



HOMELESS &
HOUSING
RESOURCE
CENTER

Introduction to Hoarding Disorder


June 5, 2024

Disclaimer

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Webinar Instructions

- All participant lines will be muted and the chat feature is disabled
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- **Slides:** Available now on HHRC website: <https://hhrctraining.org/events-webinars>
- **Recording:** Will be available on the HHRC website within 1 week
- **Evaluation:** Link will be shared at the end and browser should redirect you
- **Certificate of Participation** (no CEUs are offered): Provided after the evaluation is completed

Coming Soon! Online Course

- Introduction to Hoarding Online Course
- Free, self-paced, open to the public
- Accredited for CEUs from the National Association of Social Workers
- Release date will be announced via the HHRC listserv

Hoarding and Homelessness

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Astrea Greig PsyD

Hoarding vs Hoarding Disorder

- Hoarding includes the excessive accumulation of personal possessions which can become problematic.

VS

- Hoarding disorder is a mental health disorder that includes the excessive collection and difficulty with discarding of items which creates significant daily difficulty in a person's life.

Hoarding vs Hoarding Disorder - Criteria

- “Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
- The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

Hoarding vs Hoarding Disorder – Criteria cont.

- The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
- The hoarding is not attributable to another medical condition
- The hoarding is not better explained by the symptoms of another mental disorder”

Hoarding vs Hoarding Disorder - Examples

Examples:

- a home that has so many things that they cannot easily go from one room to the other
- some rooms may even be so cluttered that people cannot even enter or use the room at all.
- clutter might also block important things in a home like a bed or sink or shower.
- food and/or waste may accumulate and provide unsanitary living conditions

Hoarding vs Hoarding Disorder - Personal Impacts

Hoarding disorder creates difficulty in a person's daily life

For example:

- Personal and household responsibilities
- Diet, sleep, and hygiene
- Relationships
- Housing status
- Employment



Hoarding vs Hoarding Disorder – Impacts on Others

- Hoarding behavior often affects others
 - a person's family members
 - neighbors
 - others in their community



Hoarding vs Hoarding Disorder – Common Experiences

- People with hoarding disorder tend to
 - experience a sense of shame
 - lack awareness of the seriousness of their hoarding behaviors
 - often decline to engage in mental health treatment and/or often decline to cooperate with housing services about their hoarding behavior.

Hoarding Disorder Prevalence - Overview

- Hoarding disorder occurs in about 1.5 to 5.0% of the general population
- Roughly 2 out of every 100 people



Hoarding Disorder Prevalence - Demographics

- Hoarding disorder generally occurs equally for people of all genders.
- Typically begins in adolescence and will continue throughout one's life
- Slightly more common in older adults
- Often, but not always, hoarding becomes apparent or gets worse after a major stressful life event

Hoarding Disorder Prevalence – Homelessness

- Hoarding disorder rates among the homeless population is hard to examine and define
 - Less ability to store items
 - Lockers in shelters
 - Transient lifestyle
 - carts, bags
 - Becomes an issue for encampments
 - Less hidden



Hoarding Disorder Prevalence - Housing

- Among people close to eviction
 - 22% likelihood of having HD
- Among formerly homeless people living in supported housing
 - 18.5% of HD
 - more than 3 times higher than the general population

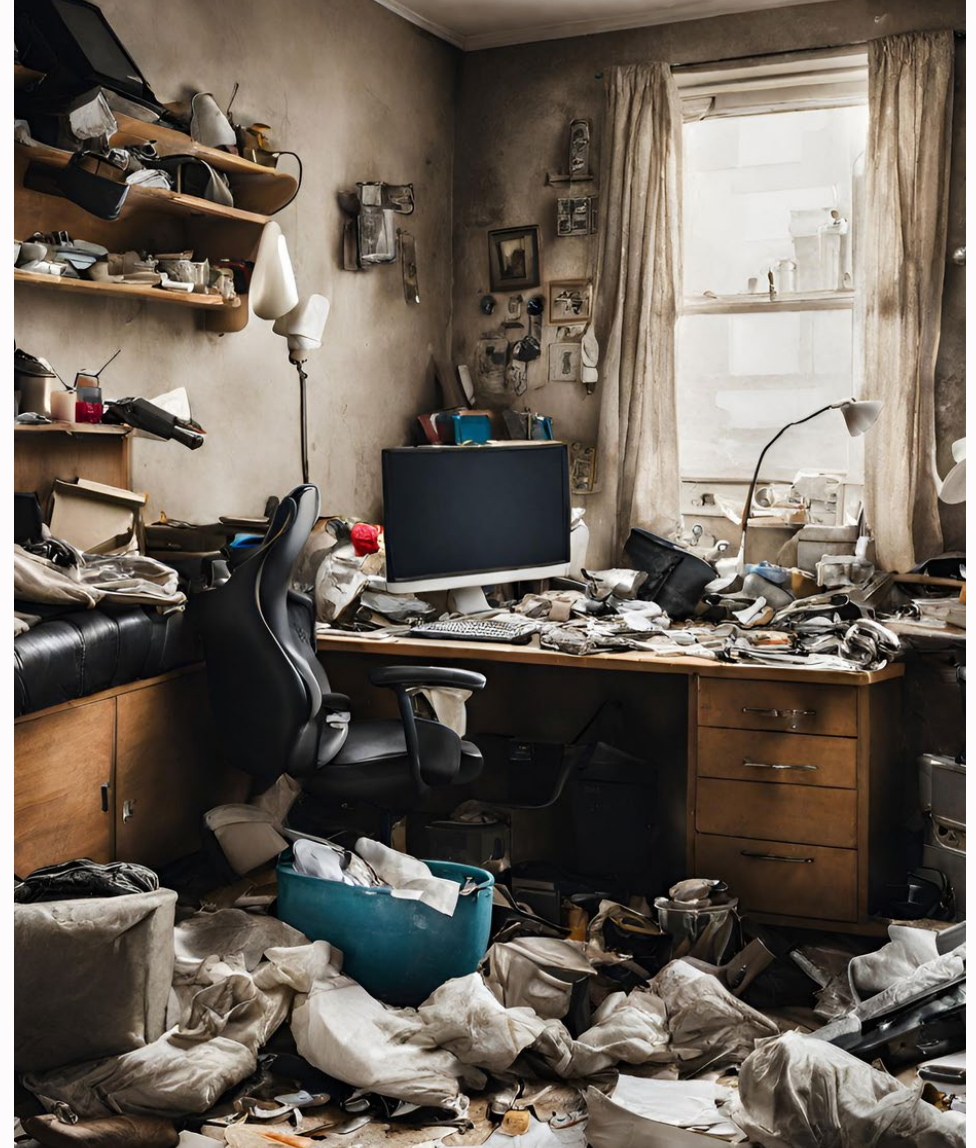
Hoarding Disorder Prevalence - Eviction

- Eviction is a common issue among people with hoarding disorder.
 - 8 to 12% of people with HD have a history of being evicted or receiving a threat of eviction

June 2024

HOARDING BEHAVIORS

The collaboration between clinical and non-clinical
staff in treating hoarding



Case Management Steps

01



Observing Concerns in Unit
Wellness Check
Inspection
Relationships

Begin Brainstorming
What's their level of insight?
What's the severity of risk?
What are they capable of doing on their own?



02



03



Empowerment & Advocacy
You know them best!
Humanize the experience!
Acknowledge any changes!

Add in Clinical Services
What is helpful for them to know?
What have you already tried?
Where do you need support?



04



How do we talk about it?

01

Maintain Curiosity

02

Take time to build the relationship & not just talk about the “stuff”

03

The client is the expert here - not us!

04

Focus on their strengths

05

Clear and consistent communication

06

Mirror their language

07

Ask permission to touch anything



Collaboration

Case Management

Partnering together in reminding client of their goals and deadlines. Utilizing motivational interviewing and cognitive behavioral therapy to understand root causes.

Property Management

Oftentimes their hoarding behavior can lead to lease violations or evictions. What can we do to advocate for an agreement? How can we show they're trying?

Outside Providers?

Would medication be beneficial in this circumstances? Do we need a reasonable accommodation? They can exist as an additional support

Outside Agencies

Have we looped everyone in that we can? What if they won't accept help?



Shelter-Based

Communication



Multiple postings placed around shelter with examples, visuals, and a variety of languages. These should be changed out frequently.

Support



Do they need help sorting or cleaning? Do they have access to the supplies they need? Is this a shelter-wide policy concern?

Risk Management



Focus on safety concerns first. Do they understand why we're asking them this?



TOGETHER

hoarding is best addressed
as a team

HOARDING: WORKING TOGETHER TO PREVENT EVICTION

BY FRANCES MATHIEU



WHEN TO INTERVENE ?

LEVEL 2:

- **SLIGHT CONGESTION OR BLOCKAGE AT MAJOR EXITS, HALLWAYS, AND STAIRS**
- **EVIDENCE OF INAPPROPRIATE ANIMAL CONTROL OR ODOROUS WASTE**
- **PLUMBING AND ELECTRICAL SYSTEMS AREN'T FULLY FUNCTIONAL**

5 STAGES OF HOARDING

Some people will casually refer to themselves as hoarders because their closets might be a little overstuffed, the truth is hoarding is a much more extreme psychological condition.

In the worst of cases, hoarders can be living in squalor, under incredibly hazardous conditions.

Once you understand the 5 levels of hoarding, you will be able to create a plan tailored to your loved one's needs just like our highly trained professionals do every day in the field.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Minimal clutter	✓	✓	✓	✓	✓
House is still accessible	✓	✓	✓	✓	✓
Unnoticeable odors	✓	✓	✓	✓	✓
Overflowing Garbage can		✓	✓	✓	✓
Piles of dirty plates or expired food, and animal waste on the floor		✓	✓	✓	✓
Sings of a rodent infestation		✓	✓	✓	✓
Noticeable odors			✓	✓	✓
clutter starting to build up			✓	✓	✓
Unusable bedroom and bathroom			✓	✓	✓
Piles of objects and clothing			✓	✓	✓
Intense odors				✓	✓
Overwhelming stockpiles of clutter				✓	✓
Animal feces have all accumulated to an enormous degree				✓	✓
Inaccessible house				✓	✓
Rodent and bug infestation				✓	✓

FROM A LANDLORD PROSPECTIVE

- **MANY LANDLORDS, ESPECIALLY SMALLER PRIVATE LANDLORDS, MAY NOT FEEL THEY HAVE TIME TO DEVOTE TO SELF-EDUCATION ON MENTAL HEALTH ISSUES, NOR TO WAIT THINGS OUT WITH A DISRUPTIVE OR NON-PAYING TENANT.**
- **SUPPORT TENANTS THROUGH INSPECTIONS AND REASONABLE ACCOMMODATIONS**



RESPOND TO EVICTION NOTICE

- **IN MASSACHUSETTS, IT IS ILLEGAL FOR A LANDLORD, ON HIS OR HER OWN, TO REMOVE TENANTS AND OCCUPANTS AND THEIR BELONGINGS FROM A RENTED APARTMENT, ROOM, OR HOME WITHOUT FIRST GETTING A COURT ORDER. ONLY A SHERIFF OR CONSTABLE CAN MOVE A TENANT AND HIS OR HER BELONGINGS OUT OF THE PROPERTY.**


TIPS FOR WORKING ONE TO ONE

- **EDUCATE YOURSELF ABOUT HOARDING DISORDER**
- **LISTEN AND USE THE SAME LANGUAGE WHEN TALKING ABOUT THEIR POSSESSIONS**
- **FOCUS ON THE SAFETY ASPECTS**
- **OFFER TO HELP**
- **ENCOURAGE THE HOARDER TO SEEK PROFESSIONAL HELP.**

WHO CAN HELP ?



QUESTION AND ANSWERS ?



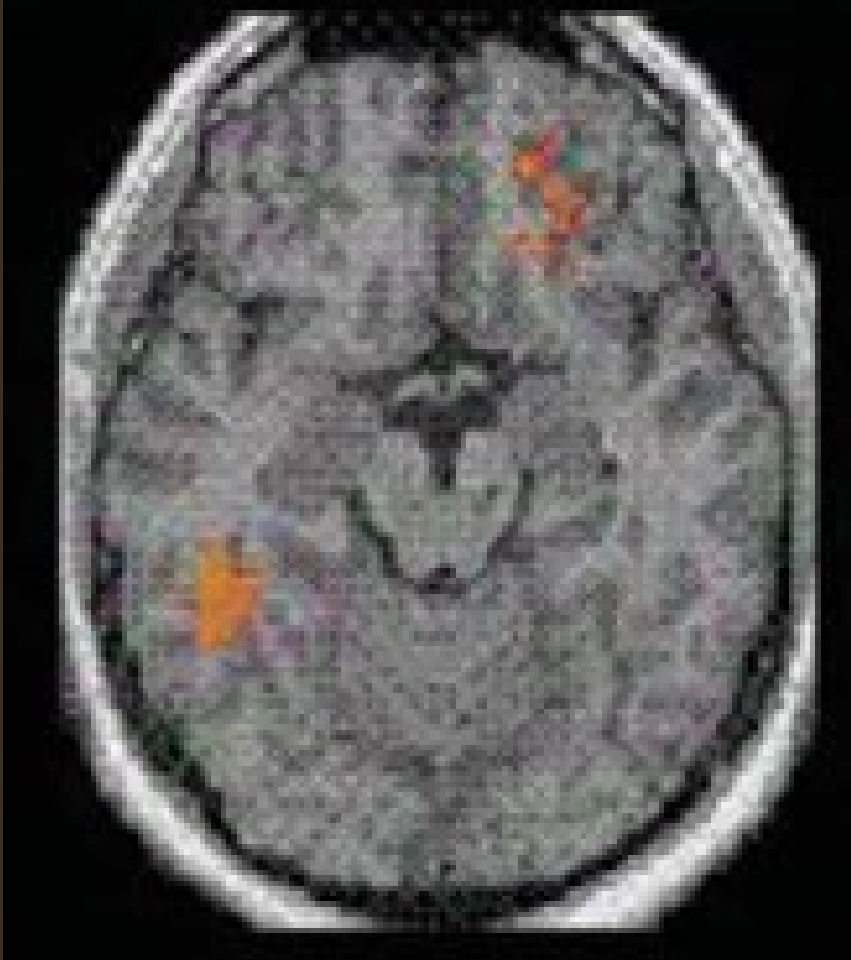
Hoarding and Cluttering: Behaviors, Interventions, and Implications for Care

Miriam Beyer, LCSW

Director, Psychosocial Rehabilitation and
Recovery Center (PRRC)

San Francisco VA Health Care System

Clinical Considerations



- Vulnerabilities
 - Biological
 - Emotional Dysregulation
 - Poor Health
 - History of Loss/Trauma
 - Distorted Beliefs
- Information Processing Deficits
 - Attention
 - Categorization
 - Memory
 - Perception
 - Association
 - Complex Thinking
 - Decision-Making Difficulties

Common Meanings of Possessions

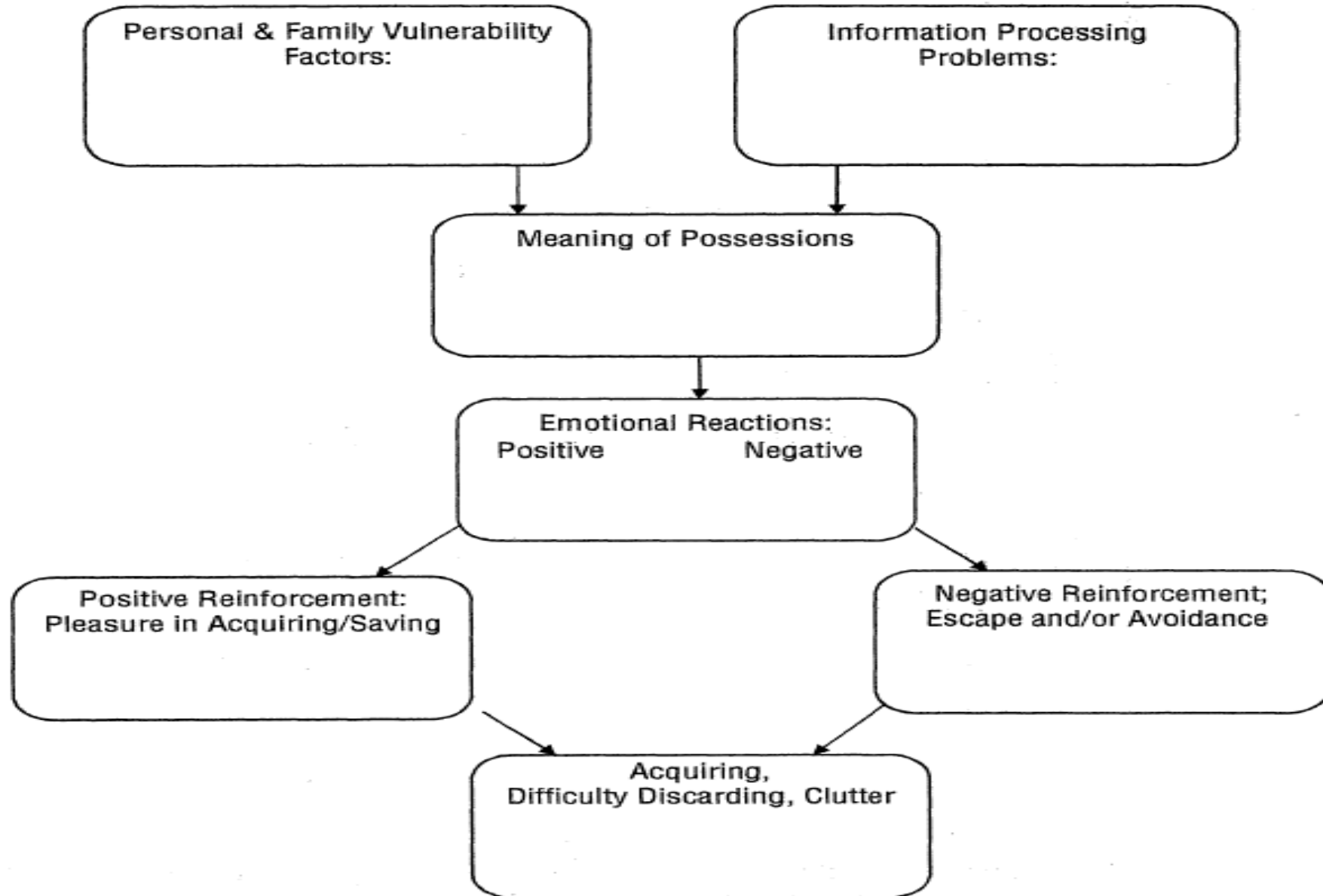
Beauty	Finding beauty and aesthetic appeal in unusual objects
Memory	Belief/fear that memories will be lost without objects or that objects contain or preserve memories
Utility/opportunity/uniqueness	Seeing the usefulness of virtually anything. seeing opportunities presented by objects that others don't
Sentimental	Attaching emotional significance to objects; anthropomorphism
Comfort/safety	Perceiving objects (and related behaviors like shopping) as providing emotional comfort; objects as sources of safety (safety signals)
Identity/validation of self-worth	Belief that objects are part of the person or represent who the person can become; objects as representation of self-worth; getting rid of possessions feels like losing a part of oneself
Control	Concern that others will control one's possessions or behavior
Mistakes	Perfectionistic concern about making mistakes or about the condition or use of possessions
Responsibility/waste	Strong beliefs about not wasting possessions, about polluting the environment, or about using possessions responsibly
Socializing	Buying or collecting items provides social contact not available in other ways

Thinking about Possessions

1. *All-or-nothing thinking*: Black-and-white thinking exemplified by extreme words like “most,” “everything,” and “nothing,” often accompanying perfectionistic standards. An example is “It seems like *everything* in this box is just so important.”
2. *Overgeneralization*: Generalization from a single event to all situations, using words like “always” or “never.” Examples are “I will *never* find this if I move it” and “If I don’t keep this, I’ll *always* regret it.”
3. *Jumping to conclusions*: Predicting negative outcomes without supporting facts, akin to catastrophizing (see below). An example is “You know I’ll need this just as soon as I decide to get rid of it.”
4. *Catastrophizing*: Exaggerating the severity of possible outcomes—for example, “If I throw it away, I’ll go crazy thinking about it.”
5. *Discounting the positive*: Positive experiences are not counted, as in the statement: “Yes, I’ve created a filing system, but that isn’t really progress because there is so much more to do.”

6. *Emotional reasoning*: Emotions are used instead of logic so feelings substitute for facts. For example, “If I feel uncomfortable about throwing this away, it means I should keep it.”
7. *Moral reasoning*: “Should” statements (including “must,” “ought,” and “have to”) accompanied by guilt and frustration often driven by perfectionistic standards: “I have to keep this health information in case something happens to John.”
8. *Labeling*: Attaching a negative label to oneself or others, such as “I can’t find my electric bill. I’m such an idiot” and “She’s just greedy and wants all my stuff.”
9. *Under- and overestimating*: Underestimating the time to accomplish a task or one’s ability to cope or, conversely, overestimating one’s ability to complete a task or the emotional costs of doing so. For example, “I’ll be able to read all those newspapers eventually.”

Conceptual Model of Hoarding



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



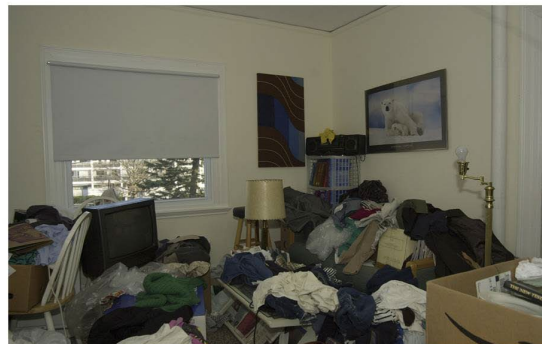
2



3



4



5



6



7



8



9

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

Case Examples

Fishing Poles, Egg Cartons, and Worm Farm

Cars and Cardboard

Voices, Contamination, and Waste

Law School Textbooks

All Things Purple

The Rescuer

Soup, Soup, and More Soup

eBay Business

A House of Grief

Catalogue of Bedbugs

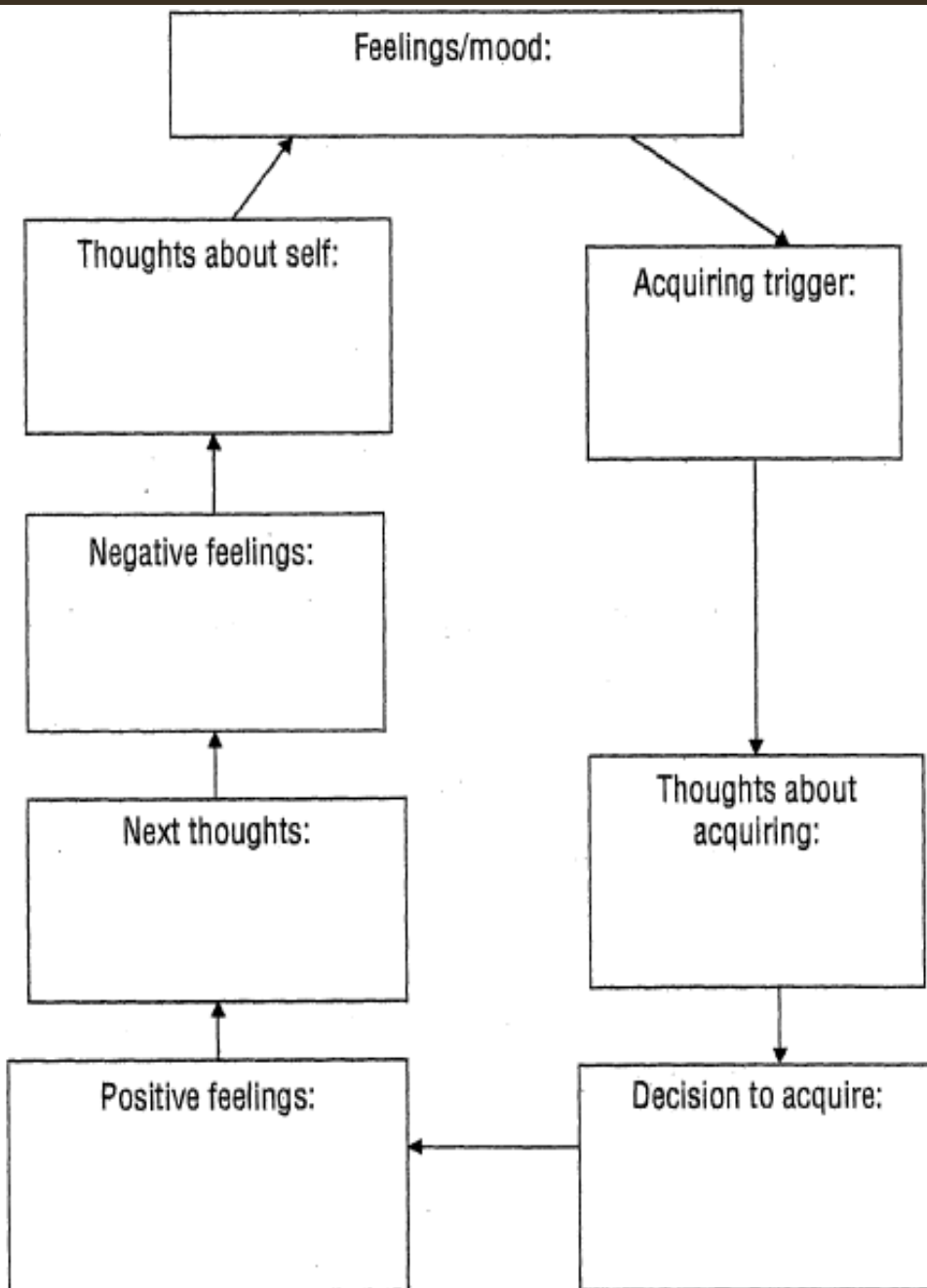
Good Enough to Eat



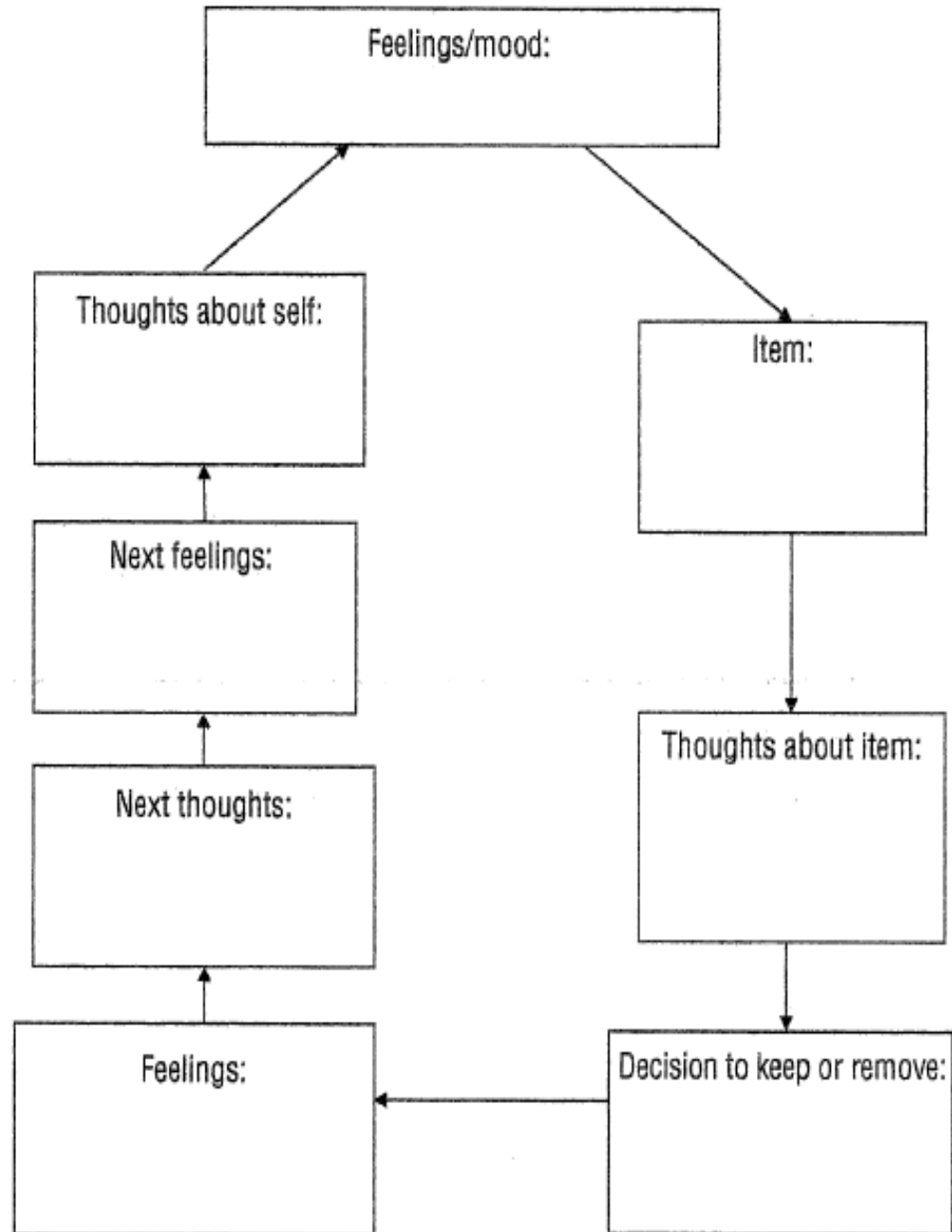
Interventions

- Rapport-building and trust
- Curious, non-judgmental approach
- CBT and Exposure Therapy
 - Rules for acquiring and discarding
 - Questions for acquiring and discarding
- Be mindful of language, e.g., hoarder vs. collector
- Strengths-based, Veteran-centric model
- Psychoeducation
- Addressing safety issues
- Preparing for ruptures
- Guided exploration of emotional, cognitive, and behavioral factors
- Collaborative practice
- Exposure hierarchy
- Targeted objective-setting with SMART goals
- Lean into discomfort
- Enlist clinical and natural supports
- Advocacy resources
- Adult Protective Services

Functional Analysis of Acquiring Episode



Functional Analysis of Discarding Episode



Barriers to Care

Ambivalence and resistance

Countertransference

Lack of skills

Limited distress tolerance

Willingness

Intrusion and disruption

Differing perceptions of the problem

Prognosis is poor

Progress is slow

Emotional and physical reactions, e.g., revulsion, nausea, headaches



Evaluation and Certificate of Participation

<https://lanitek.com/P?s=603572>

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Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Contact Us:

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