Understanding Hoarding Disorder &
Hoarding and Potentially Dangerous Substances:
Firearms, Chemical and Explosives

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Objectives

- Background on Hoarding
- Safety/health issues involved with hoarding
  - Are there any precautions we should take for our safety?
- Potentially Dangerous Substances: What to Do?
Background on Hoarding
What is Hoarding?

- Hoarding is a mental health disorder that has public safety implications.
- Effective treatment of hoarding disorder **must** address both mental health and public safety.
FAQ: What is hoarding disorder?

Quick answer: With the DSM5 hoarding disorder is a diagnosis, the common definition has 4 parts:

1. **Excessive acquisition** of stuff*

2. **Difficulty discarding** possessions

3. Living spaces that can’t be used for their intended purposes because of clutter

4. Causing significant **distress** or impairment

*Not universal in all people who hoard
FAQ: What’s the difference between clutter, collecting, and hoarding?

Quick Answer:

- **Clutter:** possessions are disorganized and may be accumulated around living areas
  - No major difficulty with excessive acquisition AND no major difficulty discarding items
  - Can carry on normal activities in home

- **Collecting:** new possessions = part of larger set of items
  - Display does not impede active living areas in home

- **Hoarding:** possessions become unorganized piles of clutter
  - Prevent rooms from being used for normal activities
  - Motivation to display items: lost
FAQ’s: How many people hoard?

Quick answer: More than you think but we’re really not sure yet!
- Estimates range greatly- up to 15 million in the U.S.
- Studies haven’t been big enough to give accurate estimates yet

- Prevalence
  - 2-5% of the population (Iervolino et al., 2009; Samuels et al., 2008)
  - On the high end, That means that over 342 million people on the planet meet criteria for moderate to severe hoarding behavior.

That’s approximately 15.7 million people in the United States.
FAQ’s: How many people hoard and are some people more likely to hoard than others?

Quick answer: Research shows that

- About 2-5% of the population hoard, which is about 15 million people in the U.S., on the high end (Iervolino et al., 2009; Samuels et al., 2008)
- **Men** hoard more than women
- **Older people** hoard more than younger people
- **People with lower income** hoard more than people with higher income (Samuels, et al. 2008)
FAQ: What causes hoarding?

The **BIOPSYCHOSOCIAL** Model of Hoarding Disorder states that:

**Hoarding disorder** arises from a variety of external and internal variables that are **biological**, **psychological**, and **social** in nature.

*We can’t talk about one of these pieces without talking about the others!*
FAQ’s: What are the Biological Factors that contribute to hoarding?

- **Family history/genetic link**

- **Brain functioning differences**
  - Occipital and frontal lobes (Saxena et al., 2004).
  - These are the parts of the brain that are responsible for visual things and executive functioning (see below)

- **Information-processing (cognitive) deficits** (Grisham, Brown, Savage, Steketee, & Barlow, 2007; Grisham, Norberg, Williams, Certoma, & Kadib, 2010; Hartl, Duffany, Allen, Steketee, & Frost, 2005; Hartl et al., 2004; Lawrence et al., 2006; Tolin & Villavicencio, 2010; Tolin, Villavicencio, Umbach, & Kurtz, 2010; Wincze, Steketee, & Frost, 2007)
  - Attention
  - Memory
  - Categorization
  - Complex thinking
  - Decision-making
FAQ’s: What are the Psychological Factors that contribute to hoarding?

- Mental health/emotional distress
  - Unresolved trauma and loss

- People who hoard have specific beliefs about and attachment to their possessions (Frost & Hartl, 1996)
  - Feelings toward object
  - Memory-related concerns
  - Desire for control
  - Responsibility and waste
  - Aesthetics

- Hoarding behaviors can be reinforced over time (Frost & Hartl, 1996)
  - Acquiring things makes us feel good, so we want to do more of it
  - Getting rid of things makes us anxious, so we want to do less of it
FAQ’s: What are the Social Factors that contribute to hoarding?

- Interpersonal relationships
  - The better family connections (in past and present), the less hoarding (Sampson & Harris)

- Social support
  - The more support experienced from family, the less hoarding (Sampson & Harris)

- Major life events/transitions
  - Unresolved trauma and loss contributes to hoarding (Sampson & Harris)

- Social stigma
  - “Hoardling is weird”
  - Stigma can contribute to depression, anxiety, etc.

- Culture
  - Western, consumer cultures = hoarding is present
  - Not sure about other, non-consumer-driven cultures
  - Consider context (e.g. refugee families, etc)
Co-morbid Diagnoses

- Hoarding Disorder is also associated with lots of other mental health issues:
  - 57% major depressive disorder
  - 29% social phobia
  - 28% generalized anxiety disorder (Frost et al., 2006)
  - 30-40%: OCD (e.g. Samuels et al., 2007)
  - 31%: Organic Brain Illness
  - 30%: Personality Disorders (Mataix-Cols, et al., 2000)
  - 20%: ADHD (e.g. Sheppard et al., 2010)
  - Dementia (Hwang et al., 1999)
  - Eating Disorders (Frankenburg, 1984)
  - Substance abuse (Samuels et al., 2008)
FAQ: Can’t I just clean out a hoarded home?

Quick answer: Not if you can avoid it.
- It can do more harm than good.
  - Can be traumatizing
  - Emotional Flooding
  - Even threats can be unhelpful
  - Can ruin relationships and trust

“In all three instances of going in and cleaning these places up, within weeks of relocating the individual back into a clean environment, the individual passed away…it was such a dramatic change for them because we didn’t realize the impact of the sociological change.” (Brace, 2007)

- It’s not sustainable
- BUT sometimes it’s necessary
FAQ: What are the Safety & Health risks associated with hoarding?

<table>
<thead>
<tr>
<th>Safety</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire hazard</td>
<td>Impaired functioning</td>
</tr>
<tr>
<td>Blocked exits</td>
<td>Poor hygiene and grooming, nutrition</td>
</tr>
<tr>
<td>Risk of falls/items falling</td>
<td>Inattention to medical needs</td>
</tr>
<tr>
<td>Lack of routine home maintenance</td>
<td>Inadequate financial management</td>
</tr>
<tr>
<td>Structural damage to building from increased weight and volume of clutter</td>
<td>Difficulty cleaning around clutter</td>
</tr>
<tr>
<td>Risk of eviction and homelessness</td>
<td>Sleeping on floor instead of bed</td>
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<tr>
<td></td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>Increased Health Problems</td>
</tr>
<tr>
<td></td>
<td>Molds, bacteria, dust, dirt</td>
</tr>
<tr>
<td></td>
<td>Asthma, allergies, headaches</td>
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<tr>
<td></td>
<td>Rodent/insect infestation</td>
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<tr>
<td></td>
<td>Animal/human feces/remains (hanta virus, tapeworm, psittacosis, cat scratch disease)</td>
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</tbody>
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FAQ: What’s up with animal hoarding? Is it the same thing as object hoarding?

- **Quick answer:** There are some similarities between the two, but they differ in several ways.

- Research on animal hoarding is about 20 years behind object hoarding

- Know that people who hoard animals began with the best intentions, they did not intend to harm animals.

- **Similarities:**
  - Acquisition, difficulty discarding, clutter, distress
  - Many people who hoard animals also hoard objects
  - Co-morbidities

- **Differences:**
  - Animal hoarding: squalor (100% of homes)
  - Gender and age differences
    - AH: More women; later age
  - Types of objects:
    - Objects: variety
    - Animals: one species
  - Lack of treatment for A.H.
  - MAJOR mental health concerns (a mental health professional *must* be involved)
Involvement of Public Health and Safety Officers

Info adapted from “The Hoarding Handbook” (Bratiotis, Schmalisch, & Steketee, 2011).
Officials play a critical role in the identification, assessment, and intervention for hoarding.

Typically involved when a report is made:
- Family member
- Concerned friend
- Neighbor

Challenges
- Difficult to get access into home (homeowner resistance)
- Unable to get appropriate equipment into home in an emergency situation
- Other challenges?

Info adapted from “The Hoarding Handbook” (Bratiotis, Schmalisch, & Steketee, 2011).
First Responder and Safety Professionals

- Nature of job to enter homes - most often in emergencies
  - May or may not have to do with hoarding
- Timely response can prevent serious consequences of hoarding
- Play important role in early identification of serious problems due to hoarding
  - Must know how to assess severity of the situation and whom to contact for follow up and intervention
- Working in tandem with building code officials, address conditions of home or on property
  - Strong odors, infestation, standing water, structural load, etc
  - Serious public health concerns

Info adapted from “The Hoarding Handbook” (Bratiotis, Schmalisch, & Steketee, 2011).
Challenges of hoarding assessments

- Limited insight about problem and adverse affects
  - Deny that a problem exists even in the face of contradictory evidence

- May recognize problem but unwilling to get help
  - “I know I need to, but…”
  - Was in the process, but then something happened

- Gaining access to home
  - Homeowners vs. renters
  - Refusal to answer door/permit officer entry

- Others?

Info adapted from “The Hoarding Handbook” (Bratiotis, Schmalisch, & Steketee, 2011).
Assessment of safety/health concerns

- Assessment is guided by state laws, regulations, and codes that define unsafe situations created by hoarding.

- Laws may dictate responses to things like:
  - Blocked egresses
  - Insect or rodent infestation
  - Rotting food
  - Mold
  - Nonworking appliances
  - Excessive fire load
  - Flammable materials near fire source
  - Inoperable sanitation facilities
  - Lack of potable water

- Assessment influenced by:
  - Assessor’s general experience with hoarding
  - Knowledge of specific hoarding measures
  - Participation in multidisciplinary team/task force

- Helpful for new official to have experienced one with knowledge of hoarding to more reliably judge severity

Info adapted from “The Hoarding Handbook” (Bratiotis, Schmalisch, & Steketee, 2011).
After the Assessment

- Help person understand the specific legal/code violation

- Determine actions needed to rectify situation
  - Provide detailed information for what needs to be done
  - Use multiple methods of communication
  - Connect person with resources in order to determine how this will get done

- Care coordination between public health and safety enforcement and human service professionals
  - Lack of internal motivation
    - Structure and follow-up is helpful
  - “Carrot”
    - Supports and allies with affected individual
  - “Stick”
    - Enforcing laws and policies

Info adapted from “The Hoarding Handbook” (Bratiotis, Schmalisch, & Steketee, 2011).
Extreme Hoarding

- Severe or multiple public health and/or safety concerns
- Too dangerous for occupancy
  - Temporary or permanent eviction
- Significant distress, early involvement of human service professionals is imperative
  - Elder services
  - Mental health
  - Health workers

Info adapted from “The Hoarding Handbook” (Bratiotis, Schmalisch, & Steketee, 2011).

Photos taken from izismile.com
Intervention

- Successful intervention: must consider context of each situation as well as personal limitations before requesting change
  - Emotions, fear, guilt, shame
  - Wavering motivation
- Roles differ greatly depending on agencies
- Longer involvement is more likely to produce better initial compliance and sustained change
- Examples:
  - Removal of biohazard waste
  - Authorizing plumbing repairs
- Collaborate with human service providers to help individual comply with regulations
- Ongoing monitoring is critical

Info adapted from “The Hoarding Handbook” (Bratiotis, Schmalisch, & Steketee, 2011).
Tips and Strategies

1. Be proactive.
2. Directly reference regulations when explaining violations.
3. Prioritize what needs to be fixed based on severity not ease of task.
4. Keep detailed notes, photos, etc to document progress.
5. Stay on track with ongoing monitoring.
6. Make referrals to additional agencies and other human service professionals to motivate change.
7. Explain limitations of authority to any referring organization before entering home.
8. Actively communicate with collaborators about your expectations.

Info adapted from “The Hoarding Handbook” (Bratiotis, Schmalisch, & Steketee, 2011).
Public/Safety Health Ethical Issues: Hazardous Materials

Michael Lillie, Intern – The Hoarding Project
Ethical Issues

Safety Days (*strategically planned cleanouts*) are very stressful events for clients who hoard. For many reasons related to mental health, removing an item, like a firearm, without owner consent has serious ethical complications:

**Nonmaleficence.** Helping professionals—like therapists, law enforcement, etc—have an ethical obligation to “do no harm”. Suddenly removing an object may increase the possibility of further traumatizing client in an already stressful situation.
Ethical Issues

• Confidentiality: Confidentiality issues come into play if there is a therapeutic or similar type of relationship.

• Possible Legal Issues: Amnesty for the client is ambiguous. There is no guarantee the client will not incur legal fees and criminal charges for possession, if the weapon is stolen or modified.
Ethical Issues

These issues may place a professional in an ethical “double-bind” with a duty to follow the codified law, yet maintain trust with the client.

Such action can constitute a breach of trust with all in collaboration: therapist, stress management team, client, professional organizers, and family members. This situation may cause a break in the client-professional alliance.
Outcomes

A client home with multiple loaded firearms in Washington state prompted THP to partner with local law enforcement and establish the following procedures for similar situations:

1. **Be proactive.** When beginning work with clients our informed consent clearly states such possible scenarios and the procedures we are ethically and legally obligated to take. We also inform local law enforcement we will be working within their jurisdiction and locate the key representatives for dealing with firearms.

2. **Build relationships with local firearms dealers** as they are the most reliable concerning federal and state gun laws. They also can be a resource to dispose of legal, operable, unwanted firearms.
Public Safety Issue

• Chemicals and Other Toxic Substances

• Air Quality Issues: Animal Feces, Mold, etc.

• These substances require training to deal with and should be referred to a bio-hazard cleaning company which has equipment, hazmat suits, training to appropriately remove substances from the scene.

• Explosives & Flammable Substances: Dynamite, Hand Grenades, Fireworks, gas and diesel fuel, etc. Contact local police department.
MN Hoarding Task Force

Why coordinate care?
- Maximize efficient division of labor to manage limited resources/budgets
- Reduce agency input by 30-50% (Bratiotis, 2009)

Group of community professionals working to address hoarding at a multidisciplinary level

Established areas of need
1. Prevention, Training, and Community Education
2. Needs Assessment and Resource Development
3. Intervention
4. Evaluation, Research, and Policy

Monthly meetings: 1st Thursday of the month, 6:30-8:30 p.m. at St. Louis Park City Hall, 5005 Minnetonka Blvd.
Reading Resources

- Stuff: Compulsive Hoarding and the Meaning of Things (2010), Frost & Steketee
- Digging out: Helping Your Loved One Manage Clutter, Hoarding, and Compulsive Acquiring (2009), Tompkins & Hartl
- Ambiguous Loss: Learning to Live with Unresolved Grief (2000), Boss
- Motivational Interviewing: Preparing People for Change, 2nd ed. (2002), Miller & Rollnick
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