



Assessment, Readiness & Clutter Support

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www.vha.ca

VHA Home HealthCare

Creating More Independence

When I see this....

HOW DO I FEEL? WHAT AM I THINKING?

- “Hoarders are gross!!”
- “Every time I watch this show I clean my entire room.”
- “Poor thing she needs help ”
- “OMG! this is disgusting!”
- “This woman is simply ... lazy”
- “Easy. Hire a dump truck and haul it all to the dump.”

When I see this....

HOW DO I FEEL? WHAT AM I THINKING?

Health workers report:

- **frustration, irritation, hopelessness, helplessness**
- debating/arguing with client
- relief when client is no-show or a desire to transfer.

PRS correlates with **working alliance**
(but not hoarding symptom severity)

Recognize Hoarding Disorder =
Chronic, complex, diminished
insight, limited Tx adherence



... how to develop good plan to help

Patient Rejection Scale (PRS)

To what extent did your client:

- show insight into the nature of her/his problems with hoarding?"

- display poor problem-solving skills?

- have difficulty answering questions about hoarding or other problems appropriately?" (providing too much info, irrelevant info, etc.)

Today's Objectives

HERE'S WHERE WE ARE GOING

By the end of this session:

1. Name two main types of approach to treating Hoarding Disorder (HD)
(What can be done to help)
2. List an assessment tool to identify key safety/eviction risks and preferred Tx approach
(What to assess for so as to know how to best help)
3. Identify one strategy (or more!) to set up and address your plan of service.
(How you can develop a plan to help based on your assessment)



Hoarding Assessment

WHAT TO ASSESS & DOCUMENT

Client Demographics:

Age, gender, marital status, address, number of occupants in the home ...

Medical Status:

Diagnosis, comorbidities, past medical history, surgeries, medications ...

Hoarding History:

Time of onset, circumstances of onset, family history, client's perspective of etiology ...

Status of the Home:

Volume of clutter, usability of rooms, content of clutter, structural issues,...

Treatment History:

Type(s) of treatment modalities, success, nature of therapeutic alliance ...

Assessment = What do I need to know to best help?

PARETO PRINCIPLE FOR HOARDING

The 80:20 Rule



Look for indicators in the person and their environment that are most likely to be **changeable** and **positively impact** the situation.

What does help?

TWO TYPES OF SERVICES

1. Cognitive Behavioural Therapy
2. Harm Reduction

Cognitive Behavioural Therapy for HD

TEACHING SKILLS, EMOTIONAL REGULATION

1. Adjust
thinking
patterns



2. Organization
Skills

3. Sorting/
discard
training



4. Exposure to
non-acquiring

+ Motivation
Strategies

Cognitive Behavioural Therapy for HD

TEACHING SKILLS, EMOTIONAL REGULATION

Goals of CBT:

1. Reduce frequency of hoarding behaviours
2. Teach skills to re-appraise need to hold onto or acquire belongings
3. Improve ability to regulate emotions

Treat symptoms to reduce impairment

CBT Treatment for Hoarding Disorder

LINKING YOUR CLIENTS TO SERVICE



CBT-trained therapists

- Outpatient mental health clinics
- Sunnybrook: Dx & group CBT



16-480-6100

Guided bibliotherapy

- Delivery by non-clinicians
- Outcomes comparable
- Web Search: Facilitator's Guide



CBT Effectiveness

TREATMENT RESULTS

Room for Improvement

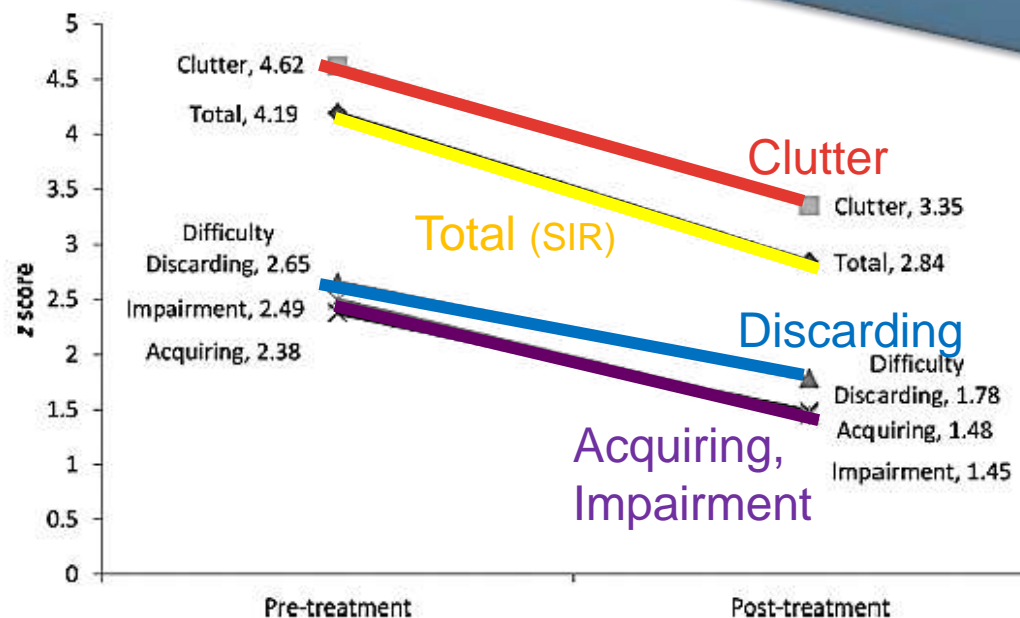
- Costly
- Can take ~1 year to complete
- Few clinicians are trained



Moderate Treatment Effects

Treatment completers:

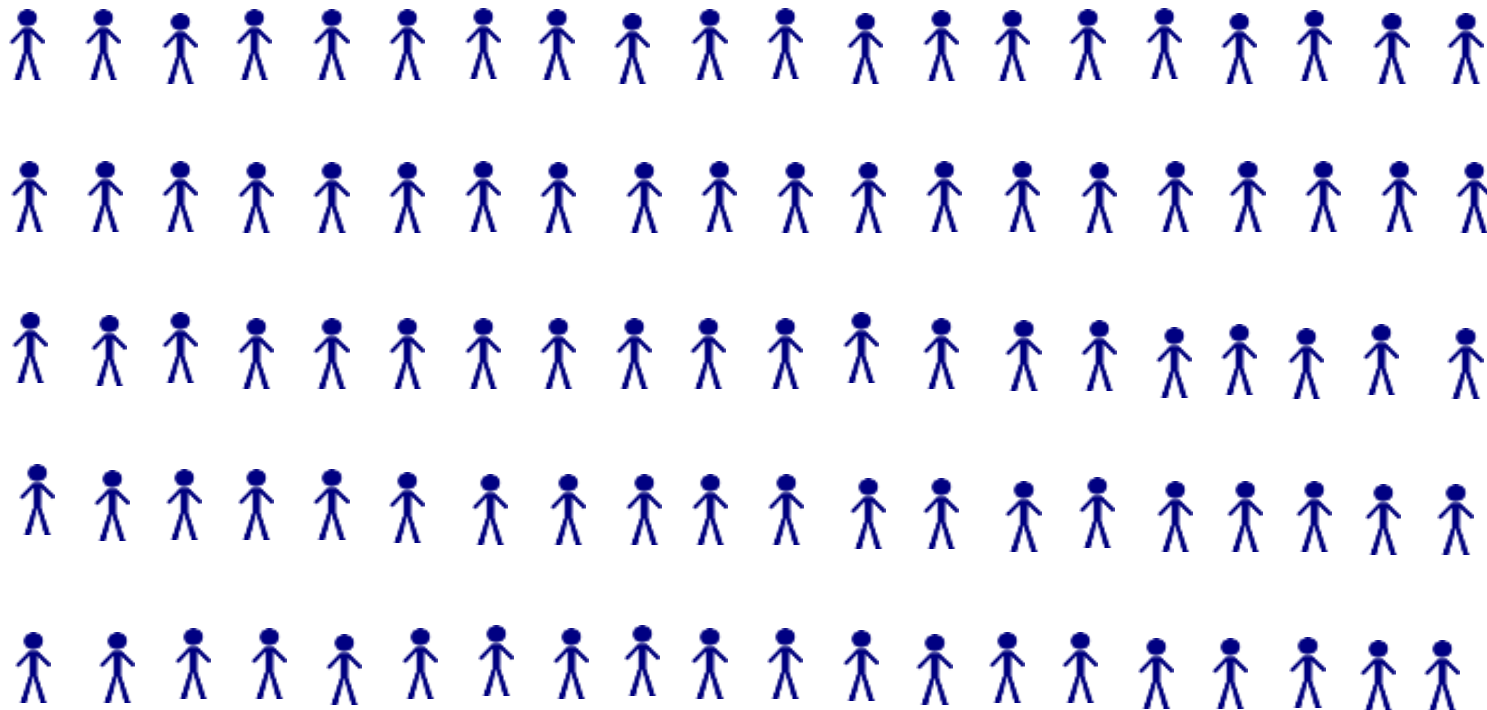
- Most change with **Difficulty Discarding**
- Better outcomes with Women, Younger age, Greater number of CBT sessions



CBT Effectiveness – Clinical Significance

CLINICALLY SIGNIFICANT CHANGE LESS ROBUST

With 13-35 CBT sessions by trained facilitator; in home & clinic:



CBT Effectiveness – DIFFICULTY DISCARDING

CLINICALLY SIGNIFICANT CHANGE LESS ROBUST

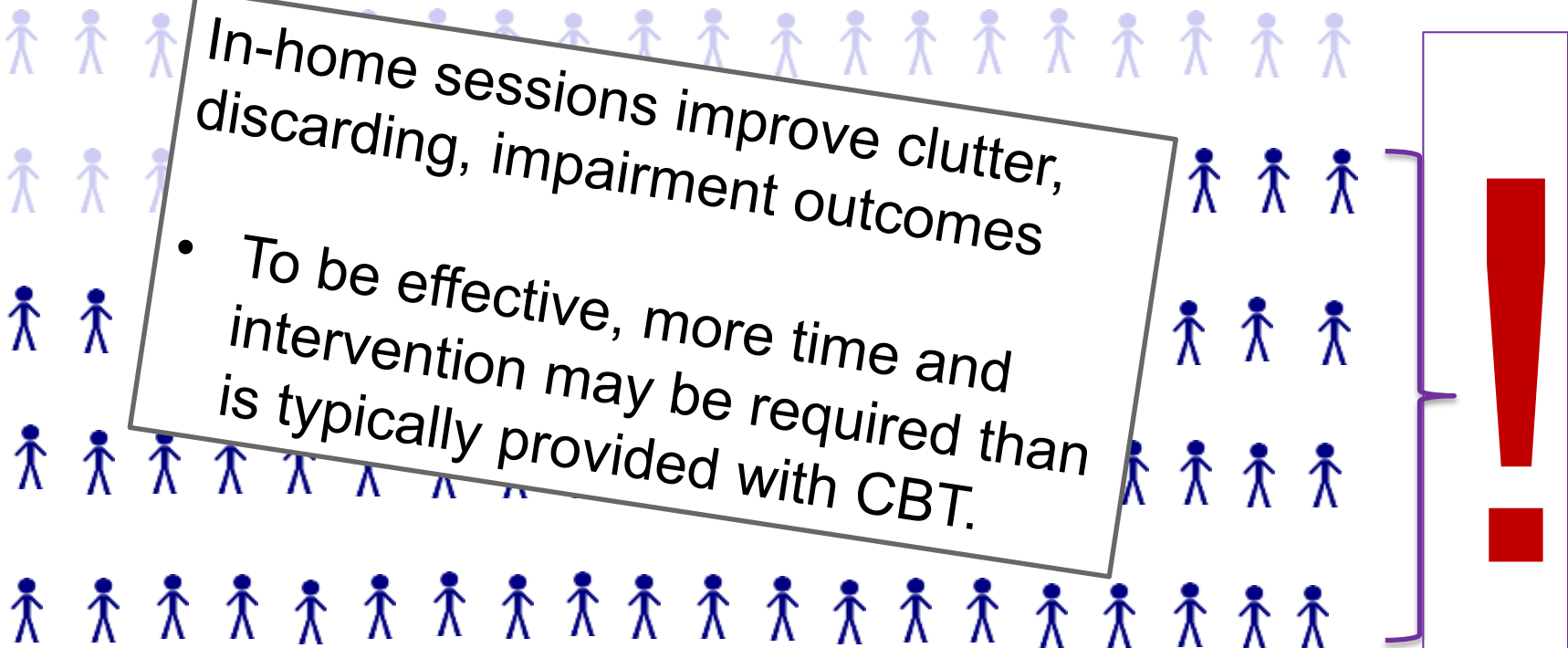
post treatment scores fit with general population, not hoarding population:



CBT Effectiveness - **CLUTTER**

CLINICALLY SIGNIFICANT CHANGE LESS ROBUST

post treatment scores fit with general population, not hoarding population:

- 
- In-home sessions improve clutter, discarding, impairment outcomes*
- To be effective, more time and intervention may be required than is typically provided with CBT.*

Addressing the Clutter

THE PERSON IS THE KEY

“I want to know how to help my client with their hoarding problem”

=

“Tell me how to get them to clear out the clutter!”

100.....75.....50.....25.....0

%True?

Harm Reduction – Reduce Safety Risks

FIRE ... EVICTION ... INFESTATIONS UNSANITARY CONDITIONS ...

Harm Reduction for Hoarding Disorder

DECREASE CONSEQUENCES OF HIGH RISK BEHAVIORS

Does not require the individual stops hoarding.

Harm Reduction focuses on organizing & discarding only that which is necessary to maintain the person in their home with improved safety & comfort.

Manage symptoms to reduce risk

(Tompkins & Hartl, 2009; Working with Families of People who Hoard: A Harm Reduction Approach, Tompkins et al 2011).

Harm Reduction for Hoarding Disorder

DECREASE CONSEQUENCES OF HIGH RISK BEHAVIORS

Does not require the individual stops hoarding.

Goals of Harm Reduction:

- Improve safety of client
- Move possessions to reduce hazards
- Support to organize
- Decluttering/cleaning of high risk spaces

No End Date!

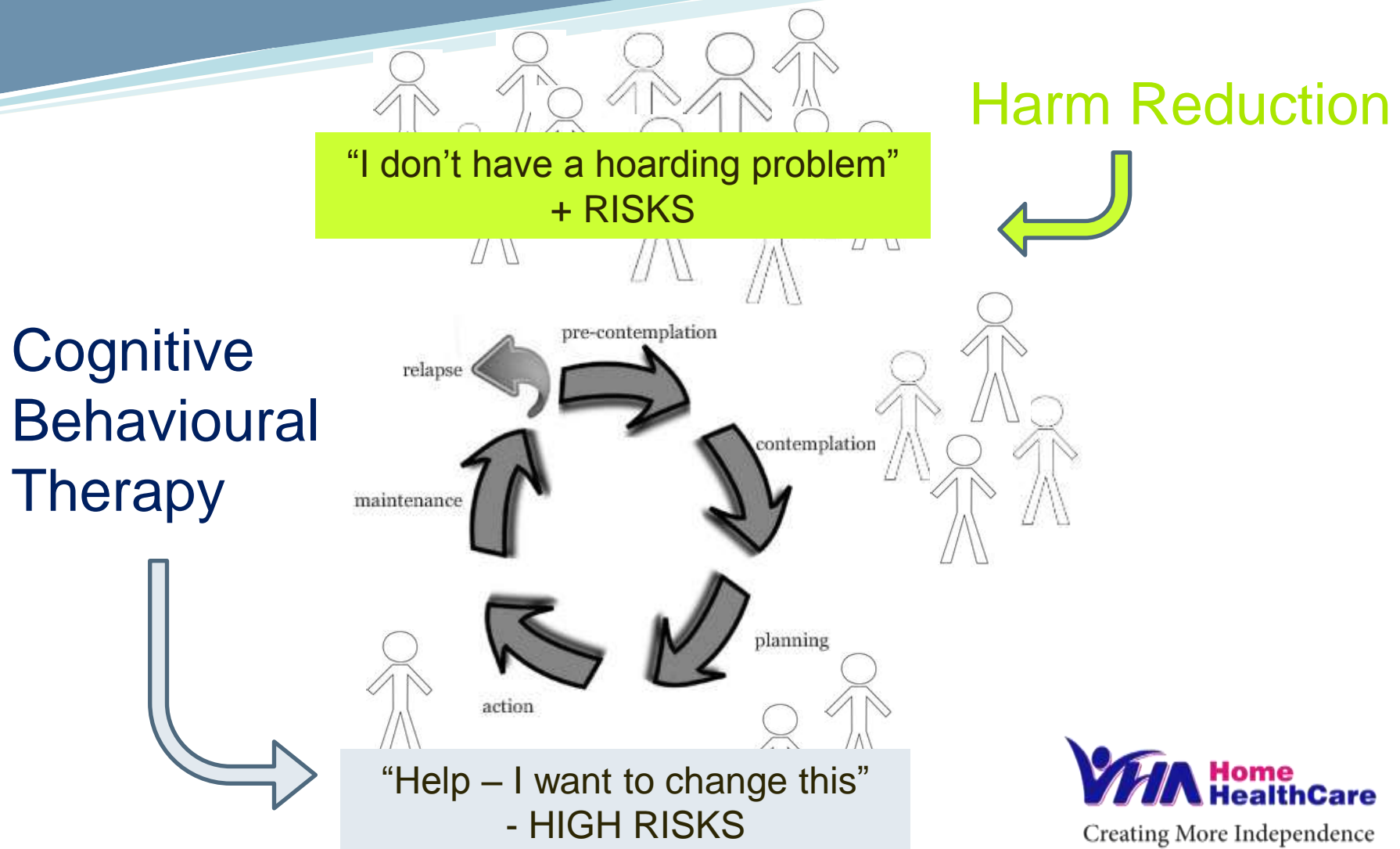
(Tompkins & Hartl, 2009; Working with Families of People who Hoard: A Harm Reduction Approach, Tompkins et al 2011).

Harm Reduction – ↓ Clutter Impact

REALISTIC OUTCOMES



Type of Intervention → Stage of Recovery



Assessing Readiness / Stage of Recovery

ASKING THE RIGHT QUESTION

Yes

Is the client ready?

No



✓ What **type of service** will most support positive change?

What are they ready for?

Assessment: What type of service will help?

THE ANSWER TELLS YOU HOW BEST TO PLAN

Today!

Readiness Spectrum

Action.....Preparation.....Contemplation.....Pre-Contemplation



Strategies overlap – in home visits, Ax/plan
Not static – expect change

Assessment = Where is my Client (today)?

THE ANSWER TELLS YOU HOW BEST TO HELP

KEY INDICATORS:



1. Safety & Eviction Risks →
- ← 2. Good Insight & Motivation
3. Cognitive Functioning →
- ← 4. Client Goals →

Assessment = Where is my Client (today)?

THE ANSWER TELLS YOU HOW BEST TO HELP

KEY INDICATORS:



1. Safety & Eviction Risks →

To Develop Plan:

- **Assess:** what are the key safety concerns in this situation?

Safety & Eviction

Safety Risks: Assessment & Plan

HARM REDUCTION IN ACTION

How to assess and intervene in situations of risk:

- ✓ STEP 1: Protect Yourself
- ✓ STEP 2: Safety Assessment
- ✓ STEP 3: Prioritize service goals
- ✓ STEP 4: Provide hands-on support

Safety Risks – how can I assist?

YOUR SAFETY IS IMPORTANT TOO!

✓ STEP 1: Protect Yourself

HOW?

- Place personal belongings in garbage bag & seal
- Protective equipment: gloves, boots, gown, mask
- Avoid sitting
- Locate exits/paths
- Bring alcohol-based handrub
- Wear PPE if required
- debrief

Safety Assessment:

IDENTIFY KEY AREAS OF CONCERN

✓ **STEP 2: Safety Assessment**

- Clutter Image Rating Scale
- Health & Safety Checklist
- HOMES
- Environmental Cleanliness & Clutter Scale
- Home Environment Index

Safety Assessment

FIRE RISK: VOLUME OF CLUTTER

Fires are Larger in Homes with Hoarding

Financial loss (av.)

- Non-hoarding home = \$12 500
- Hoarding home = \$100 000

Fires Contained to Room of Origin (av.)

- Non-hoarding home = 90%
- Hoarding home = 40%

Clutter Image Rating Scale (CIR)

FROST, STEKETEE & RENAUD, 2008



- Series of 9 sequential pictures: bedroom, living room, bathroom, kitchen
- Provides more objective measure of clutter volumes
- Can be used to measure change – consider applying to specified location within room.

To use: select picture that most closely matches home conditions. Average out the total volume within the room.

Assessment: Clutter Volume

CLUTTER IMAGE RATING SCALE: FROST, STEKETEE & RENAUD, 2008

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

http://www.science.smith.edu/departments/PSYCH/rfrost/Hoarding_Images.htm

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

[Frost, Steketee, Tolin, Renaud, 2008]

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

Safety Assessment: Fire

IDENTIFY KEY AREAS OF CONCERN

Typical Fire Safety Concerns with Hoarding:

- A large volume of things which can burn
- Blocked exits & hallways
- Combustibles:
 - near sources of heat (i.e. stove, radiator, exposed lightbulbs),
 - open flames (i.e. candles, lighted cigarettes),
 - on top of extension cords/electrical outlets
- Unsafe cooking/heating practices because utilities or appliances are not working or inaccessible.

Fire Services

INSPECT HOMES & ASSESS FIRE SAFETY

Fire services encounter hoarding:

1. Responding to emergencies
2. Safety inspections initiated by concerned family, landlords, neighbours and others.

Fire services have the authority to inspect private homes and rental units (with or without the permission of the occupant) and assess for fire safety.

FIRE

Fire services can inspect a home and enforce fire code.

- For example:
“the tenant shall not allow any activity or permit any condition to exist in the leased premises that may create fire or health hazard”

Breach of fire code can result in inspection orders, fines, court proceedings.

Personal Health Information Disclosure

WITHOUT CLIENT CONSENT

There is no legal duty to inform

- Moral/ethical & professional role

EXCEPT

Children – must be reported to CAS

Example of physical neglect: child's need for food, clothing, shelter, cleanliness not adequately met

Personal Health Information Disclosure

WITHOUT CLIENT CONSENT

- Disclosure of vital and, in some cases, life saving information is permitted
 - “Reasonable and probable grounds that disclosure is necessary for purpose of eliminating or reducing significant risk of serious bodily harm to a person or group of persons”

Document: data, reasoning, consideration of risks to disclosure and non-disclosure

Safety Assessment – Identify Risks

FIRE ... EVICTION ... INFESTATIONS UNSANITARY CONDITIONS ...

Homelessness, fire, unsanitary conditions, infestations, social isolation, conflictual relationships, animals unmanaged, falls, financial problems, eviction ...

.

Health and Safety Checklist

VHA – COMMUNITY USE

Assesses in home conditions that are typical concerns with hoarding safety.

To use: rate yes/no/somewhat

- EMS access
- Fire
- Health
- Plumbing, heating
- Food storage
- Garbage
- Infestation
- Falls
- Children, vulnerable adults
- pets

Screen for key areas of clinical goal setting.

Health and Safety Checklist

Use this checklist to (1) Measure the degree to which clutter is creating unsafe or unhealthy conditions. (2) Compare how the person with clutter and an external observer or family member rates the impact of clutter. (Different perspectives can be helpful points of discussion.) (3) Measure change over time or as organization progresses. (4) Guide strategies and recommendations to improve the safety and conditions of the home. Areas that pose the greatest risk to self and others are useful starting points.

For use by: Community Service Providers, Helpers, Therapists

Clutter can have a significant impact on the safety and well-being of the people living in the home. Rate how much you agree with the statements below (or N/A if item is not applicable).

0 = No 1 = Somewhat 2 = Yes

Fire Hazards	
<input type="checkbox"/> Occupants couldn't exit the home in emergency.	<input type="checkbox"/> Emergency personnel could not access home.
Notes: • exits are free of clutter • interior windows can be accessed/opened • at least two emergency exits (doors or windows) are available • walkways provide unobstructed movement to each room and door to home • interior doors can be fully opened	
<input type="checkbox"/> Clutter, or conditions in the home, could easily start or spread a fire.	
Notes: • burn marks on pots, pans, clothes, carpets, building • electrical appliances, cords and outlets appear in poor condition or are frayed • toxic/flammable liquids (BBQ, generator, propane/stove, lamp, etc.) stored outside and in appropriate containers • occupants smoke, ashes disposed of appropriately (into toilet, non-combustible container)	
Health Concerns	
<input type="checkbox"/> Clutter in the home could injure occupants if a pile were to fall over.	<input type="checkbox"/> Access to phone is obstructed.
Notes:	
<input type="checkbox"/> Plumbing is not functioning.	
Notes: • access to drinking water • kitchen sink available for food preparation/cooking • bathroom accessible for personal hygiene • toilet is accessible and working	
<input type="checkbox"/> Heating is not functioning.	
Notes:	
<input type="checkbox"/> Food is stored inappropriately.	
Notes: • fridge and freezer are operational • presence of rotting food • dried goods are in sealed containers • perishables are stored in fridge	

HOMES

BRATIOTIS, 2009

HOMES® Multi-disciplinary Hoarding Risk Assessment

☐ **Health**

☐ Cannot use bathtub/shower
☐ Cannot access toilet
☐ Garbage/Trash Overflow
Notes: _____

☐ Cannot prepare food
☐ Cannot sleep in bed
☐ Cannot use stove/fridge/sink
☐ Presence of spoiled food
☐ Presence of feces/urine (human or animal)
☐ Cannot locate medications or equipment
☐ Presence of insects/rodents
☐ Presence of mold or chronic dampness

☐ **Obstacles**

☐ Cannot move freely/safely in home
☐ Inability for EMT to enter/gain access
Notes: _____

☐ **Mental health** (Note that this is not a clinical diagnosis; use only to identify risk factors)

☐ Does not seem to understand seriousness of problem
☐ Does not seem to accept likely consequence of problem
Notes: _____

☐ **Endangerment** (evaluate threat based on other sections with attention to specific populations listed below)

☐ Threat to health or safety of child/minor
☐ Threat to health or safety of older adult
Notes: _____

☐ Threat to health or safety of person with disability
☐ Threat to health or safety of animal

☐ **Structure & Safety**

☐ Unstable floorboards/stairs/porch
☐ Leaking roof
☐ Electrical wires/cords exposed
☐ No running water/plumbing problems
☐ Flammable items beside heat source
☐ Caving walls
☐ No heat/electricity
☐ Blocked/unsafe electric heater or vents
☐ Storage of hazardous materials/weapons
Notes: _____

© Bratiotis, 2009

- Assesses squalor conditions
- Can be used to quantify risk for service personnel.

To use: Rate degree of each item 0-3

- Accessibility
- Accumulation of refuse/garbage
- Accumulation of belongings
- Cleanliness
- Bathroom/toilet
- Kitchen/food
- Odour
- Vermin
- Sleeping area
- Structural conditions/maintenance

Positive scores identify areas for goal setting.

Environmental Cleanliness and Clutter Scale (ECSS)

HALLIDAY & SNOWDON, 2006

A. Accessibility (clutter)

0	1	2	3
Easy To enter and move about dwelling	Somewhat impaired access, but can get into all rooms.	Moderately impaired access. Difficult or impossible to get into one or two rooms or areas.	Severely impaired access, for example, obstructed front door. Unable to reach most or all areas in the dwelling.
0-25%	30-59%	60-89%	90-100%

of floor space inaccessible for use or walking across

B. Accumulation of refuse or garbage
In general, is there evidence of excessive accumulation of garbage or refuse, eg. food waste, packaging, plastic wrapping, discarded containers (tins, bottles, cans, bags) or other unwanted material?

0	1	2	3
None	Little Bins overflowing and/or up to 10 emptied containers scattered around.	Moderate Garbage and refuse littered throughout dwelling. Accumulated bags, boxes and/or piles of garbage that should have been disposed of.	Lots Garbage and food waste piled knee-high in kitchen and elsewhere. Clearly no recent attempt to remove refuse and garbage.

C. Accumulation of items of little obvious value
In general, is there evidence of accumulation of items that most people would consider are of little use or should be thrown away?

0	1	2	3
None	Some accumulation, but collected items are organised in some way and do not much impede movement or prevent cleaning or access to furniture and appliances.	Moderate excessive accumulation: items cover furniture in most areas, and have accumulated throughout the dwelling so that it would be very difficult to keep clean.	Markedly excessive accumulation: items piled at waist-high in all or most areas. Cleaning would be virtually impossible: most furniture and appliances are inaccessible.

Please indicate types of items that have been accumulated:

☐ Newspapers, pamphlets, and so on ☐ Clothing ☐ Other items (what?) _____

☐ Electrical appliances ☐ Plastic bags full of items (if known, what items?) _____

- Assesses squalor conditions
- Can be used to quantify risk for service personnel.

To use: Rate degree of each item 0-3

- Accessibility
- Accumulation of refuse/garbage
- Accumulation of belongings
- Cleanliness
- Bathroom/toilet
- Kitchen/food
- Odour
- Vermin
- Sleeping area
- Structural conditions/maintenance

Score >12 suggestive of moderate-severe hoarding.

Home Environment Index (HEI)

RASMUSSEN, STEKETEE, FROST, TOLIN, BROWN

Home Environment Index

Clutter and boarding problems can sometimes lead to sanitation problems. Please circle the answer that best fits the current situation in the home.

To what extent are the following situations present in the home?

1. Fire hazard

☐ 0 = No fire hazard

☐ 1 = Some risk of fire (for example, lots of flammable material)

☐ 2 = Moderate risk of fire (for example, flammable materials near heat source)

☐ 3 = High risk of fire (for example, flammable materials near heat source, electrical hazards, etc.)

2. Moldy or rotten food

☐ 0 = None

☐ 1 = A few pieces of moldy or rotten food in kitchen

☐ 2 = Some moldy or rotten food throughout kitchen

☐ 3 = Large quantity of moldy or rotten food in kitchen and elsewhere

3. Dirty or clogged sink

☐ 0 = Sink empty and clean

☐ 1 = A few dirty dishes with water in sink

☐ 2 = Sink full of water, possibly clogged

☐ 3 = Sink clogged with evidence that it has overflowed onto counters, etc.

4. Standing water (in sink, tub, other container, basement, etc.)

☐ 0 = No standing water

☐ 1 = Some water in sink/tub

☐ 2 = Water in several places, especially if dirty

☐ 3 = Water in numerous places, especially if dirty

5. Human/animal waste/urine

☐ 0 = No human waste, animal waste, or waste visible

☐ 1 = No human waste or urine; no animal waste or waste inside cage or box

☐ 2 = Some animal or human waste or waste visible (for example, in unfinished toilet)

☐ 3 = Animal or human waste or waste on floor or other surface

6. Mildew or mold

☐ 0 = No mildew or mold detectable

☐ 1 = Small amount of mildew or mold in limited amounts and expected places (for example, on edge of shower curtain or refrigerator seal)

☐ 2 = Considerable, noticeable mildew or mold

☐ 3 = Widespread mildew or mold on most surfaces

7. Dirty food containers

☐ 0 = All dishes washed and put away

☐ 1 = A few unwashed dishes

☐ 2 = Many unwashed dishes

☐ 3 = Almost all dishes are unwashed

Assesses squalor conditions in the home.

To use: rate 15 items on 4 point scale

- Fire hazards
- Food
- Skink
- Water
- Biohazard waste
- Mold
- Cleanliness & cleaning
- Insects
- odour

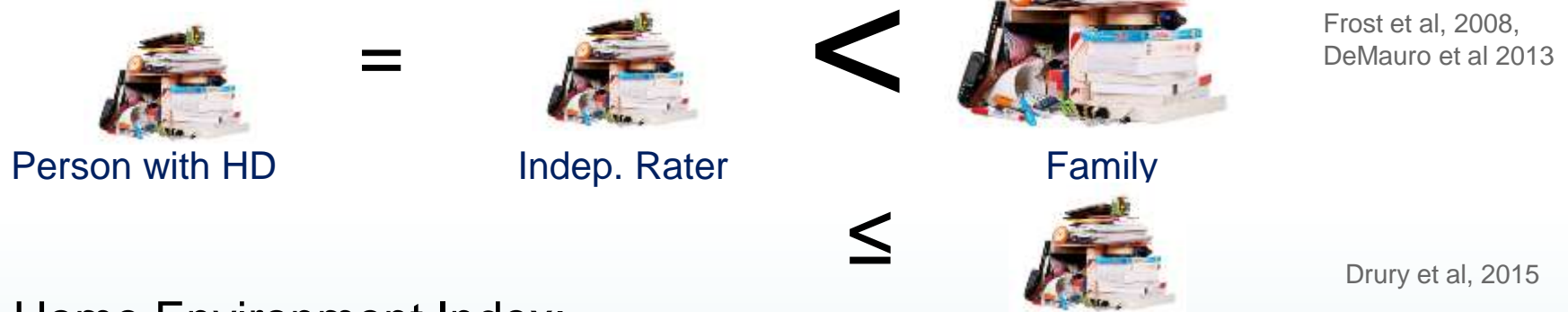
Scoring highlights areas of concern.

Is self-report accurate?

SOMETIMES...

Limited insight common: does not consistently = under-reporting:

Clutter Image Rating Scale:



Home Environment Index:

Drury et al, 2015, DiMauro et al 2013



Risks of Excessive Acquisition

DSM-V SPECIFIER

88%

Excess Acquisition*

*past or current EA; 526 self ID hoarders;369-HD)

Acquisition of items not needed or for which there is no available space.

- Buying, Free things, Stealing

ASSESS RISKS:

- Clutter volume, debt, unpaid bills

HARM REDUCTION IN ACTION



1. Assess level of risk
2. Educate your client about risks
3. Document any concerns
4. Assists to prioritize goals & service

Safety Risks: Assessment & Plan

HARM REDUCTION IN ACTION

How to assess and intervene in situations of risk:

- ✓ STEP 1: Protect Yourself
- ✓ STEP 2: Safety Assessment
- ✓ **STEP 3: Prioritize service goals**
- ✓ STEP 4: Provide hands-on support

Setting Realistic Service Goals

HARM REDUCTION IN ACTION

- You can't control outcome:
 - Respond to the client, not responsible for the clutter
- See success in small changes:
 - Manage your own expectations for change
- Connect with the goals of the client:
 - “For the PSW to keep coming, here's what would need to change for them to continue visits”
- Teach skills & support; don't take away the problem
- Support clients to understand choice consequences:

“If you keep these newspapers in the hall, what do you think the landlord will do when she inspects the apartment next week?”
- SMART Goals

Realistic SERVICE Goals:

HARM REDUCTION IN ACTION

Tip for Success: write your goals out in a plan for client and all helpers!

1. The client will not fall again in the home.
2. The client & their support team will clear a 75 cm wide path on the stairs. The client will have access to a local handyman service to install handrails & add lighting in the stairwell.
3. The client will stop acquiring new things.
4. The client & their support team will discard all food that is rotten or beyond it's expiration date.

Work on the things that are within your control to influence. You can respond but you are not responsible

Manage Expectations

Hoarding Disorder :

**Chronic, Complex,
Clutter slow to change**

“We cleared things out just last year and prevented her from being evicted ... now things are right back to where it was!”

Manage Expectations

Realistic goals

- Clients are learning to sort, make decisions, and manage feelings associated with discarding.
- Collaborative work with hoarding clients can move at a glacial pace.
- Organizing and de-cluttering can take a year or even longer.

Safety Risks: Assessment & Plan

HARM REDUCTION IN ACTION

How to assess and intervene in situations of risk:

- ✓ STEP 1: Protect Yourself
- ✓ STEP 2: Safety Assessment
- ✓ STEP 3: Prioritize service goals
- ✓ **STEP 4: Provide hands-on support**

Harm Reduction -Reduce Safety Risks

STRATEGIES WITHOUT FOCUS ON DISCARDING

Safety Assessment – Identify Risks

FIRE ... EVICTION ... INFESTATIONS UNSANITARY CONDITIONS ...

Strategies to improve safety, but
not necessarily change the
clutter conditions.

Hands-on, in-home

A DIFFICULT HOLE TO FILL: TIME, COST INTENSIVE

YOU!

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Empowering families to help a loved one with Hoarding Disorder: Pilot study of Family-As-Motivators training



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ABSTRACT

Individuals with Hoarding Disorder (HD)—a dangerous problem and public health concern—are often ambivalent about treatment. Furthermore, family members of those with HD report high levels of distress and often attempt to intervene unsuccessfully. The current study reports outcome data from a pilot study of a new training package—designed exclusively for empowering family members to address a loved one's treatment ambivalence—called Family-As-Motivators (FAM) training. Nine family members of a loved one with HD initiated 14 sessions of FAM Training and were measured at pre-, mid-, and post-training on a comprehensive outcome battery. Results over the course of training suggested that family members improved in the use of certain coping strategies and in the application of motivational interviewing techniques. They also exhibited increased hopefulness, reported a reduced negative impact of HD on the family, rated a reduction in family accommodation of HD behaviors, and displayed boosts in HD and motivational interviewing knowledge. According to participants who completed the program, FAM Training was rated as highly acceptable. Although only preliminary, the current pilot study suggests that FAM Training is palatable for participants and shows promise for improving the lives of family members of those with HD.

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Assess Support Options:

- What could be funded?
- What type of physical support needed to lift, move etc.?
- What type of supports does the client already have?

- **Creativity Needed** - Volunteers, PSWs, Mental health workers, organizers; Coached Friends, family, community groups (FAM training)

Harm Reduction – ↓ Clutter Impact

REALISTIC OUTCOMES



Hands-on Support in the Home

Sorting with the 3-S Technique

Set-Up:

Pick a place to start & gather materials

Sort:

Decide if the item is **Keep** or **Out**:
create categories

Store:

Put things away immediately

Hands-on Support in the Home

Sorting with the 3-S Technique

Set-Up:

Pick a place to start & gather materials

Sort:

Decide if the item is **Keep** or **Out**:
create categories

Store:

Put things away immediately

Category	Location
Shoes	Front hall closet
Cosmetics	Bathroom cupboard
dry food/cans	Pantry
books	Bookcase
recipes	Kitchen shelf

Creating me
ce

Hands-on Sorting Assistance:

ESTABLISH GROUND RULES WITH CLIENT

- Only touch things with client's **permission**
- The **client makes** all final decisions
- Support client to **stay focused**
- Have client **speak aloud thoughts** as they sort
- **Be encouraging:** recognize small gains
- Support with decision-making: questions
 - Have you used this in the past year?
 - Could you get this some other way if you really needed it?
 - Would letting this go help with the clutter?
 - Is this really important, or does it just seem that way because you're looking at it now?

Hands-on Support in the Home

Sorting with the 3-S Technique

Set-Up:

Pick a place to start & gather materials

Sort:

Decide if the item is **Keep** or **Out**:
create categories

Store:

Put things away immediately. Undecided.
Garbage/donation/sell. Re-organize.

Hands On Assistance

WHAT DO YOU NOTICE THE COACH DOING?

A&E Hoarders Buried Alive; Mar 9 2011; Order out of Chaos

<http://www.youtube.com/watch?v=XiafdkzpbeE>

What about Extreme Cleanouts?

NOT GENERALLY EFFECTIVE FOR HOARDING



Does not address behaviours that create clutter.

Not all Clutter is Hoarding Disorder

HOARDING AS A SYMPTOM FOR OTHER DISORDERS

CLUTTER



Hoarding
Disorder

Dementias

Acquired Brain Injury

Diogenes

Parkinsons

Huntingtons

Prader Willie Syndrome

Autism Spectrum Disorders

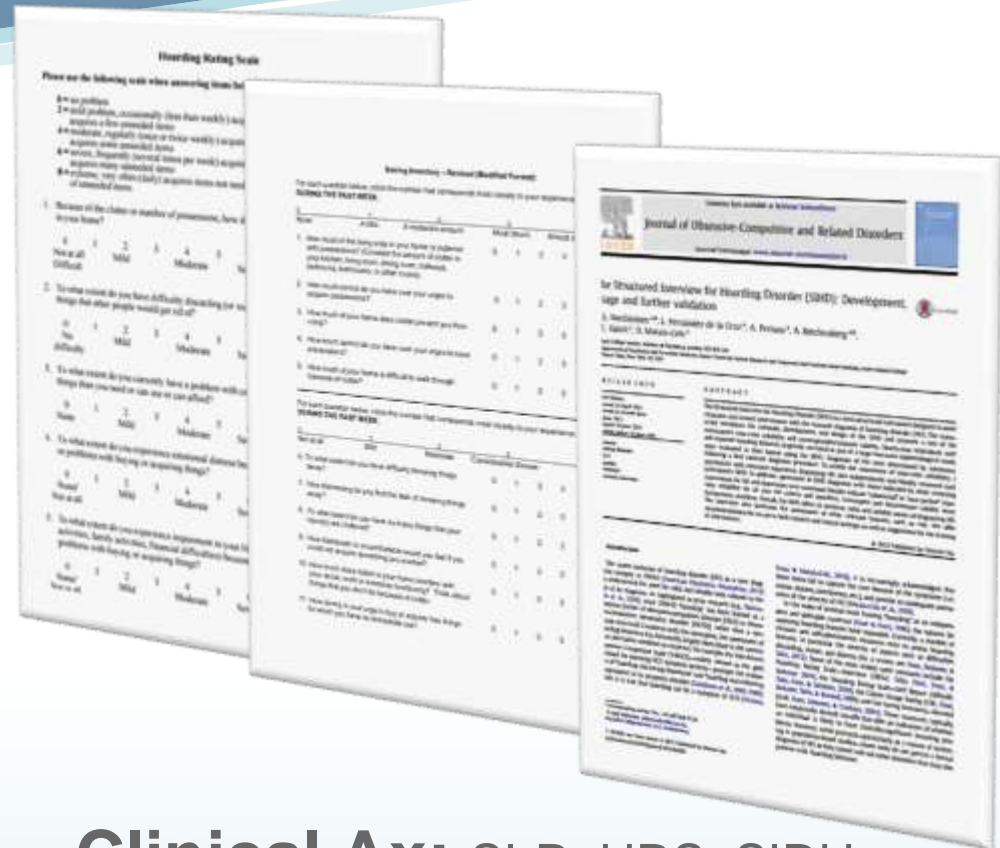
Frailty, Depression, Vision...

Assessment of Hoarding Disorder

SEVERAL STANDARDIZED TOOLS AVAILABLE

In the field:

Select a specific pile, ask which objects could be discarded right now.



Clinical Ax: SI-R, HRS, SIDH, UHSS

What about Extreme Cleanouts?

NOT GENERALLY EFFECTIVE FOR HOARDING, EXCEPT...

Optimize: collaborate with Client, respect the home's contents, set up keep boxes/areas, consider appointing surrogate decision-maker, use clear garbage bags



Collaborative, client-driven removal once discard skills well integrated.



Safety risks far outweigh risks of cleanout

Assessment = Where is my Client (today)?

THE ANSWER TELLS YOU HOW BEST TO HELP

KEY INDICATORS:



1. Safety & Eviction Risks →

To Develop Plan:

- **Assess:** what are the key safety concerns in this situation?

Safety & Eviction

Eviction

Eviction – How can I assist?

HARM REDUCTION IN ACTION

- ✓ STEP 1: Be informed
- ✓ STEP 2: Educate client & Advocate
- ✓ STEP 3: Prioritize goals
- ✓ STEP 4: Provide hands-on support

Eviction – How can I assist?

✓ STEP 1: Be informed

KNOW THE LEGISLATION

- ✓ Residential Tenancy Act
- ✓ Ontario Human Rights Code
- ✓ Legal Aid
- ✓ Property standards

Residential Tenancies Act

EVICTON NOTICES ISSUED FOR HOARDING

Notice to Terminate a Tenancy Early

- willfully or negligently **damaged** the rental unit or the complex
- substantially interfered with the **reasonable enjoyment** of the landlord or another tenant.
- The tenant of the rental unit has seriously impaired the safety of another person.

The image shows a sample of Form N5, 'Notice to Terminate a Tenancy Early'. The form is divided into several sections. At the top, it says 'Read the instructions carefully before completing this form.' Below this, there are fields for 'To: (Tenant's name and address)', 'From: (Landlord's name and address)', and 'Address of the Rental Unit'. A 'Termination Date' field is also present, with a note: 'You must move out of the rental unit identified above on or before _____ (day/month/year)'. The form is then divided into 'Part A' and 'Part B'. 'Part A' is titled 'Reasons for this Notice' and contains three numbered checkboxes. Checkboxes 1 and 2 are checked. Checkboxes 1 and 2 are checked. Checkboxes 1 and 2 are checked. 'Part B' is titled 'Details About the Reasons for this Notice' and contains a text box for the landlord to provide details about the events that led to giving the notice.

Legislation permits enforcement of decluttering

Pick a Place to Start

RISKS TO HOUSING STABILITY

Common Eviction Concerns:

- Fire risks
- Infestations
- Odor, cleanliness
- Damage to structure, appliances
- Landlord/maintenance access to exits, appliances, heating
- Pets unmanaged
- Rent not paid

Common Bylaw Infractions (Rural):

Fines can be imposed on property owners who are in violation of bylaws. Inspectors are dispatched in response to complaints.

Bylaws cover:

Yards, structural safety, exists, garbage, doors, infestations, cleanliness/sanitary conditions, plumbing, appliances

Residential Tenancies Act

BEDBUGS

Part B

Details About the Reasons for this Notice

The landlord must provide details about the events that led to giving you this notice, including information about the dates and times these events occurred.

On February 9th, 2011 the landlord met with the tenant in the rental unit to discuss the problem with bed bugs and unit condition. They review procedures to prepare for treatment that would take place on February 13th, 2011 and the tenant agreed to follow the instructions provided.

On February 13th, 2011, at 1:45 pm the landlord inspected the unit with a pest control technician who attended to treat for bed bugs. They found that it was in an unsanitary state with bed bugs throughout. Furthermore the Tenant has failed to prepare the unit or improve the condition from the February 9th inspection. The state of the unit made it impossible to treat for bed bugs. The Landlord is informed by its pest control agent that this infestation is spreading from this unit to other units. Despite the offer of assistance of the Landlord, and the offer of assistance from community resources such as Homemakers, the Tenant will not accept such assistance nor will he rectify the unsanitary condition of the unit and prepare it for treatment.

There is debris, garbage, clothing, papers, items that appear to have been brought in from the street scattered throughout the unit covering 80% of the floor area. This notice may be voided if the tenant corrects the behaviour set out in this notice by correcting the above which

includes, but is not limited to sorting and removing debris from the unit, bagging clothing as per the provided instruction sheet, removing all food-stuffs from the floor, throwing out old newspapers, reducing the quantity of items so that there is space to spray in all rooms in the unit including surrounding all furniture and baseboards, and correcting the condition so that the pest control company is able, in its expert opinion, to treat the unit for bed bugs.

The pest control company charged the landlord \$100 as a flat-rate cancellation charge for the wasted visit and another visit will be required.

As part of the voiding of this notice, the landlord is also seeking reimbursement of the \$100 cost they incurred that was wasted due to the tenant's failure to prepare for unit treatment.

Human Rights Code

HOARDING AS A DISABILITY

Landlords must work with tenant in "*shared responsibilities of accommodation*"

DUTY TO ACCOMMODATE:

Ex: contact community supports, provide organization and clutter removal services, short-term tolerance of moderate health & safety concerns, tolerating a degree of unkemptness.

- To the point of “undue hardship.”
- The greater the resources of the landlord, the more involved the accommodation measures must be.

Human Rights Commission policy guideline on Human Rights in Rental Housing:

www.ohrc.on.ca

Eviction – How can I assist?

- ✓ STEP 1: Be informed
- ✓ STEP 2: Educate client & Advocate

Options & consequences:

- Do nothing –eviction likely
- Appeal eviction (legal support)
- Identify specific reasons for eviction and/or key safety risks: address these/ negotiate with landlord

Legal Aid

Involve early in process (before N5 or N7)

Assist client with Landlord & Tenant Board

- Duty to Accommodate: adjournment, interim orders; mediated agreements

Adjudicators typically seek change in clutter conditions over a period of a few months.

Advocate for your Client

WORK WITH LANDLORD FOR ACCOMMODATION

1. Establish the existence, seriousness & impact of a disability:
 - obtain diagnosis
 - impact symptoms have on maintaining environment
2. Support / arrange efforts for intervention:
 - Tenant to demonstrate they are an active part of the accommodation

Advocate for your Client

WORK WITH LANDLORD

3. Educate the landlord about their need for accommodation

- “Buried Alive: the Human Rights Implications of Compulsive Hoarding in the Landlord-Tenant Context”. Laren Blumas, JD Osgoode Law School.
- OCfoundation.org Hoarding Fact Sheet:
- DSM-5 Criteria

Eviction – How can I assist?

- ✓ STEP 1: Be informed
- ✓ STEP 2: Educate Client
- ✓ **STEP 3: Prioritize goals**
 - ✓ Identify & address specific reasons for eviction
 - Clearout kitchen → keep all flammables 30cm from stove; do not store items in oven
 - Declutter living room → clear 1m pathway to back exit, remove items within 1m of radiators.

Eviction – How can I assist?

- ✓ STEP 1: Be informed
- ✓ STEP 2: Educate client & Advocate
- ✓ STEP 3: Prioritize goals
- ✓ **STEP 4: Provide hands-on support**

Assessment = Where is my Client (today)?

THE ANSWER TELLS YOU HOW BEST TO HELP

KEY INDICATORS:



PLAN

modifiers

1. Safety & Eviction Risks →
- ← 2. Good Insight & Motivation
3. Cognitive Functioning →
- ← 4. Client Goals →

Modifiers:

- Anticipate occurrence
- Assess by observation as you implement plan

Refine Implementation Plan

ASSESS FOR MODIFIERS

Prioritized Service Goals/Plan
(Safety & Eviction Prevention)



+ Limited Insight & Motivation

- Refine plan to include motivational strategies
- Reduce pace & expectations around goals



Insight – Often Described as Limited

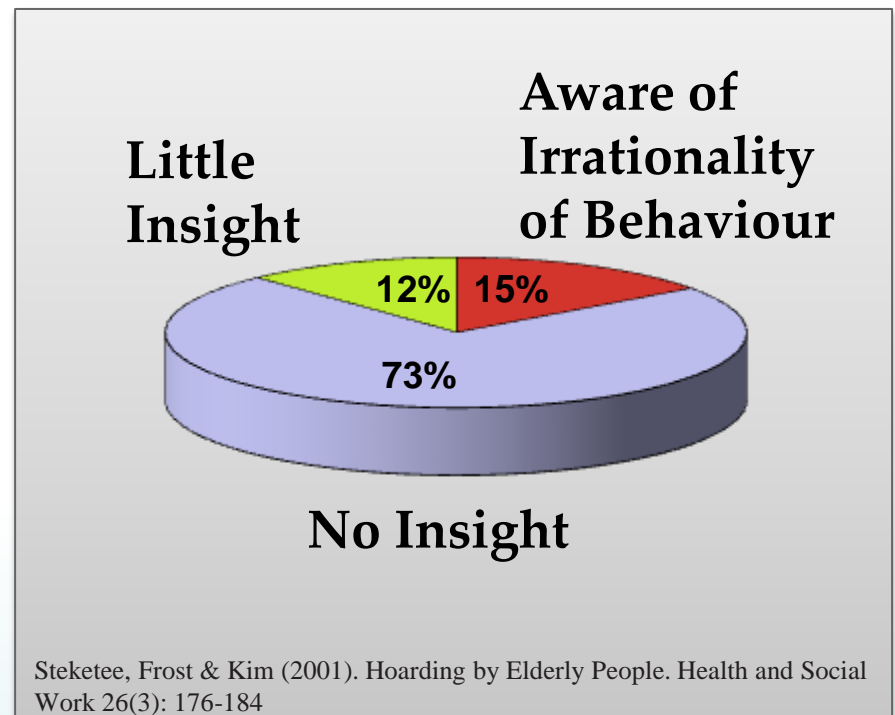
RECOGNITION THAT HOARDING BELIEFS/BEHAVIOURS ARE PROBLEMATIC

Treatment for HD:

- Less likely to seek
- High drop-out
- Passive resistance (e.g. no homework)
- Motivation fluctuates (→ belief that Tx does not work)

Why? **Ego-syntonicity
+ Low Insight**

Insight in Community Sample:



Assessing Insight & Motivation

OBSERVE BEHAVIOUR THROUGHOUT PLAN IMPLEMENTATION

Limited Insight:

1. Anasognosia
2. Over-valued beliefs
3. Defensiveness (reactance)

Motivation:

Readiness Ruler – specific goals

Motivation

READINESS RULER

Importance – Confidence Ruler

How important is it to keep all flammables 30cm from stove?



How confident are you that you can remove all items within 1m of radiators?



Why “4”? Why not “6”?

What would it take to move from a “5” to an “8”?

Importance/Confidence Score	Stage of Change
0-2 on either	Pre-Contemplation
3-7 on either or both	Contemplation
< 7 on either	Not motivated to change
8-10 on Conviction	Determination
9-10 on Confidence	Action or Maintenance

Assessing Limited Insight

ANASOGNOSIA | OVER-VALUED IDEATION | DEFENSIVENESS

Anasognosia:

1. Not knowing there is a problem
 - Lacking awareness of problem severity
 - Indifference to consequences of hoarding
 - More likely to interact with community providers than outpatient clinics

Blue black is white gold ??

AVOID TEMPTATION TO DEBATE

Build discrepancy to support client to draw their own conclusions (where life is vs. where would like to be)



How to address Anasognosia

BUILD DISCREPANCY

Client: My landlord treats me like a child. He just comes by and judges me, threatens me!

Therapist: Meetings with him have been pretty upsetting, eh?

Client: Yeah, they are.

Therapist: What do you think would make him treat you differently?

Client: If he drops the eviction and just leaves me alone!

Therapist: And if he drops it, things will go back to normal?

Client: Yes, and I can get on my with life. I've had to put things aside to deal with all this. It's a distraction, and unneeded one!

Therapist: From the sounds of it, he's not likely to drop it, eh?

Client: No.

Build discrepancy to support client to draw their own conclusions (where life is vs. where would like to be)

Meet Rick ...

HOUSING INSTABILITY

Assessing Limited Insight

ANASOGNOSIA | **OVER-VALUED IDEATION** | DEFENSIVENESS

Over-Valued Beliefs

2. Thoughts about possessions so tightly held can appear delusional

- Range from mild to extreme
- Sentimental/Instrumental/Intrinsic

Example: Aunt's 300+ Cookbooks = identity as a good cook/mother, dream of having grandchildren over for holiday dinners, connection to deceased aunt.

**AVOID (1) PRESENTING RATIONAL ARGUMENTS OR
(2) TELLING CLIENT TO DISCARD TO DECLUTTER.**

Support client to test beliefs with
Behavioural Experiments

Addressing Over-valued Beliefs

BEHAVIOURAL EXPERIMENTS

Over-Valued Beliefs



Support client to test beliefs with
Behavioural Experiments

Assessing Limited Insight

ANASOGNOSIA | OVER-VALUED IDEATION | DEFENSIVENESS

“Defensiveness”

3. Perception that personal will is being imposed upon

- Presents as argumentativeness, frustration (client/therapist)
- Therapeutic reactance: motivation to restore personal freedom perceived to have been threatened/lost
- Maintaining control over possessions

**AVOID PRESENTING REASONS TO DECLUTTER;
OR ISSUING DIRECTIVES**

Demonstrate to client they are in control.

Addressing Defensiveness

CLIENT RETAINS THERAPEUTIC CONTROL

“Defensiveness”

All sorting decisions are theirs, ask permission to touch things, set goal to create living space (vs. declutter), provide choices (do this or that now?), **let go of personal agenda for change**

Demonstrate to client they are in control.

Assessment = Where is my Client (today)?

THE ANSWER TELLS YOU HOW BEST TO HELP

KEY INDICATORS:



PLAN

REFINERS

1. Safety & Eviction Risks
2. Good Insight & Motivation
3. **Cognitive Functioning**
4. Client Goals

Modifiers:

- Anticipate occurrence
- Assess by observation as you implement plan

Cognitive Functioning

ASSESS BY OBSERVATION

1. Attention
2. Memory (visual)
3. Categorization
4. Decision-making:

Neurocognitive impairments key factor in the onset and maintenance of hoarding.

[Woody et al, 2014. ClinPsychol Review, 34: 324-336; Gilliam & Tolin, 2010]

Refine Implementation Plan

ASSESS FOR MODIFIERS

Prioritized Service Goals/Plan
(Safety & Eviction Prevention)



+ Impaired Cognitive Functioning

- Refine plan to include organizational supports
- Reduce pace & expectations around goals



Assess Decision-Making

OBSERVE DISCARD DECISIONS; DETAILS, PERFECTIONISM

Sorting: Longer to decide, more anxiety, activation of regions in brain associated with emotional regulation. Effect greater with own papers.

Iowa Gambling Task
No impairment observed:
complex decision-making.

Global indecisiveness
likely not specific feature
of HD.

Tolin, Kiehl, Worhunsky, Book, & Maltby, 2009; Tolin et al., 2012

Strategies for Decision-Making: Thought Listing

EMOTIONAL REGULATION VIA DISTANCING

Cognitive re-appraisal may not be the most effective ingredient in CBT for HD; neural regions required for re-interpretation may be impaired.

Distancing via thought listing: describe aloud thoughts about

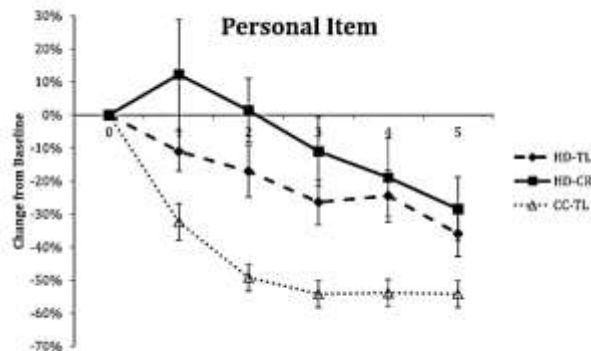


Fig. 2. Changes in distress ratings over time for the personal item.

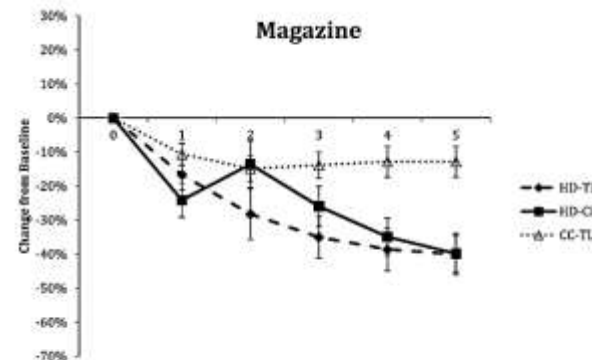


Fig. 3. Changes in distress ratings over time for the newly acquired item (magazine) trial.

Strategies for Decision Making: Practice

TOLERATING THE DISTRESS OF DISCARDING OR MAKING DECISIONS

Letting Go



STEP 1:
Recognize
your
attachment
to the item



STEP 2:
Physically
discard item
(or do not
acquire item)



STEP 3:
Begin
processing
emotional
attachments



STEP 4:
Keep
processing
attachments
and start
developing
new beliefs



STEP 5:
Integrate
new beliefs

Assess Categorization

UNDER-INCLUSIVE GROUPING – COLLABORATE ON CATEGORIES

Hoarding: longer, more piles, distressing

Luchian et al., 2007; Wincze et al, 2007; NOT Grisham et al 2010

Clinically significant visual categorization impairment observed:
Delis-Kaplan Executive Function System – sorting test



[Mackin et al, 2016, Depr & Anx, 33:211-218]

Assess Memory Beliefs

MEMORY CONFIDENCE AND IMPAIRMENT

Worry about forgetting information, events, relationships:

- rely on objects to serve as memory aid
- Items not put away into storage.

Brief Visual Memory Test:

Research Inconsistent: possible visuospatial memory impairment

- **Strategies for Memory Confidence:**

Lets try putting this into the drawer, I'll write it down & we can see if next week you remember what we put there?

- List of contents
- Clear plastic bags, bins

Assess Attention

DIFFICULTY WITH SUSTAINED ATTENTION

- Robust relationship between ADHD and hoarding:
~28% meet ADHD criteria
- **Self-report** high levels of inattentiveness
- Research suggests possible visual attention impairment

Observe Client:

Difficulty staying on task during session, easily distracted, tangential, overly-inclusive speaking style



Strategies: Redirect & Focus:

“How about we finish this bag of shoes before moving on...”

“Margaret, let me interrupt you here... I only have a limited time to help and I really want to see you succeed with your organizing... do you want to store these shoes in the closet or front hall?...”

Assess: age

MORE LIKELY TO HAVE COGNITIVE DIFFICULTIES

Elders who Hoard:

- More risks: safety & eviction
- Comorbidities: physical & psychiatric
- ADLs impaired
- Cognition impaired

Cognitive Rehabilitation

Assessment = Where is my Client (today)?

THE ANSWER TELLS YOU HOW BEST TO HELP

KEY INDICATORS:



PLAN

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Modifiers:

- Anticipate occurrence
- Assess by observation as you implement plan

Assessment - Functional Goals

LINK SERVICE GOALS TO CLIENT'S GOALS

Client's values, dreams and goals.

What drives motivation to for a livable space?

Activity	1	2	3	4	5
1. Personal hygiene	1	2	3	4	5
2. Dressing	1	2	3	4	5
3. Eating	1	2	3	4	5
4. Walking	1	2	3	4	5
5. Transferring	1	2	3	4	5
6. Managing finances	1	2	3	4	5
7. Managing medications	1	2	3	4	5
8. Managing transportation	1	2	3	4	5
9. Managing home maintenance	1	2	3	4	5
10. Managing household tasks	1	2	3	4	5
11. Managing social activities	1	2	3	4	5
12. Managing leisure activities	1	2	3	4	5
13. Managing safety	1	2	3	4	5
14. Managing health	1	2	3	4	5
15. Managing communication	1	2	3	4	5
16. Managing overall well-being	1	2	3	4	5

ADL-H measure impairment in key functional domains.

[Frost et al 2013]

Focus on Specific Area of Home

CLIENT-DRIVEN GOAL SETTING

Start with the easiest changes

- Garbage, items with least perceived value

Clear a place to make room for organizing activities

- Clear off the back porch so recycling can go out
- Clear off the dining room table for a sorting space

Choose something that impacts daily activities

- Organize the front hall so its easier to get in the door
- Clear out the kitchen sink to be able to prepare a meal

Focus on Specific Area of Home

CLIENT-DRIVEN GOAL SETTING

- **Identify an area that will facilitate other goals**
 - Clear around the bed so that the PSW can assist with the transfer
 - Sort through the dining room so as to be able to start having family over for the holidays
- **Pick objects of a particular theme**
 - Collections, toiletries, toys, etc
- **Choose objects that will make for visible changes**
 - Bulky items like furniture, bedding

If not Safety Risk ...**Start Anywhere!** – there is no wrong place (but pick one place and stick to it)

Acceptability of Hoarding Services

PERCEPTION THAT TREATMENT IS AGREEABLE, PALATABLE OR SATISFACTORY

More acceptable if:

- ✓ personalized
- ✓ being held accountable
(goals, home visits)
- ✓ belief that treatment works

Tip for Success: personalize your plan!

Tip for Success: leverage the visitor effect!

Tip for Success: advertise successes!



Innovators!

More acceptable options needed.

Assessing Readiness / Stage of Recovery

ASKING THE RIGHT QUESTION

~~Yes~~ — Is the client ready? — ~~No~~



✓ What **type of service** will most support positive change?

What are they ready for?

Assessment: What type of service will help?

THE ANSWER TELLS YOU HOW BEST TO PLAN

Today!

Readiness Spectrum

Action.....Preparation.....Contemplation.....Pre-Contemplation



Some overlap; Not static;

Assessment = Where is my Client (today)?

THE ANSWER TELLS YOU HOW BEST TO HELP

KEY INDICATORS:



1. Safety & Eviction Risks →
- ← 2. Good Insight & Motivation
3. Cognitive Functioning →
- ← 4. Client Goals →

Today's Objectives

HERE'S WHERE WE HAVE BEEN

By the end of this session:

- ✓ Name two main types of approach to treating Hoarding Disorder (HD)
(What can be done to help)
- ✓ List an assessment tool to identify key safety/eviction risks and preferred Tx approach
(What to assess for so as to know how to best help)
- ✓ Identify one strategy (or more!) to set up and address your plan of service.
(How you can develop a plan to help based on your assessment)



Thank You!

VHA Home HealthCare (VHA)—a not-for-profit charity—has provided care since 1925. With over 1,800 staff and service providers VHA offers home and community services that support Ontarians' independence including: **homemaking, nursing, personal support and rehabilitation services.**

VHA is:

- Accredited with **Exemplary Standing** by Accreditation Canada
- An RNAO **Best Practice Spotlight Organization** candidate and;
- A founding member agency of **United Way Toronto.**

www.vha.ca

