

HOARDING 101



HOARDING - What is it?



- Hoarding vs. Pack Rat vs. Squalor
 - Hoarding has **3 parts**: acquiring and not discarding a large number of possessions that appear to be useless or of limited value; living spaces that are not able to be utilized for what they are designated for; and significant distress and impairment of functioning as a result of the hoarding
 - Living spaces that are not able to be utilized for what they are designated for is what defines hoarding from a pack rat
 - Squalor is filthy, unsanitary conditions of home and self. They can exist apart from each other (dirty homes are not the same as hoarding and some hoarding homes are clean) examples of squalor is soiled clothing, doesn't bathe, rotting food and feces/urine in living environment

Hoarding-Why does it happen?



- Executive functioning is impaired
 - Categorizing/association
 - Perception
 - Decision-making
 - Attention

HOARDING - Statistics



- Saving of items typically begins around age 13
- Usually do not get help until age 50 mostly because it takes decades to acquire that much stuff, and most people who hoard do not seek treatment on their own (although clean hoarders typically will)
- Tend to be single and live alone (prefer to be alone with their stuff as it doesn't let them down like people do)
- Family history of hoarding is common (genetic among first degree relatives)
- Squalor is most common among those involuntarily seeking help (red tagged and other interventions such as APS)

HOARDING - Diagnostic Criteria



- Assessment

- To be done by someone who goes to the home
- Perception is off so do not seek help for themselves
- Homes Assessment
http://www.tufts.edu/vet/hoarding/pubs/HOMES_SCALE.pdf
- Clutter Image Rating Scale

HOARDING



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HOARDING - Brain Functioning

- Experts studying this condition suggest that compulsive hoarding seems to be independent from other disorders
- Functional brain imaging studies suggest a different pattern of brain activity in people with hoarding versus other OCD symptoms. All of this data supports the separation of hoarding from OCD and that change is now reflected in the DSM-V.

HOARDING - Brain Functioning



- In a study that was done the brain activity of patients with hoarding was compared to those of non-hoarding OCD patients and those without any psychiatric disorder. The results showed that the patients with hoarding had a unique brain activity pattern when compared to the two other groups.
- One hypothesis is that the symptoms of hoarding may be caused by less activity in a part of the brain called the cingulate cortex. This area connects the emotional part of the brain with the parts that control higher-level thinking. Lessened activity in these parts of the brain can cause severe problems in making decisions, emotional problems and other thought-based problems commonly seen in hoarders.

HOARDING - Medications



- This lessened activity may also be why hoarding does not respond well to standard pharmacology.
- There are no medications that target hoarding
- In retrospective studies, hoarding predicted a poor response to serotonergic medications
(18-30% effectiveness rate)

HOARDING – Therapeutic Interventions



- Hoarding Interview
 - Items saved, where acquired and meaning of objects
 - Current living situation
 - Current hoarding symptoms
 - History of hoarding
 - Family History
 - Treatment/intervention history
 - Problems resulting from hoarding (health, safety, relationships)

HOARDING – Therapeutic Interventions



- Therapeutic Goals
 - Hope
 - Empowerment
 - Self Responsibility

HOARDING – Therapeutic Interventions



- Treatment of Comorbid Disorders
 - Major Depression
 - Obsessive Compulsive Disorder
 - Anxiety Disorders
 - Social Phobia
 - Psychotic Disorders
 - Cognitive Disorders
 - Alcoholism

HOARDING – Therapeutic Interventions



- Clinical Approaches for Hoarding Behaviors
 - Multimodal Approach
 - Motivational Interviewing
 - Cognitive Behavioral Therapy
 - Medications
 - Skill Building
 - Group Therapy

HOARDING – Therapeutic Interventions



- Clinical Approaches: Motivational Interviewing
 - Motivational Interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence
 - Originally developed for substance abuse work
 - Based upon partnership between individual and therapist

HOARDING – Interventions



- Decisional Balance
 - Helper assists the individual in weighing the good and the less good reasons, the pros and cons, costs and benefits, of hoarding and cleaning up
 - Decisional Balance Sheet

HOARDING –Interventions



- Discrepancies Between Goals & Current Behavior
 - What is the most important priority in your life right now?
 - What do you see yourself doing in five years?
 - How does the condition of your house fit into that priority/goal?

When an individual sees that present behaviors conflict with important/future goals they are more likely to consider changing their behavior

HOARDING –Interventions



- Sample Decision Balance Sheet

Continue to Hoard

Benefits

- get to keep stuff
- avoid decision making
- don't have to clean

Clean House

Costs

- part with stuff
- hard work
- emotional stress

HOARDING – Therapeutic Interventions



- Clinical Approaches: Cognitive Behavioral Therapy

CBT addresses 3 areas of problematic thinking that result in:

- Compulsive Acquisition
- Saving and the Inability to Discard
- Disorganization/Clutter

HOARDING – Therapeutic Interventions



- Clinical Approaches: Cognitive Behavioral Therapy
 - Hoarding of possession involves 3 types of impairments
 1. Information-processing
 2. Emotional attachments to possessions
 3. Distorted beliefs about possessions
 - Avoidance of each of these problems leads to the chaos and clutter

HOARDING – Therapeutic Interventions



- Clinical Approaches: Cognitive Behavioral Therapy
 - Goals of CBT related to compulsive hoarding:
 - * Stopping compulsive acquisition
 - * Changing unhealthy beliefs
 - * Changing thinking styles
 - * Address issues related to attention and focus
 - * Identify true memory problems and teach methods to assist memory
 - * Skill building

HOARDING – Therapeutic Interventions



- Clinical Approaches: Cognitive Behavioral Therapy
 - Hoarding is a full-time occupation
 - * Identify-saver; bargain hunter
 - Establish the relationship between acquiring and clutter
 - * Set rules for acquiring
 - Replace Hoarding behaviors with more adaptive, healthy behaviors

HOARDING – Therapeutic Interventions



- Clinical Approaches: Cognitive Behavioral Therapy
 - Emotional attachment problems
 - *Excessive sentimental attachment
 - *Possessions are a part of them
 - *Attach human feelings to their possessions
 - Erroneous beliefs
 - *Perfectionism
 - *Safety
 - *Helplessness
 - *Responsibility for possessions
 - *Lost opportunity
 - *Memory

HOARDING – Housing Codes



- Fire and Safety
 - Piles of paper and other miscellaneous items
 - Usually a lot of combustibles in a hoarders home
 - Can fire and rescue get into home/apartment safely to care for individual?

HOARDING - Housing Codes



- Pest control issues
 - Cockroaches
 - Bed bugs - biggest concern
 - Flies/maggots
 - Dirty dishes, trash, filth and rotting food

HOARDING - Housing Codes



- Structure safety
 - Is the apt or home able to hold the weight of hoarded items? Is the building structurally sound.
- Difficult for Maintenance Staff to maintain a hoarders home/ apt as sometimes it is not safe for staff to enter facility



BEFORE

AFTER