Too Many Treasures: An Overview of Hoarding

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Why are we talking about Hoarding Disorder?

- Limited data, but hoarding disorder increases the risk of a fall and may increase the severity of the fall
- Medication errors may occur when medications are hoarded
- Individuals may not be able to use devices to assist with mobility
- Emergency response time can be significantly delayed and there is increased risk to emergency personnel
• FIRE

• Mold

• Individuals may be resistant to receiving follow-up care in the home, or receiving home health aide care

• Risks to others living in the area if extreme and/or squalid
What is hoarding?

A mental health disorder

Hoarding is a diagnosable disorder listed in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders V

Prior versions listed it as part of Obsessive Compulsive Disorder, but OCD treatments have not proved to be effective.
The formal definition

• A persistent difficulty discarding or parting with possessions, regardless of their actual value.

• Perceived need to save the items and distress associated with discarding them.

• Difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromise their intended use. If living areas are uncluttered it is due to the intervention of a third party.

• Clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
More DSM-V

• Not attributable to another medical condition, such as brain injury
• Not better explained by the symptoms of another mental disorder (obsession, decreased energy, delusions, cognitive deficits)
• MAY include excessive acquiring
• MAY include poor insight
What isn’t hoarding?

• Collecting - a common activity for children and adults, a pleasurable activity that is a choice, ability to discard and control acquisition

A decision Laziness

• Clutter - less organized or focused than collecting, does not interfere with daily life

A moral failing

• Squalor - poor conditions due to neglect or lack of resources. Hoarding focuses on volume, not cleanliness.
Impacts of Hoarding Disorder

• Limited functional space in home (may include exterior of home and vehicles)

• Social isolation

• Family conflict - partners, children, both those in the home and living elsewhere

• Unfit conditions for individual and their children

• Safety concerns - fire, mold, pests, falls, and presents a challenge for emergency responders

• Eviction
Impacts of Hoarding Disorder

- Psychiatric or physical illness
  Hoarding often co-occurs with other mental disorders.

- Depression
- Attention Deficit Hyperactivity Disorder (ADHD)
- Social anxiety and generalized anxiety disorder
- Dementia
- Post-traumatic stress disorder
- Addiction
Average score for individuals with Hoarding Disorder: 3.4-4.1

Average score for people without HD: 1.2-1.3

(Frost, Steketee, Tolin & Renaud, 2006)
Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.

(Frost, Steketee, Tolin & Renaud, 2006)
Clutter Image Rating Scale: Bathroom

Please select the photo below that most accurately reflects the amount of clutter in your room

(Frost, Steketee, Tolin & Renaud, 2006)
Clutter Image Rating
Boston University
Free

Clutter Image Rating (CIR) is a pictorial tool to determine the amount of clutter in a person's home. The pictures are numbered from 1 = "no clutter," to 9 = "severe clutter" for the three main rooms (kitchen, living room, and bedroom) in a typical home. Please select the number of the picture that most closely matches the level of clutter in each room that you are rating. Human service professionals and clients can use this instrument to assess each room in a home and select the appropriate rating.
Who has hoarding disorder?

- About 2-6% of the population, but likely underreported. In the US, this is ~15 million people.
- Slight association with female gender.
- Average age is 50 (seeking treatment or experiencing external intervention).
- Average age of onset is between 13-20 years of age.
- Tends to worsen over time.
- No link to educational attainment.
- Occurs in other countries/cultures.
- Across all socio-economic classes.
Hoarding in older adults

- Hoarding behavior tends to increase over time
- Individuals have had many years to accumulate
- Losses may trigger new or increased hoarding behavior
- Death of a partner who help mitigate the hoarding may allow people to increase hoarding behaviors
- Physical limitations may impact the ability to discard, passive hoarding
- Dementia
- Fall risk increases
- People will hoard in care facilities
What causes hoarding disorder?

We don’t really know…

• No link to a history of deprivation.
• There appears to be some genetic predisposition. May not have learned skills for maintaining a more typical home.
• Many individuals have had a traumatic life event, particularly a loss.
• Differences in brain activity when confronted with decision making about possessions.
Behaviors of Hoarding

Positive emotions = feelings of pleasure, security, safety...

• Saving: intrinsic value, planning for the future, sentimental
• Acquisition: buying, acquisition of free items
Behaviors of Hoarding

Negative emotions = sadness, shame, vulnerability, anxiety, anger...

• Clutter/Disorganization: Random piles, churning
• Difficulty Discarding: Indecision, attachment

If behavioral change was easy we would all be marathon runners at ideal body weight! This is more than just ‘cleaning up’.
Common Types of Hoarding

Two or more of these often occur together:

• Shopping results in quantities of items coming into the home, which often never get used, worn, or gifted

• Knowledge hoarders accumulate books, newspapers, magazines, mail, advertising flyers, catalogs…

• Food hoarders have a wide range of motivations, from being prepared for deprivation to a variation of shopping hoarding

• Common possessions/object hoarding
Barriers to Behavioral Change

- Lack of insight, unwillingness to focus on the problem
- Belief that everything is useful
- Perfectionism and fear of making mistakes
- Beliefs about responsibility
- Attachment to possessions
- Belief that objects are a source of identity
- Underestimating memory
- Beliefs about control

Frost, Tolin, Steketee, BiT, 2014
What won’t typically work?

- Proceeding before the individual has insight into the problem
- Making decisions for the individual
- Arguing or trying to persuade
- Pressure or ultimatums
- Approaching the issue in a judgmental way
- Dropping off a dumpster and hiring a cleaning crew
- Adding more space or storage
- Most of what you see on TV
What does work?

- Motivational interviewing
- Cognitive Behavioral Therapy  www.abct.org
- Assistance from a professional organizer – Institute for Challenging Disorganization, www.challengingdisorganization.org
- Evidence-based interventions, whether working on as an individual or in a group setting. These typically include exposure methods to learn to discard or reduce acquiring, skill building for organizing and problem solving, and maintenance and relapse prevention. Buried in Treasures is one example (Aging Resource Center, next course begins September 2018).
- Stepped Care- trying the ‘simplest’ thing first, then moving on to more intense interventions
- Emergency intervention may be needed; Hoarding Task Force
The Team

• Nearly always, hoarding interventions require help from others
• The individual
• Constructive family members and friends
• Mental health professionals
• Primary Care
• Social service agencies/local government
• Professionals working in the field
Getting to Insight

• Non-insightful: Little to no recognition of the problem, not cooperative with intervention.

• Insightful but not motivated: Recognize problem, but still unwilling or unable to seek help.

• Insightful and motivated but non-compliant: Want to change situation but are not moving forward with intervention.

• Insightful, motivated, and compliant: Actively working towards change, even if there are set-backs.
Getting to Insight

• Motivational Interviewing techniques
  ▪ Helps people reach a state where they are internally motivated for change and believe they can change
  ▪ Collaborative, not antagonistic, approach

• Look for signs that the individual may be considering change to engage in conversation.
  ▪ ‘I really wish I could find those pictures of Jane to show at her wedding’
  ▪ ‘I haven’t been able to sew in a long time’
  ▪ ’I wish the housing people would get off my back!’

• Family members can work with mental health professionals to create a strategy

• Work with primary care provider or mental health provider
Potential Positive Motivations

• Improve overall quality of life
• Create functional living space
• Make possessions more available
• Improve family relations
• Finding pleasure-provoking activities other than acquisition
• Sometimes the motivation is a crisis or something very negative
Case Study 1

- Ms. B, early-70s, referred by mental health center
- Public housing, facing eviction
- Bullied by other residents and used as a dumping ground for others’ unwanted items
- History of serious trauma
- Motivations- retain housing and be able to have her grandchildren in her home
- Co-occurring bipolar disorder; unmanaged diabetes
- Reduced shopping and acquiring free items significantly
- Cleared areas of her home that had not been used in some time, including her bed and the shower
- Reduced immediate safety concerns
Case Study 2

- Ms. T, early 60s, referred by community mental health center
- Diabetes impacted energy levels; several reported incidents of blood sugar instability that may have been dangerous
- Sleep apnea; unable to comply with CPAP
- Depression
- Lack of support from spouse and adult son
- Been in home for 30 years+
- Extremely frustrated in the beginning (lots of churning, looking worse before better)
- Once visible progress was made, significant increase in activity and progress
- Unwilling to allow any friends to participate in decluttering
- Made significant progress in several areas of the home; home safety had been a significant motivator for change
- Had been unwilling to acknowledge that acquisition was an issue
Case Study 3

- Ms. F, early 60s, self-referred
- Serious level of clutter in multiple homes, had issues with tenants, needed to sell property
- Supportive household (most of the time)
- Inherited complete contents of parents’ home
- Every single ‘Bad Guy’ applied
- Ready for change
- Slow start but then made rapidly accelerating progress
- Found a dining room table she did not know she had- in the dining room!
- So activated by her success she joined a study focusing on weight loss and increasing exercise
Questions and Contact Information

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