

Introduction to Clutter and Hoarding  
for Clinicians and Healthcare Providers

December 2, 2021  
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Special Thanks

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Objectives

- Pre-test
- Hoarding definition and description
- Identify causes of HD
- Differentiate between hoarding and collecting
- Assessment tools for HD
- Interventions and treatment for HD

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Pre-Test



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Pre-Test 1: Hoarding behaviors usually start around age?

- A. 15
- B. 39
- C. 45
- D. 65

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Pre-Test 1: Hoarding behaviors usually start by age?

- A. 15 **Between ages 11 and 15 for most people**
- B. 35 **By age 35, clinically significant impairment (diagnosable)**
- C. 45
- D. 65 **By age 65, many people with hoarding disorders are isolated and have lost family and friends because of their behaviors.**

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**Pre-test 2: Hoarding MOST often co-occurs with...?**

- A. Dissociative Identity Disorder
- B. Antisocial Personality Disorder
- C. Major depression or anxiety disorders
- D. Thought disorders, such as schizophrenia
- E. All of the above

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**Pre-test 2: Hoarding most often co-occurs with...**

- A. Dissociative Identity Disorder
- B. Antisocial Personality Disorder
- C. **Major depression and/or anxiety disorders**
- D. Thought disorders, such as schizophrenia

Source: Pagano, 2018

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**Pre-test 3: The reason so many elderly people hoard is that they experienced the Great Depression.**

True

False

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Pre-test 3: The reason so many elderly people hoard is that they experienced the Great Depression.

**False** It *appears* that a disproportionate number of older adults hoard, but hoarding is a *progressive* condition that begins in adolescence. Most people who experienced the GD did not become hoarders later in life.

Source: Beyond the Sensationalism, p.2

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Pre-Test 4: A mass clean-out, involving garbage bags, shovels and dumpsters, is the best way to solve an extreme hoarding problem.

True

False

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Mass Cleanout

**False** Mass cleanouts help improve the property, but they can significantly traumatize the person with HD. Separating from “treasures” is traumatizing to persons with HD.

Source: Beyond the Sensationalism, p. 4

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Hoarding: Definition and Description



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DSM-5 Criteria for Hoarding Disorder (F42.3) (partial)

- A. The persistent difficulty of discarding or parting with possessions, **regardless of their actual value.**
- B. The difficulty is the result of a **perceived need** to save the items and **distress** associated with discarding them.
- C. Hoarding behavior results in the **accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use and potentially impacts safety.**

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DSM-5 Criteria, cont.

- 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.  
Areas that may be effected include:
  - Getting to work
  - Socializing and maintaining friendships
  - Creating economic hardship because of needed renovations and cleanup costs

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What causes hoarding?



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Causes

- BIO
- PSYCHO
- SOCIAL or environmental causes

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Hoarders have unique cognitive processes.

- Attention deficit; lack of focus
- Categorization—longer, anxiety, piles
- Memory & recall
- Processing speed slower
- Decision making slowed by perfectionism



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### PSYCHOlogical Contributors to Hoarding

- Co-morbidities complicate treatment
- Loss of executive function with traumatic events
- Often have Cognitive Distortions (e.g., “Why bother? I’ll never make progress.” and “It’s really not that bad”)
- Loss of personal property = loss of identity/security

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### Hoarding is a (dysfunctional) strategy for mood management.

**ACQUISITION provides:**

- A rush, boost, high
- A sense of satisfaction, victory
- A sense of identity (I am what I own)

**SAVING/HOLDING ON prevents:**

- Regret, remorse, doubt
- Guilt from passing up a “good deal”
- A sense of loss & vulnerability

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### Trauma and Hoarding Disorder

- Trauma histories are very common among HD. (Muroff, Underwood, Steketee, 2014)
- HD sufferers report a greater frequency and greater number of types of traumatic events than controls. (Hartl, et al, 2005)
- There is a correlation between the number of childhood traumatic events and the severity of hoarding. (Cromer, Schmidt & Murphy, 2007)



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### SOCIAL Contributors to Hoarding

- Learned hoarding behavior from (hoarded) childhood environment
- Childhood trauma increases risk for developing HD
- Consumer society/culture encourages purchasing and excessive purchasing (BOGO)



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### Consumer-Oriented Culture

- Retail stores: *Sales! Coupons! "VIP" status! BOGO!*
- Discount retail stores: *The deeper the discount, the better! 5 for \$5! Too good a bargain to pass up!*
- Thrift stores/consignment shops: *I can't believe someone got rid of this. I lucked out! I'll never find a bargain like this again. I'm helping the poor.*
- Garage sales, church tag sales, school/scout/team fundraisers
- Internet, TV, and catalogs

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### Who hoards?

- 1:20 in general population have significant hoarding struggles (Summit Co=24K)
- Gender ratio skews toward males; compulsive buyers disproportionately female. Females live longer, seek help.
- Cuts across all SES, education, cultures, races



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### Collecting vs. Hoarding

#### COLLECTING

- Goal oriented: budgeted time and money
- Safe location, damage awareness
- Pride: showing off collection
- Organized, good condition
- Enjoy conversations about the collection; may bring it up in conversation

#### HOARDING

- Impulsive, unplanned
- No \$ gain; \$ loss, unbudgeted
- Possessions are MIA; objects create clutter
- Embarrassment, shame
- No organization or object maintenance

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### ASSESSMENT and ASSESSMENT TOOLS

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### How do we assess for Hoarding Disorder?



- Client & collateral report (family, home health staff, case workers, etc.)
- Video or photographs of client's home (yard, garage, car, workspace)
- Reports from helping agencies can balance client's self-report, such as Adult Protective Services and the Health Department

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**Assess**

- **Safety** of all (including pets), resident, visitors
- **Insight** into their situation; denial; minimization
- **Stages of Change** many stuck in pre-contemplative and contemplative stages
- **Financial resources** to pay for services

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**Signs of Hoarding**

- Blocked/cluttered exits
- Impaired pathways, stairway ("goat paths")
- Difficulty discarding items
- Losing important items in clutter
- Duplicate items
- Rodent/insect infestation
- Rotting food and/or used food containers
- Non-working or non-functional appliances, utilities
- Piles of "free" items (pens, note pads, cups, etc.) from community fairs or from "trash day"
- Not inviting in family/friends because of shame or embarrassment
- Strong emotional attachment to objects

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**Assessment Tools for Hoarding Disorder**

<p><b>Psychological Assessments</b></p> <ul style="list-style-type: none"> <li>• Structured Interview for Hoarding Disorder (Pertusa, et al, 2013)</li> <li>• Hoarding Assessment Tool (Steketee &amp; Frost, 2007)</li> <li>• Saving Inventory Revised (SI-R) (Frost, Steketee, &amp; Grisham, 2004)</li> </ul>	<p><b>Home &amp; Environment Assessments</b></p> <ul style="list-style-type: none"> <li>• Institute for Challenging Disorganization (ICD) <u>Clutter-Hoarding Scale</u></li> <li>• Activities of Daily Living-Hoarding Scales (ADL-H) (Steketee &amp; Frost, 2007)</li> <li>• HOMES Multidisciplinary Hoarding Risk Assessment (Bratiotis, 2009)</li> </ul>
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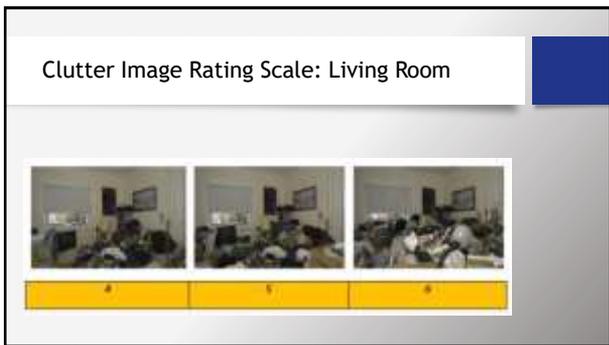
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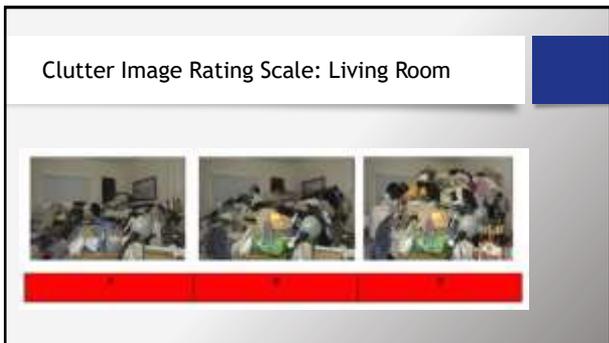
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### Hoarding Rating Scale\*

Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your home?

0	1	2	3	4	5	6	7	8	9	10
Not at all	Mild	Moderate	Severe	Extremely Difficult						

\*Philadelphia Hoarding Task Force - Assessment Tools

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### INTERVENTION/TREATMENT

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### Hoarding Disorder: Grossly Undertreated

- Underreported (secrecy, ambivalence, stigma, shame)
- **Lack of trained mental health professionals!!**
- Cleanup can be very costly and takes a long time (up to 2 years and \$10,000s)

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**General Goals for Client**

- Improve decision-making abilities
- Increase distress tolerance
- Increase/establish living space abilities
- Increase appropriate use of living space



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**Intervention Tools and Methods**

- Cognitive Behavioral Therapy
- Motivational Interviewing
- Exposure Therapy
- Skills Training
- Group/Family Therapy
- Medication (depression, anxiety, ADHD)
- Case management
- Self help (Buried in Treasures)

▶ Harm Reduction

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**Harm Reduction Approach/Mindset**



- Not necessary to completely clear out the home
- Small, achievable goals that focus on **safety and increased accessibility**, such as
  - Working smoke detectors
  - Clear hallways, stairs, doors, and windows
  - Working appliances
  - No waste, garbage, rotted food

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### Cognitive Behavioral Therapy for Hoarding Disorder

- Home and office visits
- Goal
  - Improve positive behaviors by addressing dysfunctional thoughts and feelings that are obstacles to change
  - Identify core belief (ex. More things = greater safety; discarding objects= discarding memories)



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### Motivational Interviewing (MI)

- Non-confrontational approach
- Throughout treatment
- Helps the client connect their values, goals and behavior
- Tip the scales of ambivalence in the direction of change
- Increase client's confidence in their ability to change



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### Examples of Motivational Interviewing Strategies

(Frost, 2013; Miller & Rollnick, 2013)

- Open-ended questions; have them elaborate
- Provide reflection and neutral feedback
- Identify change talk ("I probably should...")
- Help client identify personal goals (e.g., "What do you want your house to look like prior to your son's graduation party?")
- Identify the discrepancy between current behavior and values/goals ("You want your grandchildren to visit, but your daughter doesn't feel it's safe here....")

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### Skills Training

**Improve ATTENTION**

- Helpful strategies include:
  - Use of a timer
  - Having another present to gently redirect attention to task
  - Leave only immediate working area visible to decrease distractibility (e.g., using tarp, sheet to cover other piles)

**Improve CATEGORIZATION**

- Teach clients how to organize by categories they can remember
  - Trash, sell, donate, etc.

**Improve DECISION MAKING**

- Addresses perfectionism and fear of mistakes that impede decision making
- Help client identify distorted beliefs
- Help client to become comfortable with ambivalence

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### EXPOSURE Techniques to Reduce Distress Intolerance

- Those with HD have low distress tolerance regarding discarding and impulsive buying.
- Developing exposure experiments helps the client to get used to greater and greater anxiety regarding discarding and impulsive buying.
- Start with easy exposure and work up
  - Example: 5 minutes in the store without purchasing; 5 minutes to select one item to discard




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### Buried in Treasures Treatment Group

- Based upon the book, *Buried in Treasures*, by Steketee, Frost, & Tolin (2<sup>nd</sup> ed, 2013)
- 15 sessions over 20 weeks
- Peer-facilitated, using BIT facilitator's guide
- Highly structured, step-by-step
- Results are comparable (or better) to individualized CBT-HD
- Addresses some of the biggest obstacles to treatment access
  - Lack of trained mental health professionals
  - Cost




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### Medication for Hoarding Disorder

- Evidence is mixed; even if a positive response, not nearly as robust as in other disorders
- Rx may be helpful in lifting mood and lowering anxiety to do the behavioral work of bx
  - Might help in the decision-making process
- Some respond to OCD meds: Luvox, Prozac, Zoloft, Paxil
- Neuroleptics as an adjunct (Risperdal, Zyprexa, Seroquel)

Buried in Treasures, p. 8

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### The Role of Helpers in the Treatment Process

- May be family, friend, peer, volunteers, professional
- Educated in hoarding disorder
- Emotional support; cheerleader
- Help client stay focused on tasks
  - Timer
- Help with hauling out discarded stuff
- Go with client on “window-shopping” non-acquiring trips (exposure activity)
- Make check-up visits to keep client goal directed and focused

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### Rules for All Helpers

- DO NOT** sneak things out of the client’s home—EVER!!!
- Do not argue.
- Ask permission to touch or move possessions.
- Learn client’s rules and honor them.
- Show empathy; this really isn’t about “stuff”—it’s about identity.
- Watch your language (e.g., “junk”, “trash”).
- Take care of yourself.
- DO NOT** sneak things out of the client’s home—EVER!!!

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### Resources on the Web

- Clutterers Anonymous: [www.clutterersanonymous.net](http://www.clutterersanonymous.net)
- Messies Anonymous: [www.messies.com](http://www.messies.com)
- Clutterless Recovery Groups, Inc.: [www.clutterless.org](http://www.clutterless.org)
- Children of Hoarders: [www.childrenofhoarders.com](http://www.childrenofhoarders.com)
- National Organization of Professional Organizers: [www.napo.net](http://www.napo.net)
- National Study Group on Chronic Disorganization: [www.nsgcd.org](http://www.nsgcd.org)
- Hoarding of Animals Research Consortium (HARC): [www.tufts.edu/vet/cfa/hoarding/index.html](http://www.tufts.edu/vet/cfa/hoarding/index.html)
- International Obsessive Compulsive Foundation: [www.iocfoundation.org](http://www.iocfoundation.org)
- Alzheimer's Association: [www.alz.org](http://www.alz.org)

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### Resources: Books

- Bratiotis, C. et al. (Spring 2016). *Beyond the Sensationalism: Professional Responses to Hoarding Disorder in the Omaha Community.* Univ of Nebraska, Grace Abbott School of Social Work.
- Bratiotis, C., Sorrentino-Schmalisch, C., and G. Steketee. (2011). *The Hoarding Handbook: A Guide For Human Service Professionals.* Oxford University Press.
- Frost, RO and G. Steketee. (2010). *Stuff: Compulsive Hoarding and The Meaning of Things.* Houghton Mifflin Harcourt Publishing Company.
- Pagano, Anne, (October 2, 2018). *Hoarding Disorder: A Collaborative Community Approach.* [www.HoardingDisorderGroup.education](http://www.HoardingDisorderGroup.education)
- Steketee, G., and RO Frost. (2007). *Compulsive Hoarding and Acquiring: A Therapist's Guide.* Oxford University Press.
- Steketee, G., and RO Frost. (2007). *Compulsive Hoarding and Acquiring: Workbook.* Oxford University Press.
- Tolin, DF, RO Frost, and G. Steketee. (2007). *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding.* Oxford University Press.
- Tompkins, MA. (2014). *Clinician's Guide to Severe Hoarding: A Harm Reduction Approach.* Springer
- Tompkins, MA & T.L.Hart. (2009). *Digging Out: Helping Your Loved One Manage Clutter, Hoarding, & Compulsive Acquiring.* New Harbinger Publications.

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### Summit County Resources

- **INFO:** 211 INFO LINE or ADM Board [www.admboard.org](http://www.admboard.org) > Community Partnerships > Hoarding Task Force
- **Assessment** (SCCS, APS, Health Dept, City of Akron Housing, Fire Dept, City Building Inspector)
- **Counseling:** Portage Path, CSS, Vantage Aging, Greenleaf, Coleman Services
- **MINOR Cleanup:** Vantage Aging, Health Dept, Adult Protective Services



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Questions?

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