HOARDING BEHAVIOR: THE PROBLEM WITH TOO MUCH STUFF

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CESP is a program of Institute on Aging, San Francisco. It is an accredited crisis intervention hotline/warm-line telephone program.

CESP’s PRIMARY service is the 24-hour Friendship Line, which began in 1973.

- **(800) 971-0016 Nat’l Line** – 24/hr Friendship Line for people 60+ and younger disabled adults
- Grief Services for people of any age
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Falls and the Elderly

• According to the CDC, falls in older adults are the leading cause of injury death and the most common cause of nonfatal injuries.

• In 2010, 2.3 million older adults were treated in emergency rooms for nonfatal fall injuries—one quarter of this group required hospitalization.
Self-Neglect

According to Atkinson and Nelson (1998):

• Self-neglect makes up the largest category of protective services investigations and substantiated cases
• Self-neglect is linked to issues of adaptation to loss and capacity for self-care..
• Self-neglect can be linked to depression and cognitive impairment in old age.
Definitions

• HOARDERS – Can be referred to as hunter/gatherers
• PACK RATS – Stockpile haphazardly and seldom use the things that are stored
• CLUTTERERS – An out of control need to accumulate things
• COLLECTORS – Orderly, systematic organization of things…often on display
Hoarding
Hoarding Defined by the DSM-V (2013)

Hoarding disorder is defined according to 6 Diagnostic Criteria:

A. – Persistent difficulty discarding or parting with possessions, regardless of their actual value

B. – This difficulty is due to a perceived need to save the items and due 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 compromises their intended use

D. – The hoarding causes clinically significant distress or impairment in social, occupational and other areas of life
Hoarding Defined Continued

E. – The hoarding is not attributable to another medical condition (e.g. brain injury, cerebrovascular disease)

F. – The hoarding is not better explained by the symptoms of another mental disorder (e.g. obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder)
Specifiers

• Approximately 80-90% of individuals with hoarding disorder display excessive acquisition
• The most frequent form of acquisition is excessive buying followed by acquisition of free items – stealing is less common
• Individuals who hoard typically experience distress if they are unable to or are prevented from acquiring items
Compulsive Hoarding

“The acquisition of and failure to discard possessions that appear to be useless or of limited value, accompanied by living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed and significant distress or impairment in functioning caused by the hoarding.” – Frost & Gross (1993)
Animal Hoarding

“The accumulation of such a large number of animals that the person is unable to provide minimal standards of nutrition, sanitation, and veterinary care for them all.” --- Patronek, G.J. (1999).

• Hoarders of animals are often unaware that they are harming them
• Research on animal hoarding is limited
Animal Hoarding

• Animal hoarders range in age, and can be men or women of any race or ethnic group. Elderly people may be more at risk, due to their own deteriorating health and isolation from community and social groups. One commonality between all hoarders is a failure to grasp the severity of their situation.
A Closer Look At Those Who Clutter

- **Hiding** may be what people who clutter are pursuing
- **Shame** may be what motivates their desire to hide
- **Fear, anger, sadness** are additional emotional obstacles
- **Most compulsive behavior** involves a kind of desperate longing to fill the holes in the soul (Moore, *The Inner Loneliness*)
- **Inner Loneliness** cannot be eased through clutter, people, possessions, games, achievement, work, television viewing, the internet, excessive exercise, etc.
Primary Characteristics of Hoarding

Three main types of problems:

1. Compulsive acquisition—junk mail, plastic containers, newspapers, food, animals etc.
2. Saving behavior or difficulty discarding possessions
3. Disorganization in many areas of life, but that mainly manifests in extensive clutter
According to the Self-Storage Association – 2012

• One in ten US Households (10.8 million) rent a self-storage unit – a 65% increase since 1995 when only 6% rented one.

• It can be a lucrative business. Self-storage companies generated $24 billion in revenue (2013), according to the SSA, an amount that gets divvied up among a handful of large companies—such as CubeSmart and Sovran Self Storage, which operates a chain called Uncle Bob’s—and 30,000 single-facility entrepreneurs.
Storage Units

• To put it in perspective, the industry has \textbf{48,500 locations across the country}, more than triple the number of McDonald's (14,350) restaurants, and generates $24 billion in revenue every year. That means that the warehouses, garages and pods holding your ski equipment and holiday decorations take up so much space they generate \textbf{$3.25\text{ billion in state and local property taxes}} each year.
Too Much Stuff

• Studies show that compulsive hoarding affects up to 6 percent of the population, or 19 million Americans, and it has been found to run in families.

• We have a problem when – we can’t easily find what we are looking for; awaken at night and think about our possessions; have so much stuff that we can’t remember what it is that we have;
Clutter

- Cluttered conditions may result from a variety of causes including physical fraility, dementia or hoarding behavior.
- Clutter becomes problematic when areas of the home cannot be used for their intended purpose.
- Possessions pose a safety hazard or endanger a person’s living situation.
Digital Clutter

• If we cannot find what we need, accumulating too many files on our computers, smartphones, tablets, and other becomes digital clutter

------Avadian & Riddle (2014)
So many people today are afraid to make choices. **We keep stuff because we’re scared to say, “No, this really isn’t important.”** We keep emails for the same reason. Deleting them seems so... final. So decisive. So *certain.*
Digital Clutter Continued

We use the same excuses in the digital world that we do in the “physical stuff” realm.

• “I might need that someday!”
• “I could use that again if I started doing such-and-such.”
• “It’s worth so much money, I can’t just get rid of it.”
• “But so-and-so gave that to me, and I don’t want to hurt their feelings.”
• “That’s what I have to remember so-and-so by!”
• “I like it, I just don’t have a place to put it yet. But when I move…”
What You Can Do with Digital Clutter

• If you find documents with the same name followed by numbers in parenthesis, like XYZ.doc(1) and XYZ.doc(2), they’re likely to be the same document that you’ve downloaded several times. Use Duplicate Cleaner, Easy Duplicate Finder, Double Killer, or Tidy Up (for Mac) to remove multiple copies of the same files.

• Schedule purging sessions at regular intervals (once/month, once/quarter) to remove your duplicates.
The Person Who Hoards/Clutters

• Because hoarding is a long-term behavior, it is seen particularly in the older adult. However, the hoarding behavior started decades earlier.

• Hoarders exhibit socially eccentric behavior.

• Is the behavior gender specific? Often seen in older women…(women generally outlive their male partners). No empirical data on gender.

• Hoarders are (generally) mentally competent.

• Hoarders exhibit an indifferent attitude toward their behaviors

• Hoarders don’t understand why anyone should be concerned about their behavior.
The Person Who Hoards/Clutters Continued

• Usually lacks self-care skills (but may appear well groomed in public).
• Perceives themselves to be socially isolated.
• The hoarder can see no difference between “treasure and trash.”
• Appears to be no socio-economic differences.
• Most do not meet the diagnosis for Obsessive/Compulsive Disorder but may have features.
• Hoarding behavior is increased in older people with dementia.
Age of Hoarding Onset

• In a study by Grisham, Frost, et al (2005), the mean age of any significant hoarding symptoms is 13.4 years

• It is not clear whether onset age might differ depending on the source of the sample
Age of Onset

• Hoarding symptoms may emerge around ages 11—15 years – this can start to interfere with the individual’s everyday functioning by the mid-20s – can cause clinically significant impairment by the mid-30s

• The severity of hoarding increases with each decade of life

• Once symptoms begin the course of hoarding is often chronic
Resistance and the Hoarder

- People with problematic hoarding behavior often refuse help.
- Researchers have found that it may be effective to help the clutterer sort through possessions rather than discuss discarding all the redundant material.
Underdiagnosed and Untreated

- Unlike some other mental-health disorders, many people with hoarding do not seek treatment,” says Michael Tompkins, a psychologist, the author of *Digging Out: Helping Your Loved One Manage Clutter, Hoarding and Compulsive Acquiring.* “They don’t recognize the consequences of their condition or the fact that it affects other people in their apartment building and community.”
Barriers to Mental Health Treatment

Treatment of older adult hoarders is subject to similar barriers and challenges that older adults with mental health needs in general face -- including:

- Difficulties in Medicare and Medicaid reimbursement for mental health treatment
- Lack of accessibility
- Older adult’s stigma with mental health needs
Barriers Continued

• Lack of Education
• Older people hold the attitude that seeking mental health services is a sign of personal weakness
• Associate mental disorders with personal and spiritual failure
• Limited understanding of the causes of mental health disorders
Hoarding and Life Events

In their study, Tolin et al (2010) reported:

• The incidence of stressful or traumatic life events was quite high
• 76% of the present sample endorsed a history of interpersonal violence compared to 32% of women in the general population
Of the 751 subjects (primarily white and female) in Tolin Study

- Loss of or change in relationships -- Frequency 703 (94.2%)
- Loss of or damage to possessions – Frequency 457 (61.3%)
- Interpersonal Violence – Frequency 567 (76.0%)
- Employment or financial problems – Frequency 523 (70.1%)
Shame: An Impotence-Making Experience

• To the person who hoards/clutters, it feels as though there is no way to relieve the inner pain – except to hide within the clutter.

• One has simply failed as a human being.

• There is nothing they can think of to do to make up for this dreadful feeling.
Shame/Rage

- The greater the individual’s shame, the more savagely and frequently they rage.
- Rage increases the experience of shame.
- Shame, however, cannot be eliminated by raging.
- This shame/rage spirals into misery.
- This misery continues feeding the conflict that one feels with the world/family/caregivers.
- Until the pattern of shame/rage can be broken, the person may: (1) be emotionally/physically abusive; (2) dependent on alcohol and other substances; and (3) experience suicidal thoughts.
Inquiring about Clutter

Be non-judgmental when you ask these questions:

• Are you reluctant to have people come over because of clutter in your living space?
• Are you able to use your kitchen appliances?
• Is there a place to sit down and eat?
• Do you have to move things off the furniture to sit?
• Are you able to sleep in your bed?
• Are there clear pathways to the bedroom and bathroom?
Questions Continued

• Can you easily use your toilet, tub and shower?
• Do you have trouble finding things because of too much “stuff” in your home?
• Have you fallen over the clutter in your home?
• Are you behind in paying your bills because you cannot find your mail?
Helpful Things to Say

According to Zasio (2011):

“I know this is hard for you.”

“Let me know how I can help.”

“You don’t have to fix this problem overnight.”

“Let’s find ways to simplify the process.”

“Don’t look at the bigger picture. Take baby steps.”
Tips – The Do’s

• Establish a positive relationship
• Maintain respect
• See their point of view (use empathy)
• Name the problem and define the standards (e.g. at this facility there are safety codes that we have to meet for the protection of all residents, etc.)
• Help them maintain some sense of control over the setting
The Do’s Continued

- Help in setting goals
- Establish boundaries, time frames for getting this started
- Work collaboratively
- Offer physical help/emotional support
- Be persistent
- Use a soft, gentle approach; let the person tell their story
- Respect the meaning and attachment to possession by the person – may be as intense as human attachment
- Be calm factual, caring and supportive
- Praise effort often and sincerely
The Do’s Continued

• Offer referrals to professional organizers if needed
• Gently suggest the importance of professional help such as – grief counseling, individual therapy, 12-step program, physician, psychiatrist
• Family intervention
Psychic Clutter

• Fears
Fear of Letting Go

Ralph Waldo Emerson – “You must let go of a thing for a new one to come to you.”

• Clutterers fear letting go of things because it involves taking a risk.

• Despite many offers for help over the years clutterers hold on to their overwhelming possessions and resentments – they move farther and farther away from help.
Vision

According to William Penn Mott Jr., California State Park Director:

“A vision is a powerful thing. It is a dream based on clear perceptions of the future combined with a commitment to take the necessary steps to make it happen.”
The Role of Spirituality

Mel Ash, *The Zen of Recovery*, has said: “In surrendering to one’s own original sense of order and harmony, one’s compulsion is abated.”

- Recovery from clutter is more than removing “stuff” from our living space.
- It is removing old ways of thinking and believing from our minds in order to free our souls.
A Clutterer’s Approach to Fixing Things

• In one word – MORE – more of everything physical

• Clutterers put their faith in broken chairs, unusable cabinets, more money, different relationships, stacks of newspapers, engines from cars, and so on.

• They clutter their souls with resentments, fears, shame, and grudges because they believe that no one can help them.
Treatment

- Cognitive Behavioral Therapy – Positive results; 70% of patients respond to talk therapy based skills training and motivational interviewing

- Antidepressant Medication – Mixed results; Don’t know the neurological source for hoarding

- Exposure and Response Prevention (ERP) – Poor results; Hoarders forced to discard their stuff responded poorly to this approach and resisted further treatment
Components include:

- Education
- Motivational Interviewing
- Treatment for organizational problems
- Training in decision-making
- Exposure to non-acquiring & discarding
- Cognitive restructuring to change patterns of faulty thinking
THE REALITIES OF CHANGE

• It is important to give people opportunities to talk about their process.
• Most change does not occur overnight.
• Change is best viewed as a gradual process with occasional setbacks.
• Difficulties and setbacks can be reframed as learning experiences rather than as failures.
People and Change

• Most people use their best problem-solving strategies to get their needs met, even if these strategies are dysfunctional
Changing A Difficult/Resistant Person

• To change a difficult person, you must first change yourself – your way of thinking about the person and your way of responding to the familiar provocations
• Ask yourself, “What does difficult mean?”
• Re-examine our expectations of others
Motivational Interviewing: What Is It?

• A method for helping people recognize problems or potential problems
• Intended to help resolve ambivalence and to get a person moving along the path to change
• Persuasive and supportive rather than argumentative and confrontational
Miller & Rollnick

• “Motivation is a state of readiness to change, which may fluctuate from one time or situation to another. This state is one that can be influenced.”

• Motivation is best viewed as a probability of a certain behavior
Building Motivation for Change

• Express Empathy – Shows acceptance and increases the chance of developing a rapport

• Develop discrepancy – Enables the client to see that the present situation does not fit into their values and what they would like in the future
Building Motivation

• Avoid Argumentation – Encourage a conversation rather than a confrontation
• Roll with Resistance – Prevents a breakdown in communication and allows the client to express his/her views
• Support Self-Efficacy – If a client believes that he/she has the ability to change, the likelihood of change to occur is increased
Spanish Proverb

“An oak is not felled at one blow”
Recommendations

- Develop an assessment and/or crisis team
- Increase access to treatment
- Expand support groups
- Create a service roadmap and establish a single point of entry
- Develop evaluation guidelines for landlords & tenants
- Provide long-term case management services
- Offer training
The Team Approach

• Many programs use a team approach that may include a landlord, a home-health nurse, a code enforcement officer, firefighters, a family member, a neighbor and a social worker.

•
Successful Hoarding Team Work

Dependent on several key components:

- How well team members work together to address multiple issues such as role conflict, their knowledge of hoarding, and team roles and lack of agency representation
- Agency policies that define the scope or extent of a team members’ involvement in a hoarding case
- External support for the hoarding team
- Team members capacities to develop trust with older adults as hoarders
Older Adult’s Right to Refuse Mental Health Services

• Critical Barrier to addressing hoarding behavior – the older adults’ right to refuse mental health service

• Team members cannot force older adults’ use of mental health services when they are considered mentally competent to make their own decisions
Summary According to Koenig (2013)

- Hoarding is a complex behavior that represents a coping mechanism that we do not fully understand.
- Its complexity requires responses that involve collaboration among many different professionals and systems that do not normally work in close proximity.
- We need to continue to pursue careful exploration of these teams’ experiences to produce more reliable approaches to address problems facing communities with hoarding behaviors.
Reading List


• Compulsive hoarding and acquiring: Therapist guide and workbook by Steketee and Frost (2007).

• National study group on chronic disorganization Clutter Hoarding Scale (2003) NSGCD@nsgcd.org
Reading List


• Clutter Busting: Letting Go of What’s Holding You Back. (2009). Brooks Palmer

• Clutter Busting Your Life: Clearing Physical and Emotional Clutter to Reconnect with Yourself and Others. (2012). Brooks Palmer

Reading List

- **Stuff: Compulsive Hoarding and the Meaning of Things.** (2010). Randy Frost and Gail Steketee
- **Digging Out: Helping Your Loved One Manage Clutter, Hoarding & Compulsive Acquiring.** (2010). Michael Tompkins and Tamara Hartl
References


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