

BROC COMMUNITY ACTION

In Southwestern Vermont

*Hoarding Disorder Basics, Treatments &
Goals & Purposes for the
Southwestern Vermont Hoarding Task Force
in Rutland County*



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“Hanging on prevents people from converting their deeper emotional ambivalences into “the ambiguity of love and hate”—the creative holding on to two feelings at once.”

-from *Mess: One Man's Struggle to Clean Up His House & His Act* by Yourgrau, 2015

“...hoarding represents a paradox of opportunity. Hoarders are gifted with the ability to see opportunities in so many things. They are equally cursed with the inability to let go of any of these possibilities...”

-from *Stuff* by Frost and Steketee, 2010

Basics about hoarding / hoarding disorder

What is hoarding?



Photo taken by BROOC Weatherization team

- Included in DSM-5 as an official disorder
- Difficulty discarding or parting with possessions, regardless of the value
- Causes significant distress or impairment in social, occupational or other important areas of functioning
 - Difficulty maintaining an environment for self and/or others (including animals)
- Causes people to feel isolated, puts strain on relationships and/or difficulty developing relationships
- Excessive clutter in the home to the point where it becomes unsafe & unhealthy for everyone (pets, too!) in the home

Basics about hoarding / hoarding disorder continued

- ❖ Affects approximately 2-5% of the population; more recent studies have calculated 5% or 1 in 20 people
- ❖ Compulsive hoarding
 - Attempting to decrease stress & anxiety
- ❖ Quantity of their collected items sets them apart from people with normal collecting behaviors
 - Excessive shopping, collecting trash, bargain shopping
- ❖ Rooms in the home are not used for their intentional purposes
- ❖ Most commonly hoarded items:
 - Papers, books, clothes, food, furniture, etc.



Characteristics of hoarding

- ❖ Men and women of all socioeconomic status & ethnic groups
- ❖ May have memory issues / short attention span
- ❖ Onset age can start as early as 10 years old
- ❖ Anxious, depressed, have social phobias
- ❖ Experienced traumatic event(s)
- ❖ Progresses with age



Photo taken by BROCC Weatherization team

Characteristics of hoarding continued



Photo taken by BROCC Weatherization team

❖ Signs to look for:

- Frequent conversations about possessions
- Will not allow you to enter the home, or will only allow you to enter parts of the home
- Puts off repairs/paying bills
- Shops often and acquires more items
- Believes cleaning/organizing as a *major* task
- Frequent home shopping network shopper
- Their car may be filled with items
- Person may be “living” in their car

Why do people hoard?



Photo taken by BROCC Weatherization team

❖ Common themes of hoarding

- *Sentimental* – connection to important people, places, and events; brings up memories and emotions; may experience exaggerated attachment with inanimate objects and think they have emotions; becomes an extension of self
- *Instrumental* – “just in case items”, has a clear functional purpose, excessive collection; newspapers, flyers, magazines, shoes, toothbrushes, etc.
- *Intrinsic* – no particular use for item, seen as appealing, special, or has a unique craftsmanship, views item as beautiful or pretty

Why do people hoard? continued

- ❖ Fear of losing item that might be needed for later
- ❖ Fear of making the “wrong” decision or unable to make decisions
- ❖ Believes they are responsible for items in home - worry about wasting items or where items are going to go (“have a good home”)
- ❖ Discarding/organizing items may cause extreme anxiety
- ❖ May have underlying mental illness
 - OCD, impulse-control disorders, anxiety disorders, ADD/ADHD, dementia, stroke, neurodegenerative disorder, autism, eating disorder, schizophrenia, etc.
- ❖ Genetics & social learning
- ❖ Sense of loss from that particular moment, day, and/or time
- ❖ A way to have control in their life



Can people be treated for hoarding disorder?

- ❖ Person has to WANT help and be willing to change their behaviors
- ❖ Most common treatment: Cognitive Behavioral Therapy (CBT) -- develops connections with the person's thoughts, feelings, and behaviors
 - Strong emphasis on changing the client's behavior, understanding the motive (increases functioning, rational thinking, and decreases negative feelings)
 - Challenges the thoughts and beliefs about the client's attachment to hoarded items, addresses the need to collect new items
- ❖ Group treatment can be more effective than individual treatment
 - support groups, Buried in Treasures workshop
- ❖ Motivational interviewing
- ❖ Client themselves should work on how they think, feel and act to have a positive effect on brain functions
- ❖ Work with therapists to develop ways to maintain clutter and hoarding habits, prevent relapse into old behaviors

Can people be treated for hoarding disorder (continued)?

- ❖ Medications can be used – not very effective
- ❖ Support from family, friends, community, etc.
- ❖ Follow chronic illness management model – addresses client self-care, collaboration with systems of care organizations, consistent follow-up
- ❖ Harm reduction model – managing the negative impacts of hoarding rather than trying to get rid of the behavior all together; shows respect and trust between the support group and client; not considered a “cure”, but a continued over time treatment
- ❖ Examples of intervention strategies
 - Team does not touch/throw away without permission
 - Client makes all decisions about possessions
 - Categories are established before handling possessions
 - Client verbalizes decisions



Children & hoarding disorder

- ❖ More recent studies have shown that hoarding disorder may be hereditary
- ❖ Some cases have occurred in early childhood, “hibernated” until middle age
- ❖ Could be a learned behavior if someone or multiple people in the home have hoarding tendencies
- ❖ May have a disconnected relationship with family members
- ❖ Similar with adults in having underlying illnesses in addition to hoarding behavior
- ❖ Treated similarly as adults with hoarding disorder (motivational interviewing, CBT, etc.)



Clutter Image Rating Scale

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

Case Study

Before (July 5th, 2017)



After (August 8th, 2017)



Case Study continued

Before (July 12th, 2017)



After (July 12th, 2017)



Goals for the task force

- ❖ Provide awareness and training opportunities for service providers who encounter people with hoarding disorder through their work
- ❖ Identify best practices to improve services and eviction prevention, and to improve the quality of life for people with hoarding disorder
- ❖ Provide an inventory of resources that are available for people to get the help they need/want
- ❖ Educate the community and public about hoarding disorder, the need for help, and the resources available to help



Southwestern Vermont Hoarding Task Force Information

- ❖ Meets monthly; 4th Wednesday of the month
- ❖ 10:00am-11:00am at BROC (45 Union St., Rutland, VT 05701)
- ❖ Contact information:
 - Kate E. Tibbs
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Sources cited

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Frost, R. O., & Steketee, G. (2011). *Stuff: Compulsive Hoarding and the Meaning of Things*. New York, NY: First Mariner Books.

Books to read!

- ❖ Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding by David F. Tolin, Randy O. Frost, & Gail Steketee
- ❖ Stuff: Compulsive Hoarding and the Meaning of Things by Randy O. Frost & Gail Steketee
- ❖ The Hoarding Handbook: A Guide for Human Service Professionals by Christiana Bratiotis, Cristina Sorrentino Schmalisch, Gail Steketee
- ❖ Mess: One Man's Struggle to Clean Up His House and His Act by Barry Yourgrau
- ❖ Digging Out: Helping Your Loved One Manage Clutter, Hoarding, and Compulsive Acquiring by Michael A. Tompkins
- ❖ What Every Professional Organizer Needs To Know About Hoarding by Judith Kolberg
- ❖ Compulsive Hoarding and Acquiring: Therapist Guide (Treatments That Work) by Gail Steketee