

CLEARPATH

HOARDING DISORDER INTERVENTIONS

Lynn Faust
Executive Director
MCDC

Maryrose C. Coiner, PhD
Clinical Psychologist



CLEARPATH PROGRAM

- Program of MCDC since 2014.
- Member, state-wide steering committee (MassHousing).
- Implementers of evidence-based programming.
- Last year served 600
 - professionals
 - people with cluttered homes
 - MetroWest and Nashoba Valley

THE STATE OF HOARDING TREATMENT

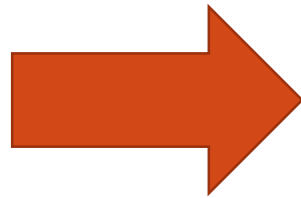
- Hoarding Disorder (HD) is a new diagnosis.
- In the education and capacity building stage.
- Little hoarding education, except *Hoarders* TV show.
- Community health programs are under development.
- Traditional health care is limited.
- HD is a medical diagnosis for which most effective treatments are not yet funded by the medical system.
- Harm may be reduced by establishing effective services and protocols to assist those with HD.

TODAY'S AGENDA

- Hoarding 101
- HD treatments that work
- What is the process?
 - Wellness process
 - Case process
- What accommodations help to keep those with HD living independently?
- Case discussions and examples

SIGNS OF HOARDING:

- Acquisition
- Saving
- Disorganization



Clutter

HOARDING BEHAVIOR IS COMMON

(AYERS ET AL., 2010; GRISHAM ET AL., 2006; SAMUELS ET AL., 2008; TOLIN, MEUNIER, FROST & STEKETEE, 2010)

- 2-6% have hoarding tendencies.
- Tendency to hoard begins before age 20 (68%).
- Hoarding is ***prevalent*** in trauma survivors:
 - Combat Veterans
 - Elderly
 - Domestic violence survivors
- Hoarding behaviors may be ***triggered*** or ***exacerbated*** by:
 - Trauma
 - Loss
 - Diagnosis of a mental or physical illness
- Average age when seeking help is 50

WHAT IS HOARDING DISORDER? *DSM-V CRITERIA (APA, 2013)*

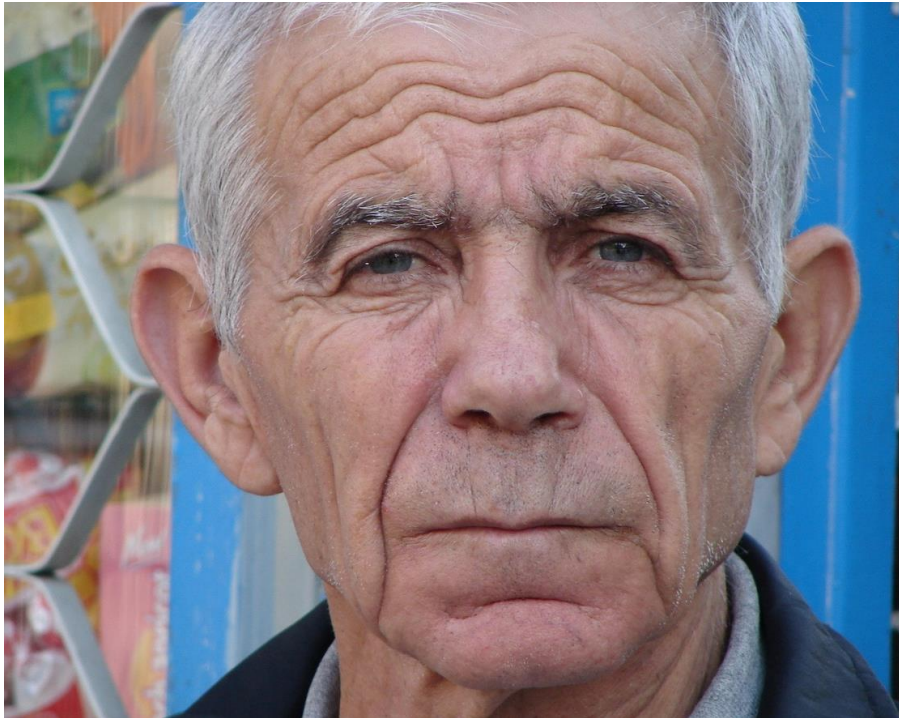
- A. Persistent **difficulty discarding or parting with possessions**, regardless of their actual value.
- B. This difficulty is due to the perceived need to save the items and to the **distress associated with discarding** them.
- C. The difficulty discarding possessions results in **clutter in active living** areas that substantially **compromises their intended use**. . . .
- D. The hoarding causes **significant distress** or impairment in social, occupational, or other important areas of functioning

- E. The hoarding is **not attributable to another medical condition**. . . .
- F. The hoarding is **not better explained by another mental disorder**. . . .

SQUALOR VS. HOARDING

- Clutter may be due to squalor or hoarding.
- Hoarders feel a need to save most items and have difficulty discarding.
- Clutterers with squalor let others discard the items.
 - If clutter is due to squalor, heavy chore cleaning may be appropriate.
 - If clutter is due to hoarding, heavy chore may increase hoarding behaviors.
- Many homes have both hoarding and squalor

HELP NEEDED



- **Medical:** medication mismanagement, respiratory issues, mental health
- **Nutrition:** Inability to prepare food
- **Sanitation:** Bathroom not usable
- **Building:** Structural problems with home
- **Infestations:** Mice, cockroaches, bedbugs
- **Environmental:**
 - Inability to heat home
 - Slips and falls
 - Air quality
- **Fire hazards:** Fire load, blocked egresses, combustibles
- **Pet safety**

WHY DON'T THEY JUST CLEAN IT UP?

- They are emotionally attached to belongings.
- Heavy chore may do harm.
 - **Fast cleanups are temporary fixes.**
 - Wellness process is slow and strength-building.
- Need hands-on support and a trustworthy team.
- This is a **slow** process.
- Few hoarding-specific resources available.
 - CBT
 - In-home coaching
 - O/T
 - Peer groups

COSTLY IMPACT



- a) Employers
- b) Healthcare System
- c) Landlords
- d) Senior living
- e) Families
- f) Mortgage companies
- g) Insurance companies
- h) Town Departments
 1. Public health
 2. Council on aging
 3. Veterans agent
 4. Law enforcement
 5. Fire department
- i) Court system

LANGUAGE IS CRITICAL

- **Words matter!**
 - Term “hoarder”
 - Respectful
 - No judging
- Trust-building
- Concerned for their safety and well-being
- Encouraging
- Goal setting
- Acknowledge goal achievement

WHICH TOOLS TO USE?

Wellness tools for clutterers

- ClearPath Wellness Model
- CBT-based workshops and peer groups
- Coaching
- Trained clinicians (in office or in home)

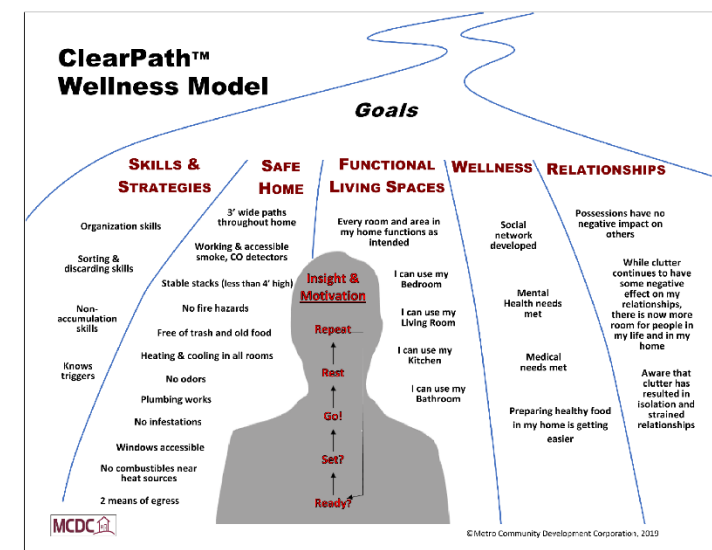
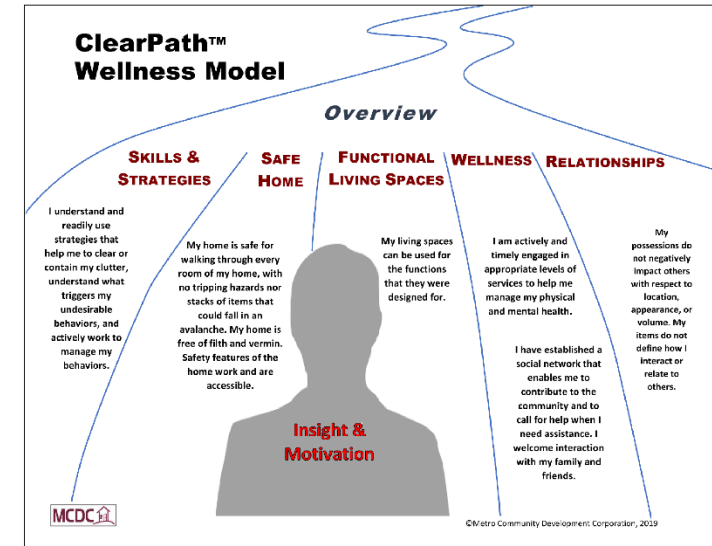
Professional tools

- Assessment tools: CIRS, UICL, HOMES
- *Treatments that Work, CBT for Hoarding Disorder, Buried in Treasures*
- Training and case consultations: (ClearPath monthly meeting)

Case teams: Don't do it alone!

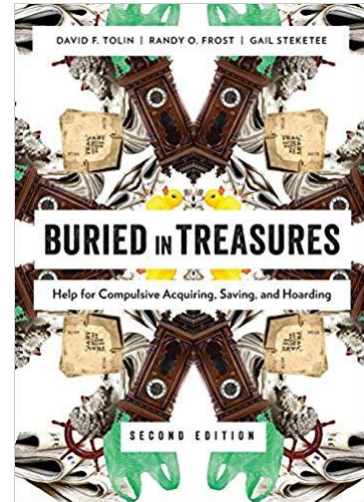
CLEARPATH WELLNESS MODEL

- Visual roadmap for goal setting, achievements.
- Developed by Health, Safety, and wellness experts.
- Used in peer groups, education programs, in-home goal setting.
- Measures progress
- Retained by participants.
- Models help long, slow processes.



WORKSHOPS & PEER GROUPS

- ClearPath uses 15-week *Buried in Treasures* or 10-week “Right Stuff” workshops. (other structured curricula available)
- Can extend to year-round peer groups.
- Inexpensive.
- Build insight and skills.
- Prepares participants for clearing their homes.
- ClearPath offers free groups (*also a group for family members of those with HD*).
- Many attend groups for years.



WORKSHOP BEST PRACTICES

- BIT or CBT workshop at least yearly to reinforce skills.
- Professional or peer facilitation/co-facilitation (by a peer who has made progress in their own home).
- ClearPath trains and accommodates peer facilitators.
 - Must be a BIT workshop graduate.
 - Facilitator training.
 - Reminders and on-call assistance.
- At least 8 weeks of BIT workshop before in-home coaching begins.
- Measure and celebrate successes.

INDIVIDUAL THERAPY

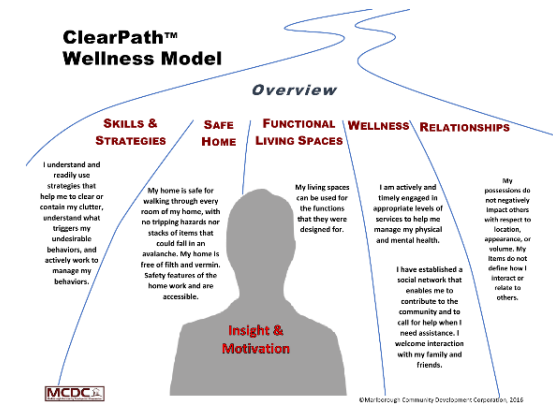
- Many in BIT workshops benefit from therapy.
- Many in therapy have not disclosed their hoarding.
- Participant may discover their trauma during group.
- If therapy is used instead of BIT workshop, may take longer (26+ sessions).
- Few hoarding-trained therapists available.
- In-home and in-office care coordination is beneficial.

SORTING AND DISCARDING COACHING

- Practice *BIT* exercises in home.
- Workers require training
 - **Harm reduction most important**
 - *Buried In Treasures* as a guide
 - Protocols for language, process, trust-building
 - Motivational interviewing
 - Slow, strength-building work (*20 minutes to 2-3 hours*)
 - Remove items immediately
 - No dumpsters!
- ClearPath staff, or (*we train!*):
 - Family members, PCAs, professional organizers, apprentices, 2nd Saturday short term interns

CASE MANAGEMENT STEPS

- **Assess:**
 - Danger
 - Squalor vs. hoarding
- **Create a harm reduction plan:** make the home safe, reduce injury, other health risks
- **Build insight & skills:** refer to workshops, in-home workers, CBT, professional organizers.
- **Motivate:** encourage to reach wellness goals
 - Coaching
 - Enforce deadlines
- **Prevention:**
 - Monitoring
 - Clinician works on underlying causes of behaviors



CLUTTER HOME ASSESSMENT

- **Assessment Tools:**
 - Clutter Image Rating Scale
 - Uniform Inspection Checklist
 - HOMES Assessment tool
- Is clutter due to hoarding behaviors or squalor (or a mixture)?
- Are there biological hazards?
- Is resident currently coachable?
- Determine resident's state of readiness to change behaviors.
- Explain risks in home, offer workshops, build trust.

CLUTTER IMAGE RATING SCALE (THERE'S AN APP!)

Clutter Image Rating: Living Room

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



READINESS TO CHANGE DETERMINES CASE ACTION

<i>Person's stage of readiness for change</i>	<i>Treatment</i>	
	<i>Workshops/CBT</i>	<i>In-Home Coaching</i>
Pre-contemplation	Build Insight	
Contemplation	Reduce Ambivalence	Harm Reduction
Planning	Understand why person hoards	Skills Building
Action		Goals Setting
Maintenance		Decision-making
		Organization Skills

EVERY CASE IS DIFFERENT

- Each case is treated differently.
- No “One Size Fits All”.
- The order of in-home work that we strive for:
 - Reduce acquiring
 - Begin discarding
 - Organize belongings that are retained
- Safety is key.

SERVICES TO ACCOMMODATE THOSE WITH HD

- Coaching and/or peer groups, until:
 - Harm reduction goals are reached
 - Maintenance stage of behavior change is reached
- Housekeeping
- Occupational therapy
- Harm reduction checkups
- Coaching: after a relapse
- Peer groups

CASE COMPARISON:

HOARDING WITH FILTH

Rural with Rats	Suburban Germaphobe
Low insight Pre-contemplative to change behaviors	Some insight Planning to change behaviors
Homeowner	Renter
Lost relationships with family	Lost most important relationships
Heavy chore cleaning was required with coaching during cleaning (twice)	Coaching
Maintenance plan including weekly services and harm reduction checkups was rejected	Maintenance includes workshops, O/T, continued therapy, harm reduction checkups
Home was re-cluttered, had a fire, and was condemned	Moved to a smaller apartment with coaching support to downsize
Loss of independent living	Living independently with supports
Cost: about \$30,000 plus loss of home	Cost: \$10,000 of coaching

STRATEGIES FOR DOWNSIZING WITH HOARDING

- Many are stuck in homes to retain their possessions
- A process for a family downsizing their home:
 - Get rid of all belongings that do not belong to the resident(s):
 - Items belonging to grown children who moved out
 - Ancestor items (pass them on or donate them)
 - Downsize into the number of rooms that the anticipated new home will have
 - In the existing home
 - Live in the limited space, without excessive clutter
 - Get rid of all items in the unused rooms, basement, attic, etc.
 - Purchase or rent the new home.
- Storage units are postponed decisions

STRATEGY: DUPLICATE HOUSING DURING MOVE

- Resident signs a harm reduction agreement to:
 - Own or rent two homes for 2-3 months while they move
 - Move only needed items to the new home
 - After 2-3 months, agree that the remaining items are disposed of or donated (no more access)
- No storage units allowed
- Services at new location as needed:
 - Harm reduction checkups
 - Peer group and/or therapy
 - Housekeeping
 - Occupational therapy

CASE COMPARISON:

SENIORS MOVING AFTER DECADES

Suburban Veteran	Divorced after Domestic Violence
Lived in private apartment 30 years after a war, then was asked to move	Won home in a divorce case, but could not afford to keep the home and acquire also
Had to move after landlord died and estate chose to sell the property	Forced to move when had insufficient funds to clean up after a health department action
Estate chose to pay for a 2 nd apartment for two months while man moved	Public housing apartment became available
Man agreed to use a friend as an accountability partner during and after move	Woman was resistant to all help except a last-minute move of furnishings
Man was able to keep his most treasured items	Woman lost many important items, when the home was cleared after foreclosure

CASE COMPARISON:

FAILED HOUSING INSPECTIONS

Multi-town Storage	Suburban Single
Good insight Pre-contemplative on behavior changes	Good insight Contemplative to Action on behavior changes
History of peer leadership and advocacy	History of peer leadership and advocacy
Hesitant to participate fully in workshops	Fully participated in workshops for 7 years
Did not disclose her full case to any of her workers or advocates - secretive	Embraced case management as her team and resource – fully participates
Services paid through CCA OneCare	Services paid through CCA OneCare
Continued to acquire, court actions	Ceased to acquire, passed inspection
Likely to become homeless again	Likely to retain residency
Unlikely to achieve maintenance unless acquiring ceases	Maintenance includes housekeeping, peer groups

WHAT MIGHT INDICATE GUARDIANSHIP?

- Persistent unsafe living conditions
 - Basic sanitation
 - Utilities
- Danger to others
 - Fire
 - Vermin
 - Firearms
 - Multifamily housing
- Inability to self care despite available supports
 - Medication mismanagement
 - Nutritional deficit
 - Refusal of services
 - Isolation

DISCUSSION AND QUESTIONS

THANK YOU!

MCDC

www.StrongCommunity.org

508-658-0880

Home of: ***Financial Fitness Center, Human Services Coalition, and ClearPath Program***

Lynn Faust

Executive Director

lynn@strongcommunity.org



RESOURCES

- www.MassHousingRental.com : Mass Housing Hoarding page
- <https://iocdf.org/> : International OCD Foundation
- <http://www.nasmm.org> : National Association of Senior Move Managers
- *Buried in Treasures*, second edition, Tolin, Frost, and Steketee, 2014.