



JFCFS

STRENGTHENING LIVES
SINCE 1855

Hoarding Support Program

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Learning Objectives

- What is Hoarding Disorder & Why are we talking about it?
- What are HIP programs?
- Clutter Image Rating Scale and how to utilize it.
- Resources Available

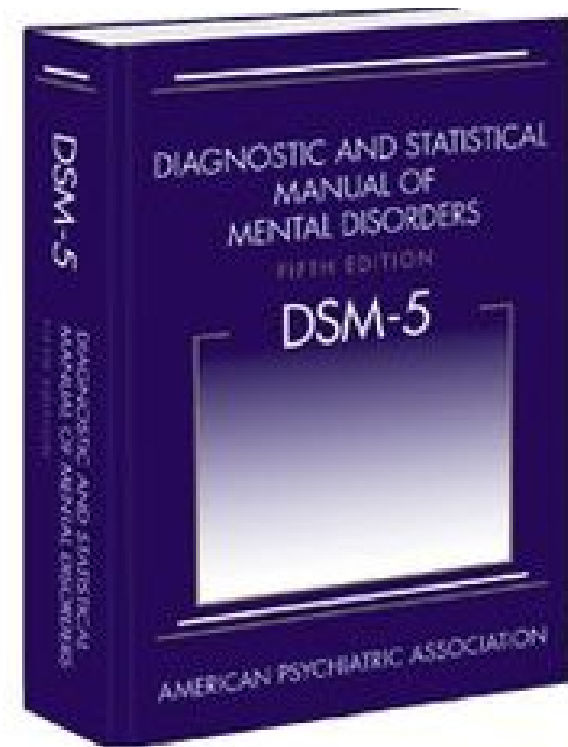


Hoarding Disorder

Hoarding Disorder Definition

American Psychiatric Association DSM-V

1. Difficulty discarding
2. Accumulation of Stuff that Prevents Normal Use of Space
3. Distress or Impairment
4. Not some other medical condition
5. Not some other mental health condition



DSM-5
2013

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Origin of the Program

- JFCS Older Adults Care Management team identified Hoarding Disorder as an ongoing concern impacting the aging population from aging in place.
- JFCS Care Managers often assisted with clean out services, extermination services, and referrals to other resources.
- JFCS identified this as a need to be addressed and understood the complexity of Hoarding Disorder.
- In 2014, JFCS sought out funding to develop a program....and the rest is history.



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PREHISTORIC HOARDER



Hoarding Prevalence

- Estimates are that hoarding behaviors affect between **2 - 5%** of the population.
- The 5% rate is 2x the rate of OCD & 4x the rate of bipolar and schizophrenia.
- In Philadelphia, this is between **23,600-59,000** adults.
- Hoarding behaviors usually start in adolescence and often become more problematic with age.

Co-Occurring Disorders

- Depression
- Social phobia
- OCD
- Personality Disorders, OCPD
- Generalized Anxiety Disorder (GAD)
- Schizophrenia
- ADHD
- Acquisition-Related Impulse Control Disorders
- Eating Disorders
- Brain Injury
- Traumatic Life Events (not PTSD)
- Alcohol Dependence
- Prader-Willi Syndrome
- Developmental Disabilities
- Dementia
- Organic Mental Disorders

92% of individuals with Hoarding Disorder have a co-occurring disorder



Hoarding Risk Factors

- Age
- Race/Ethnicity
- Gender
- Income
- Other contributing factors

IMPORTANT: there is not a “typical” description of a person who hoards. Hoarders are from all backgrounds, ages, socioeconomic status, gender, ethnicity & race.

Why Hoarding Disorder

PHTF recognizes the impact of hoarding on the individual and the community.

- ***For the individual:***

- Conflict with loved ones over clutter
- Risk of death, injury or serious health condition
- Overwhelmed and exhausted by clutter
- Unable to prepare or store food
- Unable to have friends and family visit
- Risk of citation, eviction, utility shutoff
- Unable to return home after hospitalization
- Financial problems due to cost of acquiring and storing belongings
- Mental health problems, especially depression
- Shame, embarrassment, defensiveness

- ***For the community:***

- Landlords & neighbors: Disrepair, maintenance hazards, infestations, citations
- Code enforcement: Structural damage, blocked exits, citations and condemnation
- Emergency Responders: Fire hazards, Lack of access for medical personnel
- Health Department: Infestations, health hazards
- Senior Services: Removal of older adults, delayed discharge from hospitals
- Child Protective Services: Removal of children
- Animal Protective Services: Removal of animals

Who is impacted?

- Individuals 65+ are able to access in-home support services.
 - Homeowners
 - Subsidized Housing
 - Private landlord residences
- Care Managers and other associates.
- The community & our partner organizations through trainings and resources.
- Philadelphia Hoarding Task Force.
- Family members of those who hoard.

What do Hoarding Intervention Programs do?

- Hoarding Intervention Programs focus on the person, not the STUFF.
- We provide in-home support, our approach is hands on, and intensive.
- Assessment, treatment planning, and evaluation.
- Overall goal to support older adults age in place, program dependent.
- Safety
- Buried In Treasures Support Groups
- Training & Education

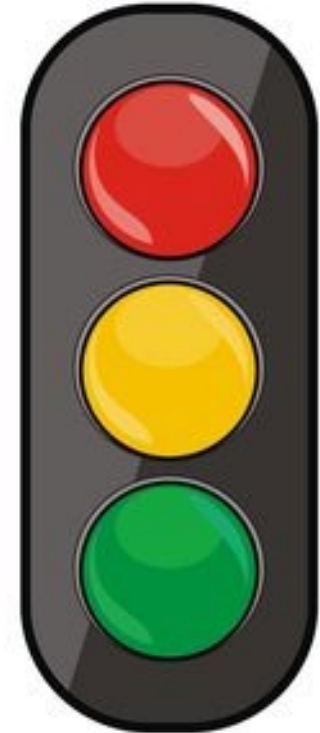


How do these programs provide support?

Four Tiered Approach

- 1: Safety First
- 2: Utilize space for intended purpose
- 3: Organization, specific client goals for residence
- 4: Transition to discharge & Prevention Relapse (always occurring)

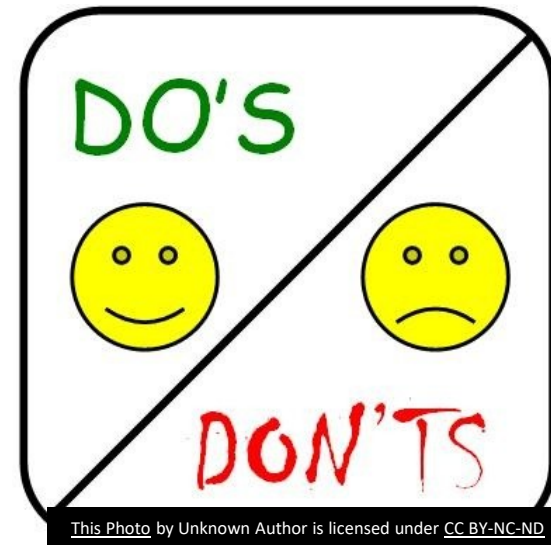
- Provide therapeutic intervention: Cognitive Behavioral Therapy, Motivational Interviewing, Harm Reduction, Supportive Counseling.
- Skill building and using the Keep, Maybe, Discard pile system.
- Build a team around the client, including family & natural supports, mental health professionals, psychiatry, home health agencies, other appropriate referral sources.
- *Ex: A client who has an average CIR of 6 took 95 visits and 127 hours in home.*



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Engaging Individuals: Dos and don'ts

- **DO** utilize the same language and descriptors the client uses to describe their items or clutter, such as “collections”, “things”. These are items of value to the individual and we want to validate their feelings and beliefs.
- **DO** consider safety first rather than discarding items.
- **DO** identify strengths rather than barriers and utilize positive, encouraging language.
- **DON'T** use language that can be perceived as judgmental or negatively defines their possessions. (“trash”, “junk”, “mess”, etc.). Be cautious of your non-verbal cues!
- **DON'T** engage in a power struggle regarding objects and be aware of suggestions to discard perceivably valuable items, even well intended suggestions may have a negative impact.
- **DON'T** touch personal possessions with permission.





Engagement

ACES

- **Action Words**
 - **Curious Questioning**
 - **Empathetic Statements**
 - **Statements of Concern**
- Use these to build **rapport** and **trust** which are imperative.

COVERED HEATING VENTS
MAY CAUSE FIRES

HOARDING MAY IMPEDE
FIRST RESPONDERS

BIOLOGICAL FLUIDS MAY
CONTAIN PATHOGENS

HEAVY LOADS MAY
LEAD TO COLLAPSE

UNTREATED MOISTURE MAY
WEAKEN FLOORBOARDS

CLUTTER MAY BLOCK EXITS
IN CASE OF EMERGENCY

THANK YOU

- <https://www.jfcsphilly.org/>
- <https://www.jfcsphilly.org/fromchallenge-tohope>
- <http://www.philadelphiahoarding.org/>

Philadelphia Hoarding Task Force Handouts & Assessment Tools

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