

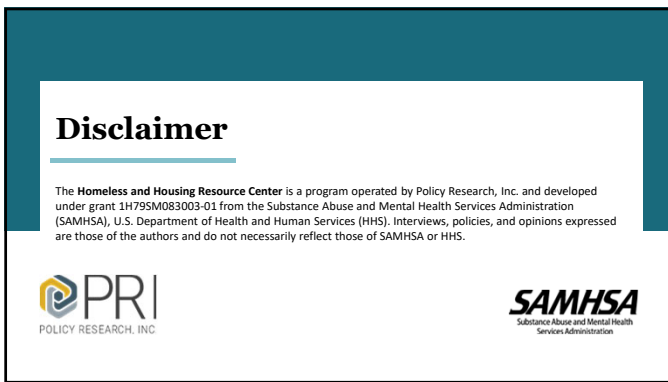
HOMELESS & HOUSING RESOURCE CENTER

Introduction to Hoarding Disorder

June 5, 2024

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Substance Abuse and Mental Health Services Administration

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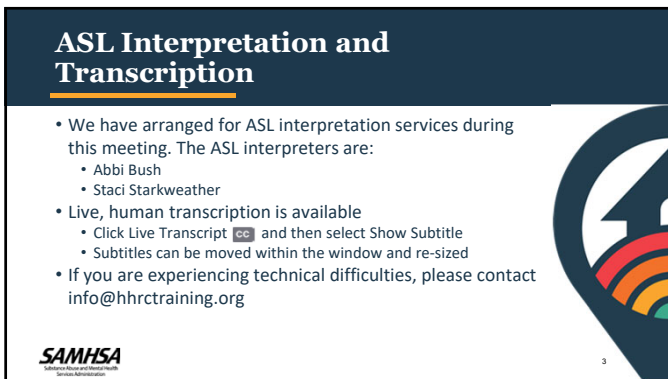
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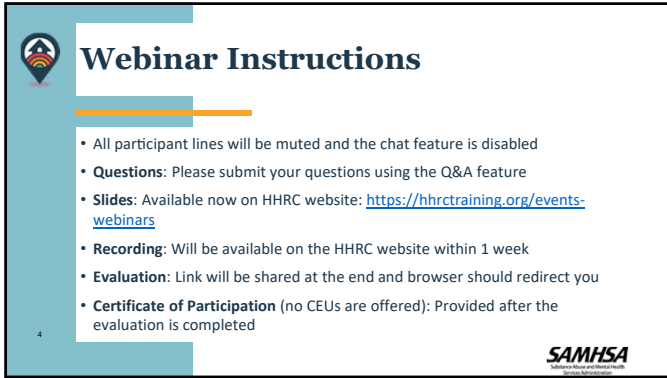
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 - Subtitles can be moved within the window and re-sized
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Webinar Instructions

- All participant lines will be muted and the chat feature is disabled
- **Questions:** Please submit your questions using the Q&A feature
- **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

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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

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Hoarding and Homelessness

•••

Astrea Greig PsyD

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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.

(Frost & Steketee, 2014)

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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).

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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"

(DSM-5, American Psychiatric Association 2013)

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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

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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



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Hoarding vs Hoarding Disorder – Impacts on Others

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



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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.

(Nordsletten et al., 2013; Postlethwaite et al., 2019; Tolin, Fitch, Frost, & Steketee, 2010)

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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



(Iervolino et al., 2009; Nordsletten et al., 2013; Samuels et al., 2008)

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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

(Cath et al., 2017; Postlethwaite et al., 2019; Tolin et al., 2010)

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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



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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

(Greig et al., 2020; Rodriguez et al., 2012)

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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

(Tolin et al., 2008)

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June 2024





HOARDING BEHAVIORS

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



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Case Management Steps

- 01  Observing Concerns in Unit
Witness Check
Inspection
Relationships
- 02  Begin Brainstorming
What's their level of insight?
What's the severity of risk?
What are they capable of doing on their own?
- 03  Empowerment & Advocacy
You know them Best!
Promote the experience
Acknowledge any changes!
- 04  Add or Clinical Services
What is helpful for them to know?
What have you already tried?
Where do you need support?

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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



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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 circumstance? Do we need a reasonable accommodation? They can exist as an additional support.

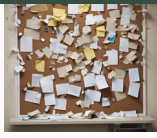
Outside Agencies
 Have we looped everyone in that we can? What if they won't accept help?




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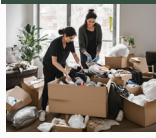
Shelter-Based

Communication



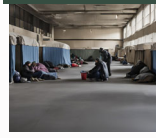
Multiple postings placed around shelter with examples, visuals, and priority of the posters. These should be changed out frequently.

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?

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TOGETHER
hoarding is best addressed
as a team

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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

Hoarding might not always seem to fit under the standard definition of hoarding because there is no single, clear-cut definition. The term "hoarding" is a broad term encompassing various conditions. In the world of hoarding, hoarders can be living in squalor under unsanitary conditions. They are considered to be in a state of "hoarding" if they are unable to discard items that are no longer useful or needed for their safety or well-being. It is not clear how long it takes for a hoarder to be considered to be in a state of "hoarding".

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Minimal clutter	✓	✓	✓	✓	✓
Access to all accessible	✓	✓	✓	✓	✓
Controllable clutter	✓	✓	✓	✓	✓
Challenging clutter size	✓	✓	✓	✓	✓
Piles of dirty plates or expired food, and animal waste on the floor		✓	✓	✓	✓
Signs of animal infestation		✓	✓	✓	✓
Noticeable odors		✓	✓	✓	✓
Other clutter in hall or		✓	✓	✓	✓
Hoards bedrooms and bathroom		✓	✓	✓	✓
Piles of objects and clothing		✓	✓	✓	✓
Hoards closets		✓	✓	✓	✓
Overwhelming stacks of clutter		✓	✓	✓	✓
Some items have accumulated to an excessive degree		✓	✓	✓	✓
Inaccessible rooms		✓	✓	✓	✓
Excess and bag situation		✓	✓	✓	✓

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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

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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.

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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.

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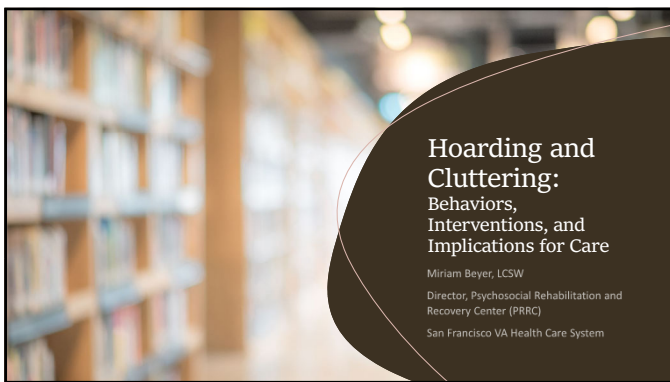
WHO CAN HELP ?



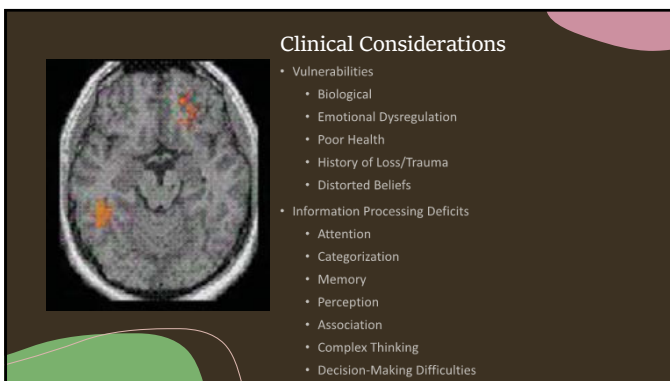
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Common Meanings of Possessions	
Beauty	Finding beauty and aesthetic appeal in unusual objects
Memory	Belief/fear that memories will be lost without objects or that objects contain or preserve memories
Utility/opportunity/uniqueness	Seeing the usefulness 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

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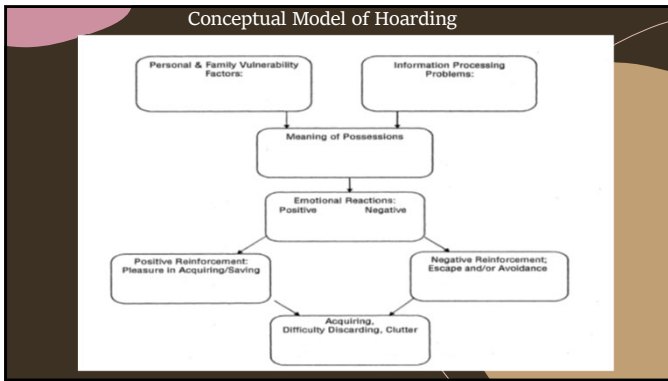
Thinking about Possessions

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."

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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."

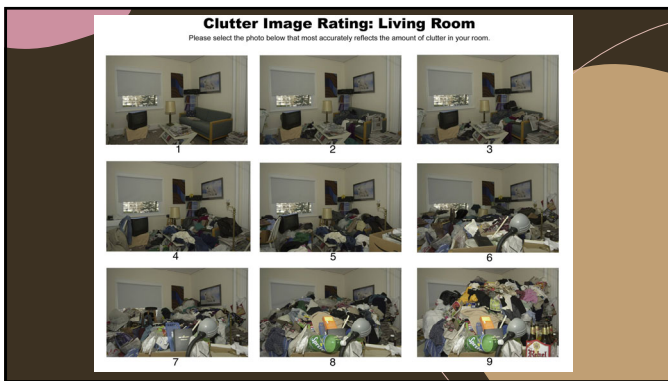
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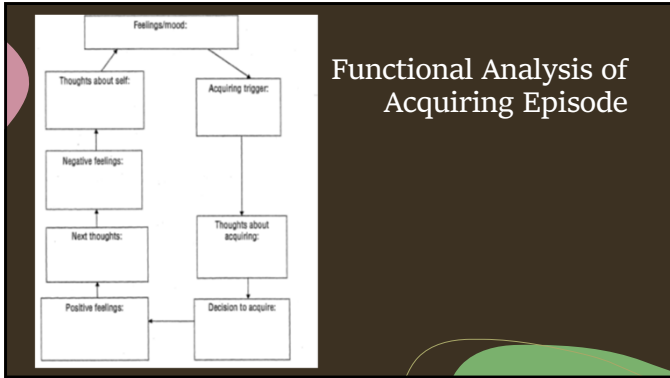
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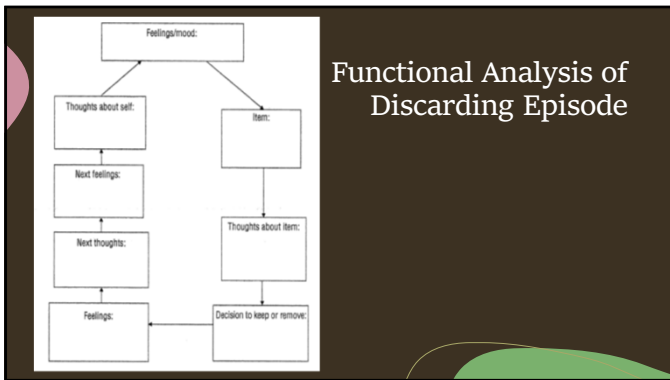


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Functional Analysis of Acquiring Episode

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Functional Analysis of Discarding Episode

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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

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Evaluation and Certificate of Participation

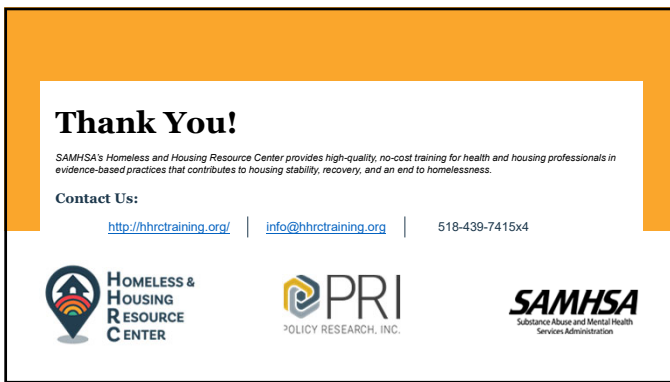
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Thank You!

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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