

1 **CLEARING THE WAY: WHEN IS A MESS MORE THAN JUST A MESS?**

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2 **CLUTTER VERSUS HOARDING**

What's Clutter?

Many people live with a fair amount of mess, but the home is safe to move around in; they can straighten up enough to feel at ease having guests. Rooms are used the way they're meant to (for example - no paper piles in the bathtub).

Some people collect lots of things, but unlike a hoarder's stuff, these items have value or personal meaning. Displays of holiday décor or model trains bring pleasure and pride, not the shame or sadness that often comes with hoarding.

Where hoarding is a mental health concern, "clutter is largely in the eyes of the beholder," says Margit Novack, president of the National Association of Senior Move Managers. "Different people are comfortable with different degrees of clutter."

People with problem-level clutter, though, may have trouble keeping their home tidy, even after they get help with cleaning or organizing. The mess returns.

3 **CLUTTER VERSUS HOARDING**

Someone who hoards collects huge amounts of things, often items of little value like ketchup packets, sugar packets, or papers. "They don't have one can opener, they have 40," says Regina Lark, PhD, of the National Association of Professional Organizers. She specializes in helping hoarders.

A hoarder finds it painful to let go of things, so she never does. Stuff piles up in ways that are unsafe or affect the person's dealings with others.

Their shower stalls have become storage units and you can't walk up the stairs. Falls and fires are two big dangers.

Marriages often strain when one spouse can't resist hauling more seemingly useless items into a house that's already bursting.

In 2013, hoarding disorder was named a distinct mental illness in the DSM-5.

4 **DSM-V CRITERIA (APA, 2013)**

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B. This difficulty is due to the perceived need to save the items and to distress associated with discarding them.
- C. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromise their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g. family members, cleaners, authorities).
- D. The hoarding causes clinically significant distress or impairment in social, occupational,

or other important areas of functioning (including maintaining a safe environment for self and others).

- E. The hoarding is not attributable to another medical condition (e.g. Brain injury, cerebrovascular disease, Prader-Willi syndrome).
- F. The hoarding is not better explained by the symptoms of another mental disorder (e.g. Obsessions in OCD, decreased energy in MDD, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder).

•Specify if:

•With Excessive Acquisition

•If discarding possessions is accompanied by excessive acquisition of items that are not needed or for which there is no available space.

•Specify if :

•With Good or Fair Insight

•With Poor Insight

•With Absent Insight/Delusional Beliefs

5 **PREVALENCE**

- Current population estimate of approximately 2-5%.
- Gender prevalence unclear.
- Average age is 50, although age of onset is often prior to 20.
- Functional impairment and clutter get worse with age.

•Support for both genetic and environmental factors
(Lervolino et al. 2009)

6 **WHY PEOPLE HOARD...**

EARLY CHILDHOOD EXPERIENCE

- Was there hoarding behavior by parents or other relatives?
- Was there any abuse or neglect?
- Was there scarcity in the home?
- Did the parents have mental health issues?
-

7 **WHY PEOPLE HOARD...**

WHY PEOPLE HOARD...

GENETIC PREDISPOSITION/BIOLOGICAL FACTORS

- Did parents hoard?
- Did parents have mental health issues?
- Did someone in the family hoard?

8 **WHY PEOPLE HOARD...
EMOTIONAL REACTIONS**

- Positive emotions lead to difficulty discarding and additional acquiring.
- Negative emotions lead to difficulty discarding and additional acquiring.

9 **WHY PEOPLE HOARD...
CORE BELIEFS ABOUT VALUE**

Objects have different types of value that often dictate the degree to which one forms an emotional attachment to them.

- Sentimental value
- Instrumental value
- Intrinsic value

In addition, things can also have monetary value, or provide emotional comfort.

10 **EXAMPLES OF CORE BELIEFS ABOUT VALUE**

- Sentimental –
"This represents my life. It's part of me."
- Instrumental –
"I might need this. Somebody could use this."
- Intrinsic –
"This is beautiful. Think of the possibilities!"

11 **CORE BELIEFS
ABOUT VULNERABILITY**

- These items give me a sense of safety and comfort.
- Without these items I don't know what to do with myself.
- If I lose these items, my sense of loss and grief will overwhelm me.
- I will not be able to cope.

12 **CORE BELIEFS
ABOUT RESPONSIBILITY**

- I have a responsibility to save this item from waste.
- I have the responsibility to protect this item from destruction or disrespect.

- I have a responsibility to always be prepared.
- I need to find a use for this item.
- I have a responsibility to not be wasteful.
- I have a responsibility not to overlook a lost opportunity.

13 **CORE BELIEFS
ABOUT MEMORY**

- Items serve as memory aids
- Without the item, I will forget something and make a mistake.
- If an item is not in sight, I will forget it or something important that it reminds me about.
- Memory resides in objects not their mind.

14 **WHY PEOPLE HOARD
COMORBIDITY
THE SIMULTANEOUS PRESENCE OF TWO CHRONIC DISEASES OR CONDITIONS IN A
PERSON**

- Approximately 75% have some comorbid mood or anxiety disorder
- Relatively few individuals with hoarding have OCD (<20%)
- Higher rates of Social Phobia
- Higher rates of traumatic life events but not necessarily Post Traumatic Stress Disorder
- Higher rates of Kleptomania and stealing
- Higher rates of Attention Deficit Hyperactivity Disorder- Inattentive type

15 **WHY PEOPLE HOARD...
INFORMATION PROCESSING DEFICITS**

- Deficits in Categorization/Organization abilities
- Decision Making Deficits
- Indecisiveness
- "Churning" = Moving things around without getting rid of anything
- Difficulties in Memory
- Verbal and non-verbal memory
- Impairment in sustained attention and executive functioning

16 **WHY PEOPLE HOARD...
PERSONAL/SOCIAL REASONS**

- Limited space in the home
- Becoming isolated / Avoiding socializing
- Family/Marital Discord

- Divorce

17 **TYPES OF HOARDING**

- Shopper or Shopping Hoarding
- Food Hoarding
- Garbage and Trash Hoarding
- Paper Hoarding
- Animal Hoarding

18 **SHOPPER AND SHOPPER HOARDING**

Chronic shoppers tend to hold on to every item they purchase even if they have no practical use for it. No matter what type of item it may be, food, clothing, pictures, televisions – these items will sit in piles unused. Oftentimes, these items will remain in their original packaging with price tags still on them creating piles of clutter that are seemingly unmanageable over time.

Shopping hoarding occurs when people impulsively purchase:

Food

Clothing

Antiques and Collectibles

Survival Gear and Equipment

Items from home shopping television networks

19 **FOOD HOARDING**

One of the most confusing hoarding questions is, "Why would people hoard food?" When a person returns home with dozens of shopping bags full of groceries while their refrigerator and cupboards are already filled to the brim, this person may suffer from food hoarding.

Wasting food can be considered a crime by the person hoarding.

Food hoarding can attract rodents and vermin which is the biggest and most pressing risk to the food hoarder and their family. Exposure to the diseases these vermin carry can cause severe illness and even death.

While rotted food should be thrown into the garbage and disposed of, some hoarders actually have issues with hoarding trash and garbage.

20 **GARBAGE HOARDING**

When a person displays an inability to discard garbage, waste, or trash, they may be identified as a garbage hoarder. Garbage hoarders also take the time to rummage through other people's trash to find "treasures" of their own. This inability to decipher harmful waste from valuable items can be deadly.

Rodents, vermin, and pests will become attracted to the garbage and wreak havoc on the home's structure and the health of its inhabitants. Insects and animals will dismantle a

home in order to make nests for themselves. They will leave behind their own urine and feces while searching for food in the piles of garbage. These pests will also carry a variety of diseases with them. Should a human being be exposed to these bacteria, viruses, or parasites, serious illness or death can occur.

While some types of hoarding may attract wild animals and pests to a home, another type of hoarding occurs when the hoarders themselves introduce unhealthy quantities of animals to their living space.

21 **PAPER HOARDING**

Paper hoarders literally find it impossible to discard anything recorded on a piece of paper. People keep papers like bills, invoices, books, magazines, special offers, coupons, children's pictures, report cards, recipes, and other items.

These stacks of papers will become mounds of unstable surfaces that can present a danger to the hoarder. Hoarding clean –up service providers have seen an unhealthy increase in cases where people have been literally trapped beneath a fallen pile of paper and rubbish. The hoarders either suffer serious injury or are found deceased beneath the piles of rubble.

Hoarding is a complex condition that must be understood before being resolved. By taking the time to comprehend why a hoarder holds onto the things they keep, helpers will not only help to clean their home but will help solve the problem once and for all. Tools like the official Do's and don'ts will help each individual involved in the healing process get a head start on the road to success.

22 **ANIMAL HOARDING**

The accumulation of a large number of animals and a failure to provide minimal standards of nutrition, sanitation, and veterinary care, and to act on the deteriorating condition of the animals (including disease, starvation or death) and the environment (e.g. severe overcrowding, extremely unsanitary conditions).

23 **TREATMENT**

24 **TALK ABOUT EMOTIONAL REACTIONS**

- Beliefs about vulnerability, responsibility and memory lead to negative emotion such as guilt, fear, anger, sadness, shame, and anxiety.

- Positive Beliefs about Possessions leads to positive emotions such as pleasure, pride, security, and safety.

25 **STAGES OF TREATMENT FOR HOARDING (STEKETEE & FROST, 2007)**

- Psycho-education
- Establish Goals
- Motivational Interviewing
- Skills Training for Organizing and Problem Solving
- Cognitive Therapy
- Exposure Methods/Behavioral Experiments
- Reducing Acquiring
- Maintenance and Relapse Prevention

26 **GOALS OF TREATMENT**

- Improve quality of life
- Improve functionality of target areas
- Create living space and use of space
- Improve organizational skills
- Make possessions more accessible
- Improve decision making skills
- Improve family relations
- Reduce acquiring and replace with other pleasurable behaviors
- Learn problem solving skills

27 **MOTIVATIONAL INTERVIEWING STRATEGIES FOR THE THERAPIST (MILLER & ROLLNICK, 2002)**

- Recognize ambivalence
- Enhance ambivalence
- Resolve ambivalence
- Reinforce change talk and action
- Roll with the resistance

28 **COGNITIVE THERAPY QUESTIONS TO ASK THE CLIENT**

- How likely is the feared outcome?
- What evidence is there to support the belief?
- What is the worst case scenario? Is it that bad?
- How well could you cope with not having this?
- How much distress would you feel?
- How long would the distress last?
- Can you tolerate the feeling?

29 **COGNITIVE TECHNIQUES FOR THE THERAPIST**

- Socratic questioning
- Identify and help edit cognitive distortions
- Go over the Pros & Cons
- Help find Perspective
- Behavioral experiments
- Core Beliefs

30 **HELP THE CLIENT DEVELOP A PLAN**

- What needs to be sorted – places and items.
- Categorize Wanted vs. Unwanted Items
- Where will kept items go?
- Interim as well as eventual furniture and storage
- Differentiate between trash/donate/recycle
- What supplies are needed?
- Containers
- Labels, markers, etc...

31 **THERAPIST TREATMENT RULES**

- Therapist touches nothing without permission
- Patients make all the decisions about possessions
- Treatment is systematic and follows a plan but allows for flexibility
- Patients must think aloud when sorting
- OHIO (Only Handle It Once)

32 **HOW TO ORGANIZE...SORTING SESSIONS**

- Select target area
- Take pictures
- Assess items and identify and address potential emotional triggers
- Apply 3 ½ box rule
- Discard
- Keep
- Display
- Deal with Immediately
- Attain functionality
- Take more pictures
- Maintenance
- Determine and set organizational rules as you go.
- Garbage/donations are removed immediately
- Target new area

33 SKILLS TRAINING

- Systematic & structured approach to therapy
- Treatment Rules
- Sorting Skills
- Problem Solving Skills
- Decision Making Skills

34 SKILLS FOR ATTENTIONAL DIFFICULTIES

- Divide projects into manageable steps
- Set a spatial and time goal
- Goal in each session is to make visible progress
- Determine usual attention span
- Reduce distractibility
- Cover distracting areas
- Create structure for sorting times

35 PROBLEM SOLVING STEPS

- Define the problem
- Identify contributing factors
- Generate as many solutions as possible
- Evaluate each solution and select best
- Break solution into steps
- Implement the steps
- Evaluate the outcome

36 TREATING ACQUISITION

- Identify acquiring behaviors
- Develop a hierarchy of acquiring
- Target acquiring beliefs with CBT
- Practice non-acquiring
- Behavioral experiments
- Driving, walking, browsing and selecting but not buying exposures
- Find other pleasurable activities

37 ACQUIRING COGNITIVE QUESTIONS

- Do I have an immediate use for this?
- Can I get by without it?
- Do I have room in the house for it?

- Is this truly important?
- Would I feel the need for it in a hour/day/week?
- What are the advantages and disadvantages of acquiring it?

38  **RELAPSE PREVENTION**

- Review all skills and techniques.
- Review rules and establish future rules.
- Develop strategies to continue self-work.
- Identify social support and pleasurable maintenance activities.
- Develop strategies for setbacks.
- Schedule booster sessions.

39  **CONTACT INFORMATION**

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