

HELPING THE HELPERS

Supportive Approaches to Decluttering

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Myths & Truths About Hoarding

1. Hoarded homes are filthy and the people who live in them are dirty.
2. People who hoard are lazy and choose to live the way they do.
3. Living through an experience like the Great Depression causes hoarding.
4. Hoarding is unique to the United States and is a consequence of American materialism.
5. A mass clean-out involving garbage bags, shovels, and dumpsters is the best way to solve a hoarding problem.



Source: C. Emdin and authors of Beyond the Stagnant Slurp: Professionals' Responses to Hoarding Disorder in the Omaha Community, University of Nebraska at Omaha, 2014.

Understanding Hoarding

What is Hoarding?

- Is there acquisition of and failure to discard a large volume of possessions?
- Does the clutter make it difficult to use rooms for their intended purpose?
- Is there distress or impairment in functioning caused by the clutter?



(Frost & Hart, 1996)

Squalor vs. Hoarding

- Hoarding is not equivalent to squalor.
- Hoarding is generally characterized as a cluttered living environment. Clutter may exist with or without poor sanitation.
- Squalor is defined as filthiness or degradation from neglect. Behaviors leading to squalor at home may be heavily influenced by the mental health of the occupant.
- Diogenes Syndrome (elder self neglect) may play a role.
- Prevalence data varies given lack of standardized measures.
- Home Environment Index (downloadable online) useful for assessing sanitation problems.

Crowder, J., Holliday, G., Benavise, G. (2012) Severe Domestic Squalor: Definitions and description (2). 1. Cambridge University Press.
 Statistek, G., Frost, R. (2012) Treatment for Hoarding Disorder: Addressing Hoarding Problems, Oxford University Press.
 Perreault, A., et al. (2010) Refining the diagnostic boundaries of compulsive hoarding: A critical review. *Clinical Psychology Review*, 30, 271-305.

DSM V Criteria for Hoarding

- Difficulty discarding and parting with objects
- Difficulty discarding due to urges to save
- Symptoms result in an accumulation of possession that clutter living areas
- Distress or interference
- Not better accounted for by a medical condition



Who Hoards?

- Saving begins in childhood or adolescence. Average age of onset: 13 years. Treatment protocol not yet established for young people.
- Average age in treatment: 50 years.
- Marital status: tend to be single.
- Education levels vary widely.
- Family history of hoarding is common. Vulnerabilities include genetic predisposition and brain chemistry differences.
- Squalid conditions are uncommon among treatment seekers.

Tolin, D., Foa, E. B. & Steketee, G. (2016) *Handbook of Compulsive Acquiring, Saving, and Hoarding*. Oxford University Press.

Prevalence of Hoarding in the U.S.

- 3-5% or approximately 15 million people in the U.S. population has hoarding
- 2-6% in other developed countries
- 5.5 million have Alzheimer's Disease
- 1.2 million HIV
- 787,000 deaths due to Heart Disease



Co-occurring Disorders

Major Depressive Disorder	50.7%
Attention Deficit Disorder	27.8%
Generalized Anxiety Disorder	24.4%
Social Phobia	23.5%
Obsessive-Compulsive Disorder	17.0%
Specific Phobia	14.3%
Kleptomania	9.9%
Post Traumatic Stress Disorder	6.9%
Substance Abuse	1.8%
Bipolar Disorder	1.4%
Eating Disorder	1.4%

(Furber, et al., 2011)

Recognizing a Hoarding Problem

Indicators of a Possible Hoarding Problem

- ✓ A "no access" area in the home.
- ✓ Endless talk about the stuff.
- ✓ Difficulty throwing things away.
- ✓ Acquiring too much, too often.
- ✓ Home and personal spaces filled with clutter.
- ✓ Difficulty sorting, organizing, and making decisions.
- ✓ Safe and comfortable functioning limited in the home.



(Tompson & Hall, 2009)

Why Do People Hoard?

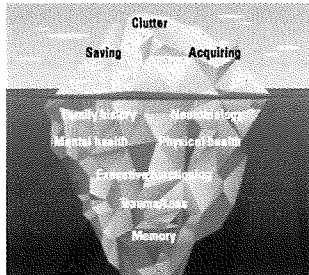


What are the Signs of Hoarding?

1. Clutter:
Large piles, narrow paths, and disorganization

2. Saving:
Sentimental, instrumental, or intrinsic reasons

3. Acquiring:
Shopping, free items, kleptomania



Maryland-Russia Hoarding Partnership (2015).
Rethinking Hoarding Intervention: MBHP's analysis of the Hoarding Intervention and Triage Prevention Project.

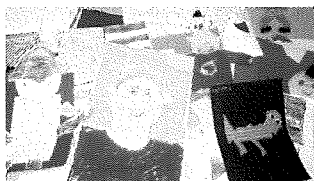
1. Clutter & Disorganization

- **Random Piles** of items of mixed importance
- **Fear** of putting things out of sight (empty drawers)
- **Indecisiveness**
- **Churning**
- **Fear** of making a wrong decision
- **Goat paths**



2. Saving

- **Sentimental:**
"This represents my life. It's part of me."
- **Instrumental:**
"I have a need for this. I could use this."
- **Intrinsic:**
"This is beautiful."



3. Acquiring

Compulsive Buying:

- Retail or discount
- Online shopping
- Home Shopping Network

Compulsive Acquiring of Free Things

- Advertising flyers and handouts
- Giveaways
- Trash picking and/or dumpster diving

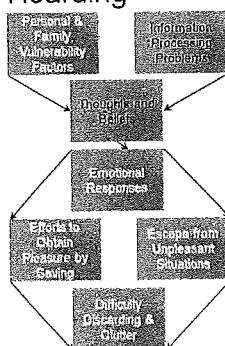


Passive Acquiring:

- Stealing/Kleptomania

Conceptual Model of Hoarding

- Vulnerabilities
- Information processing deficits
- Meaning of possessions
- Emotional reactions
- Reinforcement properties



(Furuta & Frost, 2007)

Thoughts and Beliefs: Special Meaning of Possessions

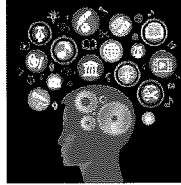
- Beauty/Aesthetics
- Memory
- Utility/Opportunity
- Sentimental
- Comfort/Safety
- Identity/Potential Identity
- Control
- Mistakes
- Responsibility/Waste
- Completeness
- Validation of Self Worth
- Socialization



Information Processing

Difficulties with Executive Functioning:

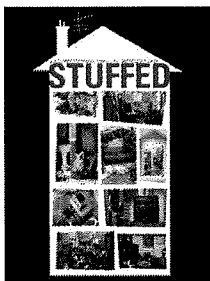
- Categorization and Association
- Perception
- Decision Making
- Attention
- Complex Thinking
- Prospective Memory



Impairment impacts ability to carry out daily life activities.

Documentary

Documentary: Stuffed



"I always thought I was a collector, but when a collector gets too big, it starts to look like hoarding."

— Jim

"Things are more reliable than people."

— Betsy

"It's like living on a ship. I just go sideways. I'm used to it."

— Judith

Talking about Stuffed ...

- Awareness of the problem?
- How did hoarding present?
- Roadblocks to overcoming hoarding?
- What role might concerned friend or loved one play?
- Significant concerns?
- Where might you begin if you were helping Jim, Betsy, or Judith?
- Who might present the greatest challenges to you?



Insight & Motivation

Insight

Fluctuating insight can make intervention difficult.

Person may have good or fair insight level (aware of problem, open to change) but ambivalent.

Three categories of insights when help is refused:

1. Non-insightful
2. Insightful but not motivated
3. Insightful, motivated but non-compliant

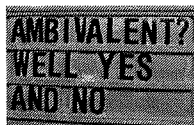


Motivation for Change

Assumptions:

- Ambivalence to change is normal and healthy.
- People have a right to make their own choices (exceptions: minors, or adults not legally competent.)
- Nothing will happen until the person is ready to change. Help the person understand and weigh the factors to make an informed decision. You can't argue change.
- People with longstanding behavioral problems rarely change out of the blue. Talk about the problem, but in a different way.

(Buried in Treasures, pg. 100-109)



Inspiring Motivation

MOTIVATION

- Motivation to change cannot be imposed.
- Person needs to articulate and resolve ambivalence.
- Helper facilitates the expression of ambivalence.
- Direct persuasion cannot resolve ambivalence.
- Helper elicits, explores, and helps to resolve ambivalence.
- Readiness to change develops from interaction of person and helper.
- The helping relationship is a collaborative partnership, not expert to recipient.

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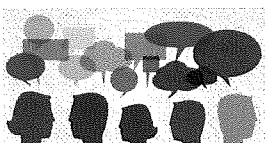
Tools of Motivation

What makes a person motivated to change?

- Importance
- Confidence

- **Motivational Interviewing:** A person-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence:

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy



1. Express Empathy

- Reflective listening
- Attend to feelings
- Indicate acceptance
- Try to understand
- Reflect feelings
- Reinforce courage
- Express care
- Convey concern
- Value person's views

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2. Develop Discrepancy

- Help person recognize and define the problem.
- The person (not the helper) presents arguments for change.
- Help person identify personal goals and values.

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3. Roll with Resistance

- View resistance as an attempt to cope.
- Resistance represents the person's beliefs.
- Invite new perspectives.
- Person is primary resource to identify solutions.
- Resistance means you should respond differently.
- Resistance can be increased or decreased by altering style.
- Resistance is a signal that the helper is using the wrong style to meet the person's readiness for change.
- Types of resistance behavior: arguing, interrupting, denying, ignoring.

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4. Support Self-Efficacy

- Help person recognize their ability to solve the hoarding problem.
- Helpers must believe in the person's capacity to make changes.
- Individual is responsible for choosing and carrying out change.

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Motivational Don'ts

Avoid:

- Firing questions rapidly (max 3 in a row).
- Confronting or arguing.
- Using labels ("hoarding") before agreeing on language.
- Siding with the person against others.
- Playing the expert. No lectures.
- Judgmental language.
- Words that devalue or negatively judge possessions.
- Let your non-verbal expression say what you're thinking.
- Make suggestions about the person's belongings.
- Try to persuade or argue with the person.
- Touch the person's belongings without explicit permission.



(C) Santisteban, PhD, LCSW, Boston University School of Social Work

Communicate to Enhance Motivation

DO:

- Ask clear, open-ended questions: What? Why? How?
- Elaborate to expand ideas.
- Listen reflectively (restate to indicate you've heard so they feel understood.)
- Use a non-confrontational approach.
- Step into the person's shoes to see from their perspective.
- Ask questions or make comments that are genuinely motivated, not snide or condescending.
- Empathize with the person's point-of-view to reduce defensiveness and help them reconsider their position.
- Use extreme contrasts, looking forward/backward, reframing.
- Give feedback – asking permission to offer information, opinion, concerns.



(Buried in Treasures, pg. 92)

Helping Others with Motivation


Show Empathy:

- Ask open-ended questions.
- Summarize your understanding of what you hear.
- State what the person seems to be feeling; seek clarity.
- Use compliments and appreciative, understanding statements.

Don't Argue:

Watch out for ...

- Ordering, directing, or commanding
- Warning or threatening
- Persuading with logic, arguing, or lecturing
- Moralizing, preaching, or telling the person what they should do
- Judging, criticizing, or blaming

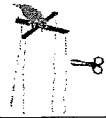
Put yourself in THEIR shoes 

(Burdett in Treasures, pp. 102-103)

Helping Others with Motivation


Respect Autonomy:

- Before things can improve, it's important to stop approaches that don't work.
- Help the person recognize that their actions are inconsistent with their greater goals or values.
 - What's really important to you in life?
 - What are your hopes and goals?
 - How does the condition of your home fit these values?
- With new interaction patterns, it will take time to build trust. Be patient and keep working at it.



(Burdett in Treasures, pp. 102-103)

Helping Others with Motivation

Set Limits: 

- If insight is unclear about match between goals and hoarding behavior, limit setting may be necessary.
- Be clear and calm; don't argue.
- Explain (1) how you feel, (2) what you want, and (3) what you will do.
- If behavior continues to be problematic in relationship, seek outside help.

(Burdett in Treasures, pp. 102-103)

Other Motivational Strategies

- Speak with someone who has made good progress with decluttering.
- Point out small changes the person makes and link these to their goals.
- Review past and current photos of space to gain perspective.
- Arrange for visitors.
- Use clutter and unclutter visualization tasks.



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Assisting with Goal Setting

- Typical intervention goals:**
- Eliminate risks
 - Create living space
 - Increase appropriate use of space
 - Improve decision making skills
 - Organize possessions
 - Prevent acquisition
 - Challenge hoarding-related beliefs
 - Discard/recycle
 - Prevent future hoarding



Helpful Approaches

Introduce Behavioral Strategies

- Divide tasks into small, manageable parts with specific timeframes for completion.
- Reiterate instructions verbally and in writing.
- Post simple written instructions in agreed upon, obvious location that cannot be covered with clutter.
- Create "coping cards".
- Develop rules for acquiring.
- Learn to use timer, and 3 pile discarding strategy.
- Encourage use of rewarding things during sorting and for accomplishments.



Consider Harm Reduction Approach

- Keep people safe at home.
- Focus on reduction of possessions in high risk areas.
- Set up systems to minimize acquisition and maintain organization.
- Provide supportive monitoring for safety maintenance.
- Do not expect overnight miracles.
- Goal: house functional not house beautiful.



Ask Questions!

To support non-acquisition – we can't make the decisions but we can be respectfully curious:

- Talk about the pros and cons (hoarding vs. not).
- How many do I have and is this enough?
- Do I have enough time and space for this?
- Have I used it in the past year?
- Do I have a specific plan for this within a reasonable timeframe?
- Does this seem important because I'm looking at it now?
- Is it current and of good quality?
- Would I buy it again if I didn't already own it?
- Do I really need it?
- Does not having this help me to solve my hoarding problem?



Takeaways

1. There are resources available to help!
2. Be mindful of stigma.
3. Hoarding Disorder is a mental health illness.
4. An estimated 3-5% of the population has hoarding.
5. Reasons for hoarding are multidimensional.
6. A common bond of trust and support must exist to help.
7. Motivation to change cannot be imposed.
8. MI (Motivational Interviewing) useful to resolve ambivalence.
9. Communication is an essential tool to motivate (or not).
10. Introduce behavioral strategies + harm reduction approach

Thank You!
