Assessment, Readiness & Clutter Support

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www.vha.ca
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.”
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

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 …

Hoarding History:
Time of onset, circumstances of onset, family history, client’s perspective of etiology …

Medical Status:
Diagnosis, comorbidities, past medical history, surgeries, medications …

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 416-480-6100

Guided bibliotherapy
- Delivery by non-clinicians
- Outcomes comparable
- Web Search: Facilitator’s Guide

**CBT Effectiveness**

**TREATMENT RESULTS**

**Moderate Treatment Effects**

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

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**Room for Improvement**
- Costly
- Can take ~1 year to complete
- Few clinicians are trained

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Tolin, Frost, Steketee, Muroff. CBT for Hoarding Disorder: a Meta-Analysis Depression & Anxiety 32: 158-166
CBT Effectiveness – Clinical Significance

CLINICALLY SIGNIFICANT CHANGE LESS ROBUST

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

Tolin, Frost, Steketee, Muroff. CBT for Hoarding Disorder: a Meta-Analysis Depression & Anxiety 32: 158-166
CBT Effectiveness – DIFFICULTY DISCARDING

CLINICALLY SIGNIFICANT CHANGE LESS ROBUST

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

[Diagram showing the distribution of scores with a comparison between symptomatic and asymptomatic individuals.]

Tolin, Frost, Steketee, Muroff. CBT for Hoarding Disorder: a Meta-Analysis Depression & Anxiety 32: 158-166
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.

Tolin, Frost, Steketee, Muroff. CBT for Hoarding Disorder: a Meta-Analysis Depression & Anxiety 32: 158-166
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

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

Harm Reduction – Clutter Impact

REALISTIC OUTCOMES
Type of Intervention → Stage of Recovery

Cognitive Behavioural Therapy

“Help – I want to change this” - HIGH RISKS

“Help – I want to change this” + RISKS

Harm Reduction

[I don’t have a hoarding problem]

[Prochaska & DiClemente, 1982; Miller & Resnick, 2013]
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

Readiness Spectrum

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

CBT

Harm Reduction

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

CBT Skills Teaching

Harm Reduction

PLAN

Modifiers
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

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**PLAN**

CBT Skills Teaching

Harm Reduction
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%

[Harris, 2012. Household Hoarding and Residential Fires]
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

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.

[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.
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 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
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 …
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.
HOMES
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.
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.
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:

Person with HD = Indep. Rater < Family

Home Environment Index:

Person with HD < Family

Risks of Excessive Acquisition

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

88%

Excess Acquisition*

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

• Buying, Free things, Stealing

ASSESS RISKS:

• Clutter volume, debt, unpaid bills

Safety Risks – how can I assist?

HARM REDUCTION IN ACTION

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

WHY?
1. Assess level of risk
2. Educate your client about risks
3. Document any concerns
4. Assists to prioritize goals & service
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.
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
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:
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=XiafdkpbeE
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…

Petrusa et al 2011; Frost et al 2011;
Assessment of Hoarding Disorder

In the field:
Select a specific pile, ask which objects could be discarded right now.

SEVERAL STANDARDIZED TOOLS AVAILABLE

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?
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
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.

Legislation permits enforcement of decluttering
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, exits, garbage, doors, infestations, cleanliness/sanitary conditions, plumbing, appliances

Pick a Place to Start
RISKS TO HOUSING STABILITY
### 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 reviewed 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 informed the pest control agent that this infestation is spreading from this unit to other units. Despite the offer of assistance from the Landlord, the Tenant will not accept such assistance and will not correct 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.
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
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.
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
3. Educate the landlord about their need for accommodation

- 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:**

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**

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Insight in Community Sample:

- Little Insight: 12%
- Aware of Irrationality of Behaviour: 15%
- No Insight: 73%


Frost, Tolin, Maltby (2010). Cog Behav Practice, 17: 404-413
Assessing Insight & Motivation

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

Motivation:
Readiness Ruler – specific goals
## Importance – Confidence Ruler

**Motivation**

**READINESS RULER**

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

<table>
<thead>
<tr>
<th>Not At All Convinced</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Totally Convinced</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Not At All Confident</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Totally Confident</th>
</tr>
</thead>
</table>

Why “4”? Why not “6”?

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

<table>
<thead>
<tr>
<th>Importance/Confidence Score</th>
<th>Stage of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 on either</td>
<td>Pre-Contemplation</td>
</tr>
<tr>
<td>3-7 on either or both</td>
<td>Contemplation</td>
</tr>
<tr>
<td>&lt; 7 on either</td>
<td>Not motivated to change</td>
</tr>
<tr>
<td>8-10 on Conviction</td>
<td>Determination</td>
</tr>
<tr>
<td>9-10 on Confidence</td>
<td>Action or Maintenance</td>
</tr>
</tbody>
</table>
Assessing Limited Insight

**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)

Frost, Tolin, Maltby (2010). Cog Behav Practice, 17: 404-413
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)

Frost, Tolin, Maltby (2010). Cog Behav Practice, 17: 404-413
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

Frost, Tolin, Maltby (2010). Cog Behav Practice, 17: 404-413
Addressing Over-valued Beliefs

BEHAVIOURAL EXPERIMENTS

Over-Valued Beliefs

Support client to test beliefs with Behavioural Experiments

Frost, Tolin, Maltby (2010). Cog Behav Practice, 17: 404-413
“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.

Frost, Tolin, Maltby (2010). Cog Behav Practice, 17: 404-413
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.

Frost, Tolin, Maltby (2010). Cog Behav Practice, 17: 404-413
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

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.

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.

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

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

Global indecisiveness likely not specific feature of HD.
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 discarding with no effort to modify them.
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

Hoardng: 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

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?...“

Tolin & Villavincencia, 2010; Frost et al 2011; Moody et al, 2014
Assess: age
MORE LIKELY TO HAVE COGNITIVE DIFFICULTIES

Elders who Hoard:
• More risks: safety & eviction
• Comorbidities: physical & psychiatric
• ADLs impaired
• Cognition impaired

Cognitive Rehabilitation

Ayers et al, 2015
Assessment = Where is my Client (today)?

THE ANSWER TELLS YOU HOW BEST TO HELP

**KEY INDICATORS:**

1. Safety & Eviction Risks
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**PLAN**

**REFINERS**

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?

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 it’s 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

Innovators!

More acceptable options needed.

Rodriguez et al, 2016, JOCRD, 11: 1-8]
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

CBT

Harm Reduction

Some overlap; Not static;
Assessment = Where is my Client (today)?

THE ANSWER TELLS YOU HOW BEST TO HELP

**Key Indicators:**

1. Safety & Eviction Risks
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**Plan**

Modifiers
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)
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