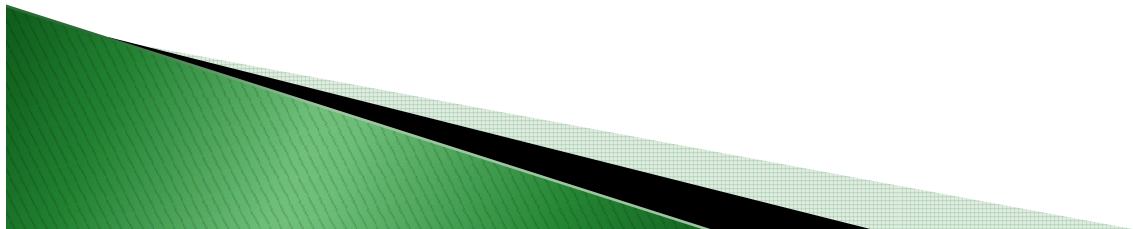
Substitute Decisions Act

- 'Mental Capacity'
- Establishes the criteria determining when a person has the ability to make decisions that are fundamental to their own well being.
- Capacity establishes the legal right to consent to or refuse medical treatment, choose housing arrangements and manage one's money.
- When doubt to capacity exists, it is best assessed by a healthcare professional or legal professional.
- If consent was obtained without capacity, it is void and the person acting on that consent could be liable for damages.



Ontario Building Code

- ▶ 'Fire Protection, Property Standards & Building Structural Safety'
- ▶ A collection of regulations that protect the health, safety and welfare of the public and building occupants.
- ▶ Section 1.1: Municipal Property Standards By-Law
 - Least intrusive method to the property owner.
 - Gives municipality latitude in enforcement & associated timeframes.
- ▶ Section 15.9: Unsafe Buildings
 - Most intrusive method; used for critical situations
 - Immediate removal of tenant & potentially other neighboring tenants.
 - An inspector can enter property to determine if a building is unsafe.
 - Orders can be issued on the spot,
 - Restricting occupancy if necessary.
 - Order immediate repairs to terminate danger.
 - All costs associated with either order is applied to the property & can be added as a lien against the property and collected as if tax imposed.



Fire Prevention & Protection Act

- Legislation that establishes fire safety standards to equipment, systems, buildings, structures, lands and premises.
- Defines: owner's responsibilities; requirements regarding routine checks, inspections and tests; violations fines.
- Section 15: Immediate Threat to Life
 - Two factors need to be present,
 - An imminent risk of fire and,
 - That the circumstances pose an immediate threat to human life.
- Section 21: Inspection Orders
 - An order for the owner/occupant to take any measure necessary to ensure fire safety.
- Section 35: Cost Recovery
 - Provides for cost recovery options.

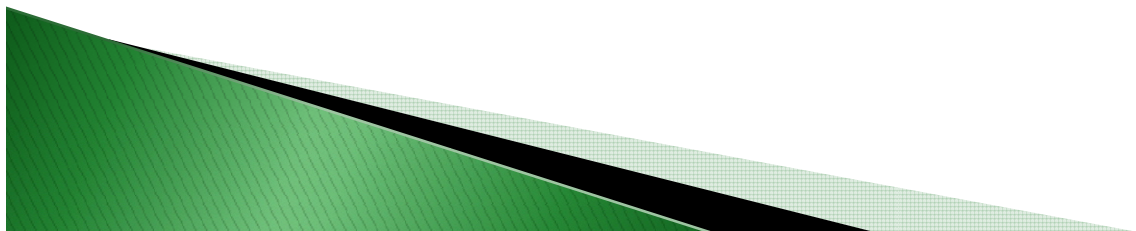


Residential Tenancies Act

➤ Purposes of Act:

- To provide protection from unlawful rent increases and unlawful evictions.
- To establish a framework for the regulation of residential rents.
- To balance the rights and responsibilities of residential landlords and tenants.
- To provide for the adjudication of disputes and for other processes to informally resolve disputes.

A landlord is responsible for providing and maintaining a residential complex, including the rental units in it, in a good state of repair and fit for habitation and for complying with health, safety, housing and maintenance standards.



Laws & Regulations

- **Child & Family Services Act**
 - A law that protects the best interests, protection and well being of children.
- **Prevention of Cruelty to Animals Act**
 - Sets out the standards of care applicable to all animals.
- **Mental Health Act**
 - A law which regulates the administration of Mental Health Care and the involuntary admission of people into a psychiatric hospital.
- **Health Care Consent Act**
 - A law that outlines the capacity to consent to or refuse treatment.
- **Health Protection & Promotion Act: 'Public Health Standards'**
 - Establishes the minimum requirements for public health programs and services including assessment, health promotion, disease and injury prevention and health protection.

Refer to Service Ontario Website 'E-Laws'

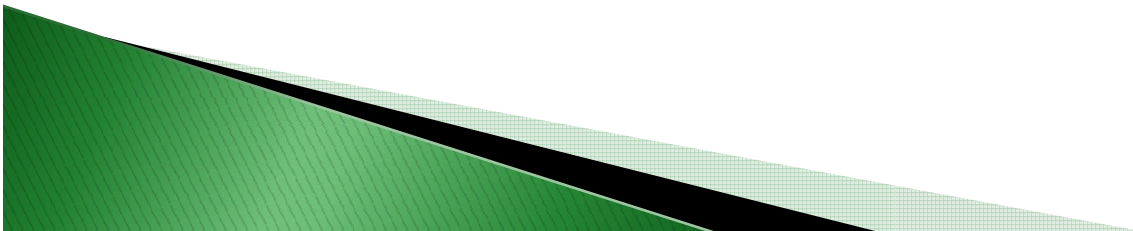


Remember.....

Legally people can live the way they choose to, as long as,

- There's no immediate threat to life,
- By-laws are not violated,
- Leases are not broken.

Be aware of lifestyle police!



Recovery

Recovery is a journey that must touch all aspects of the internal and external life of a person. The self is at the center of the journey.

Caring for and about the self includes meeting basic needs such as shelter, food and clothing, as well as attending to one's physical and emotional health.

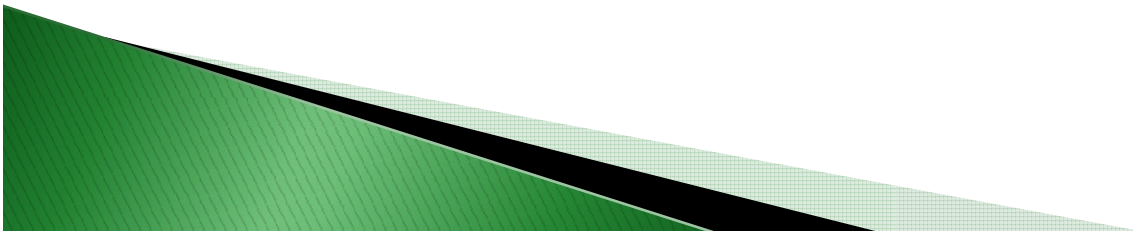
It is a journey of social and relational connection to home, family, friends and community.

It involves discovering one's life purpose through work, education, volunteering or social activism.

It involves an active spiritual relationship that may be pursued through formally organized religion, culture or pursuits such as music, art and nature.



Questions

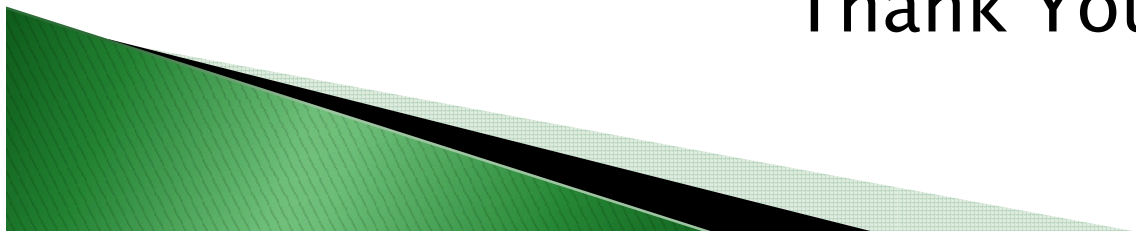


Acknowledgement

The Hoarding Intervention Program at
Leeds Grenville Mental Health
was made possible through a partnership
with the United Counties of Leeds and
Grenville.

The commitment of the partners in the Leeds
Grenville Hoarding Coalition
ensures continued support for those in need.

Thank You



References

DSM: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

International OCD Foundation

Children Of Hoarders: Animal Hoarding; Stages Of Change

The Hoarding Of Animals Research Consortium

Cognitive And Behavioral Treatment Of Compulsive Hoarding: Randy O. Frost, PhD; Gail Steketee, PhD; Kamala A. I. Greene, MA

Randy O. Frost, Ph.D., Professor of Psychology, Smith College, Northampton, MA

Gail Steketee, Ph.D., Dean/Professor of Social Work, Boston University, Boston, MA

Dr. David Tolin, Ph.D., Founder/Director of The Anxiety Disorders Center at The Institute of Living, and an Adjunct Associate Professor of Psychiatry at Yale University School of Medicine

Squalor & Hoarding Toolkit

Elaine Birchall, MSW, RSW, Hoarding Specialist

Treating Hoarding: Gail Steketee, PhD, MSW; Catherine R. Ayers, PhD

Michael A. Tompkins, Ph.D.; San Francisco Bay Area Center For Cognitive Therapy

Hoarding & Squalor, Aged Care In Victoria

American Psychiatric Association

Stages Of Change Model: James O. Prochaska; Carlo DiClemente



Contact Information

Cindy Birt
Hoarding Support Planner

Leeds Grenville Mental Health
613-342-6214 ext. 5345
birtc@lgmentalhealth.ca

