

“SAFETY DAY- A TRAUMA-INFORMED APPROACH TO HOARDING CLEAN OUTS”

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MYTHS ABOUT HOARDING DISORDER

- *“She’s just lazy.”*
- *“He refuses to clean.”*
- *“Those people just won’t change.”*
- *“Just take it one room at a time and it’ll be no problem at all!”*
- *“You’re not even trying!”*
- *“I’ll clean the house while he’s gone and give him a fresh start.”*
- *“Those people are pigs – disgusting – crazy – sick – there’s nothing wrong with them, they just need to knock it off.”*

CONSEQUENCES OF ACTING ON THESE MYTHS

- Communities that clean out homes over and over again – spend too much money, get frustrated at lack of results, get stuck in legal problems and court cases.
- Relationship losses for individual who hoards, family members and friends, neighbors, communities.
- Anger, disgust, humiliation, shame, guilt, hurt, frustration, lack of trust, broken relationships, *potential re-traumatization of person who hoards.*
- Waste of money, time and human resources
- In the end, we are back where we started – a home that is hoarded and unsafe for the homeowner and the public.

WHAT TO DO?

- Keep in mind that Hoarding Disorder is a mental health disorder that has public safety implications.
- Unless we address both the mental health disorder AND the public safety concerns, we will not have sustainable and effective treatment that supports the person who hoards and those who are impacted by their behaviors.

OBJECTIVES

- Today we will:
 - Develop an understanding of Hoarding Disorder
 - Understand why current community responses to hoarding do not work
 - Learn of a more effective, sustainable and affordable approach to hoarding cleanouts
 - Understand what will happen if we do not change our approach to hoarding disorder
 - Harm reduction approach
 - Application of Disaster Psychology to Hoarding Cleanout Interventions
 - Safety Day Intervention Process
 - Implications

FIRST, LET'S GET CLEAR ON HOARDING DISORDER

BACKGROUND ON HOARDING DISORDER

WHAT IS HOARDING DISORDER?



Quick answer: With the DSM5 hoarding disorder is a diagnosis, the common definition has 4 parts:

1. Excessive acquisition of stuff*
2. Difficulty discarding possessions due to the "role" of the hoard.
3. Living spaces that can't be used for their intended purposes because of clutter
4. Causing significant distress or impairment (Frost & Hartl, 1996)

*Not universal in all people who hoard

HOW MANY PEOPLE HOARD - 1 IN 20

■ About 2-5% of the population hoard, which is about 15 million people in the U.S., on the high end (Frost et al., 2002; Samuels et al., 2000)



**ARE SOME PEOPLE MORE LIKELY TO HOARD THAN OTHERS
CONT'D?**

Research projects that

- **Older people hoard more than younger people** (Samuels, et al. 2008)
- **People with lower income hoard more than people with higher income** (Samuels, et al. 2008)
- **Gender differences?**

- Self-reported childhood adversities were associated with hoarding
- Lack of security
- Excessive physical discipline
- Parental psychiatric symptoms (mania, depression, and heavy alcohol use) were associated with hoarding
- Chaotic upbringing = may seek security in collecting and saving a large amount of possessions.
- Strong emotional attachment to possessions may be a response to poor attachment to parents during childhood

ARE SOME PEOPLE MORE LIKELY TO HOARD THAN OTHERS?

- **People with lower income hoard more than people with higher income** (Samuels, et al. 2008)
- **Gender differences?**



WHAT'S THE DIFFERENCE BETWEEN CLUTTER, COLLECTING, AND HOARDING?

CLUTTER: POSSESSION ARE DISORGANIZED AND MAY BE ACCUMULATED AROUND LIVING AREAS



No major difficulty with excessive acquisition AND no major difficulty discarding items
Can carry on normal activities in home

COLLECTING: EXISTING AND NEW POSSESSIONS THAT ARE PART OF LARGER SET OF ITEMS



Display does not impede active living areas in home

HOARDING:
POSSESSIONS BECOME UNORGANIZED PILES OF CLUTTER
PREVENT ROOMS FROM BEING USED FOR NORMAL ACTIVITIES



Motivation to display items: lost

ARE THERE OTHER MENTAL HEALTH ISSUES RELATED TO HOARDING?

- **Yes**, hoarding disorder must be considered a co-occurring disorder and is associated with another mental health diagnosis 92% of the time (Frost et al., 2011)
 - 57% Major depressive disorder
 - 29% Social phobia
 - 28% Generalized anxiety disorder (Frost et al., 2006)
 - 30-40%: OCD (e.g. Samuels et al., 2007)
 - 31%: Organic Brain Illness
 - 30%: Personality Disorders (Mataix-Cols, et al., 2000)
 - 20%: ADHD (e.g. Sheppard et al., 2010)
 - Dementia (Swang et al., 1999)
 - Eating Disorders (Frankenburg, 1984)
 - Substance abuse (Samuels et al., 2008)

BIO-PSYCHO-SOCIAL

The **BIOPSYCHOSOCIAL** model of Hoarding Disorder

Hoarding behavior arises from a variety of external and internal variables that are **biological, psychological, and social** in nature.

We can't talk about one of these pieces without talking about the others!

Biological

Biological:

- Family History
- Medical background
- Information processing deficits

▪ Over 50% of a sample of severe hoarding participants had a first degree relative with hoarding problems (Patterson et al., 2006)

Family history/genetic link

- Hoarding Disorder is a clearly familial condition with a large correlation between hoarding behaviors and having at least one first-degree relative who hoards

▪ Sibling studies have also confirmed hoarding to be familial, but unable to determine genetic or environmental (Fisher et al., 2007; Cassano et al., 2007; Nestor et al., 2007)

PSYCHOLOGICAL

Psychological

- Co-morbidity
 - Depression
 - Anxiety
 - OCD
 - ADHD
 - Personality Disorders
 - Severe and Persistent Mental Illness (SPMI)

Psychological Cont'd

<p style="text-align: center; font-weight: bold; font-size: 0.9em;">Role of the hoard</p> <ul style="list-style-type: none"> ▪ Feelings toward object: Memory-related concerns ▪ Desire for control ▪ Responsibility and waste ▪ Aesthetics ▪ Hoarding behaviors can be reinforced over time <small>(Frost & Heim, 2009)</small> ▪ Acquiring things makes us feel good, so we want to do more of it ▪ Getting rid of things makes us anxious, so we want to do less of it ▪ Mental health/emotional distress: ▪ Poor coping/self-care ▪ Co-morbid mental health conditions ▪ Unresolved trauma and loss 	<p style="text-align: center; font-weight: bold; font-size: 0.9em;">Memory</p> <ul style="list-style-type: none"> ▪ Impaired delayed recall (both verbal and visual) and use less effective visual recall strategies <small>(Frost, 2011)</small> ▪ When asked to make decisions in an MRI machine: <ul style="list-style-type: none"> ▪ Greater activity part of brain associated with effortful memory search and retrieval ▪ Less in region associated with working memory <small>(Frost, et al., 2011)</small> ▪ Reported relying more on visual recall (remembering where an item was last seen) instead of categorical recall (remembering where a certain category of item is usually placed) <small>(Frost, 2011)</small>
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Social

Social

- Unresolved trauma and loss
- Major life events, transitions
- Societal messages
 - Stigma
- Family relationships
 - Dynamics
 - Relational patterns
 - Closeness, flexibility, communication, conflict, satisfaction

SECOND, LET'S GET CLEAR ON THE PROBLEM

CURRENT COMMUNITY RESPONSE TO HOARDING

- Hoarding is a mental health disorder that has public safety implications.
- Generally, communities wait until a home is significantly hoarded, the city then gets involved – no mental health support is provided. If the homeowner cannot or will not clean the home, a forced cleanout takes place.
- The public safety issue is addressed . . . momentarily. Because the mental health issue has not been addressed, the homeowner will return to hoarding behaviors almost immediately. Let's be clear, public safety is doing its job – but if its job is to be sustainable, mental health **MUST** be part of the solution.

CURRENT COMMUNITY RESPONSE TO HOARDING

- Hoarding is a mental health disorder that has public safety implications.



CURRENT COMMUNITY RESPONSE TO HOARDING CONT'D



▪ Generally, communities wait until a home is significantly hoarded, the city then gets involved - no mental health support is provided. If the homeowner cannot or will not clean the home, a forced cleanout takes place.

HOARDING: A COMMUNITY BURDEN



- By the time hoarding cases come to public attention, they likely:
 - Require intensive, lengthy, costly, strategic and complex responses
 - Require coordinated, collaborative efforts from many different public and private systems (hoardingtaskforce.org)

AND THE CYCLE CONTINUES . . .

- This response is not sustainable.
- This response is not effective.
- This response is not financially sound.
- This response is potentially traumatizing or re-traumatizing for the homeowner.

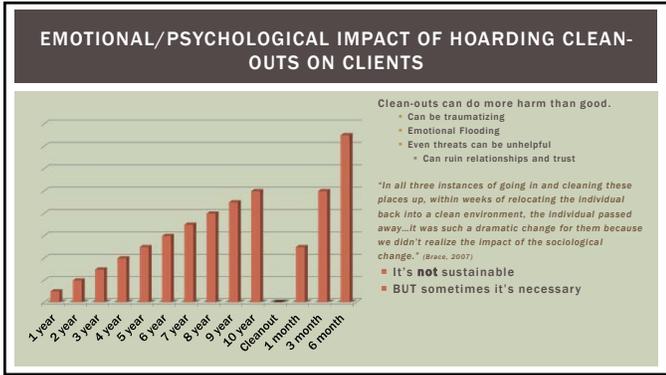


PUBLIC SAFETY, MENTAL HEALTH, AND HOARDING

SAFETY & HEALTH RISKS ASSOCIATED WITH HOARDING

Safety	Health
<ul style="list-style-type: none"> ▪ Fire hazard ▪ Blocked exits ▪ Risk of falls/items falling ▪ Lack of routine home maintenance ▪ Structural damage to building from increased weight and volume of clutter ▪ Risk of eviction and homelessness 	<ul style="list-style-type: none"> ▪ Impaired functioning <ul style="list-style-type: none"> ▪ Poor hygiene and grooming, nutrition ▪ Inattention to medical needs ▪ Inadequate financial management ▪ Difficulty cleaning around clutter ▪ Sleeping on floor instead of bed ▪ Mental Health ▪ Increased Health Problems <ul style="list-style-type: none"> ▪ Molds, bacteria, dust, dirt ▪ Asthma, allergies, headaches ▪ Rodent/insect infestation ▪ Animal/human feces/remains (hanta virus, tapeworm, psittacosis, cat scratch disease)

REMEMBER, THE HOARD ITSELF PLAYS A ROLE . . .



NOW, LET'S LOOK AT A BETTER OPTION . . .

THP Model: Mental Health **MUST** Be Engaged in the Cleanout Process

EFFECTIVE TREATMENTS FOR HOARDING DISORDER

COLLABORATIVE WORK WITH RELATED PROFESSIONALS

- Research indicates that individual treatment approaches have limited success. (Gardner, 2009; Gardner & Steiner, 2007; Steiner, 2009; Steiner & Gardner, 2007)
- Multidisciplinary approaches attend to the complex nature of hoarding. (Gardner, et al., 2007)
- Why work collaboratively?
 - Ethical – right thing to do
 - Effective – bio-psychosocial problems
 - Resource-conserving - integrated care less expensive
 - Clinician and professional-friendly – supportive in a situation which has small “successes”

Identify stakeholders impacted by hoarding disorder:

- Housing
- Public health
- Mental health
- Protective services
- Aging services
- Legal
- Fire and police
- Medicine
- Animal control
- Organizers
- Cleaning companies

COLLABORATION CONT'D

This alternative to forced clean-outs requires collaboration between:

- Legal
- Fire and police
- Medicine
- Animal control
- Organizers
- Volunteers
- Cleaning companies
- Homeowner/client
- Family/friends
- County/city departments
- Housing/code enforcement
- Public health
- Community mental health agencies
- Mental health professionals
- Protective services
- Aging services

WHEN THE HOARDED HOME IS EXTREME



WHEN THE HOARDED HOME IS EXTREME CONT'D .

- Often a cleanout with a bio-hazard cleaning company will be required in order to bring the home to safety and protect the homeowner as well as those in proximity.
- Remember the chart that showed six month re-hoarding?
- With that in mind, a mental health professional who can be with the homeowner in the process:

WHEN THE HOARDED HOME IS AT MID-LEVEL



WHEN THE HOARDED HOME IS AT MID-LEVEL CONT'D

- This can be described as a "clean hoard," likely does not have bio-hazard materials, but rather too much stuff.
- This is still a safety issue due to the amount of stuff in the home and must be addressed.
- Mental health professional can collaborate with professional organizer, volunteer, or county worker (e.g., PCA or homemaker) to bring the home to safety according to housing code, which includes (not limited to):
 - 3 ft. pathways
 - cleared entrances and exits
 - Working smoke alarms
 - no flammable materials

CAUTION . . .

- Whatever the level of hoarding clean-out is needed:
 - Mental health follow-up is critical. Therapy in the midst of crisis is ineffective
 - Mental health professionals will be practicing crisis intervention in the immediate situation.
 - Long-term therapy is necessary to ensure that the client does not return to habitual hoarding behaviors: first understand why the hoarding exists, then help change the behaviors.

HARM REDUCTION & SAFETY

MENTAL HEALTH & SAFETY

- Care providers need to balance protecting individual rights and autonomy while effectively responding to public health and safety imperatives (Saltz, 2010)
 1. Thorough mental and physical health assessment, including mental capacity
 2. Development of positive and trusting relationship with patient
 3. Providing mental health treatment for co-occurring diagnoses even if treatment doesn't improve hoarding
 4. Reducing risk by emphasizing increasing safety rather than eliminating hoarding behavior
 5. Working with appropriate community agencies to improve communication and develop coordinated response

If the client has:	Goal of intervention:
High risk/high capacity	Accept client's right to self-determination
High risk/low capacity	Intervention required up to and including legal (guardianship, conservatorship, etc.)
High risk/moderate capacity	Reduce resistance; reduce risk; increase capacity

HARM REDUCTION (TOMPKINS)

- Set of practical strategies that reduce the negative consequences of a particular health issue (Harm Reduction Coalition, 2010)
- Goal: not to eliminate behavior itself but to minimize negative, unwanted consequences that accompany behavior
- Does not require the individual to have "insight" into reasons for hoarding
 - Only recognize the potential for harm to them, others, or neighbors and to agree to minimize the risk
 - Doesn't prevent new items from coming in or increase discarding
- Helpful for individual with cognitive impairments or for people who are unwilling to seek treatment

WHAT HARM REDUCTION LOOKS LIKE

- Safety
 - Moving flammable materials away from heat sources
 - Clearing walkways of trip hazards
 - Clearing enough room around doors and window
- Health
 - Clearing access to bathroom and washing facilities
 - Ensuring proper food storage
 - Addressing appropriate trash and waste disposal
 - Eliminating pest infestations
- Comfort
 - Addressing heating and cooling problems
 - Designating and clearing appropriate places to sleep and eat
 - Making space to conduct daily tasks

SAFETY DAY: AN APPLICATION OF DISASTER PSYCHOLOGY TO HOARDING CLEANOUTS

OUTLINE

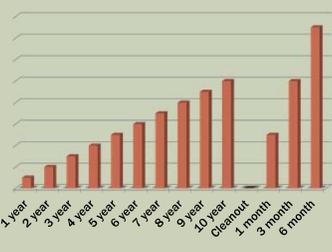
- Application of Disaster Psychology to Hoarding Cleanout Interventions
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CLEANOUT....OR ELSE!!

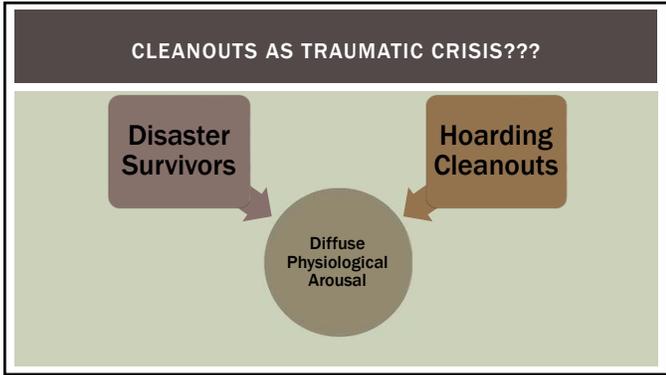


- Hoarding is a mental health issue *AND* can result in public safety concerns
- 23% of individuals seeking help for housing problems, including eviction, met criteria for hoarding disorder
 - 32% currently threatened with imminent eviction
- By the time hoarding cases come to public attention, they likely:
 - Require intensive, lengthy, costly, strategic and complex responses

THE PROBLEM AS WE SEE IT...



- Cleanouts:
 - Are not effective or sustainable
 - They can be traumatizing
 - They overlook the crisis/disaster nature of a cleanout event on a homeowner
- BUT, sometimes they are necessary in order to preserve public safety
- History
 - UM Medical Reserve Corps & Psychological First Aid
 - Hoarding clean-outs



HOARDING CLEANOUTS AS DISASTER EVENTS

- Thinking about hoarding cleanouts through the lens of disaster psychology allows us to:
 - Make sense of the strong emotional and psychological responses experienced by people who hoard before, during, and after a forced clean out
 - Apply evidence-based knowledge and practices from other fields to this new, developing field of intervention in order to minimize the damage when hoarding cleanouts are necessary

BACKGROUND ON DISASTER OR CRISIS PSYCHOLOGY

DEVELOPMENT OF CRISIS INTERVENTION FOLLOWING A TRAUMATIC EVENT



- 1942 Coconut Grove nightclub fire in Boston (493 people killed)
- Lindemann- General and *predictable* emotional and physical patterns of response -> focused on reactions to the event of the tragedy
- Certain clinical strategies (e.g. facilitation of the expression of grief) were helpful with a wide range of clients in crisis
- Created standard procedures for helpers to treat and prevent problems following a crisis

Troppe & Papp, 1996

DEFINITION OF A "TRAUMATIC CRISIS"

- An event that is experienced or witnessed in which people's ability to cope is overwhelmed
 - Actual or potential death or injury to self or others
 - Serious injury
 - Loss of contact with family members or close friends
 - Destruction of their homes, neighborhood, or valued possessions



Adapted from CERT Basic Training, 2011

POSSIBLE SYMPTOMS OF TRAUMATIC STRESS

Psychological Symptoms

- Cognitive functioning difficulties
- Irritability or anger
- Self-blame or blaming of others
- Isolation and withdrawal
- Fear of recurrence
- Feeling stunned, numb, or overwhelmed
- Feeling helpless
- Mood swings
- Sadness, depression, and grief
- Denial
- Concentration and memory problems
- Relationship conflicts
- Rigid thinking
- Difficulty decision-making

Physical Symptoms

- Loss of appetite
- Headaches or chest pain
- Diarrhea, stomach pain, or nausea
- Hyperactivity
- Increase in alcohol or drug consumption
- Nightmares
- Inability to sleep
- Fatigue or low energy

Symptoms of traumatic stress are *normal* human responses to *abnormal* events.

Adapted from CERT Basic Training, 2011

WHAT HAPPENS TO OUR BODY IN CRISIS: DIFFUSE PHYSIOLOGICAL AROUSAL (DPA)

- Sympathetic Nervous System (SNS) response to stress
 - Fight, Flight, or Freeze
- All people experience DPA or flooding.
 - Heart rate over 90-100 bpm: adrenaline enters blood stream
 - Flight, fight, or freeze (intense anxiety or fear)
- We hear and see signals of danger, nothing else.
- Individuals in DPA cannot make basic decisions
 - Limbic system on overload
- For physiological reasons, when we are flooded we are *unable* to communicate effectively.
- Processing crisis events while we are in DPA may result in traumatization

Diffuse

• Many parts of the body are affected at one time

Physiological

• "of the body", a physical phenomenon

Arousal

• Stirring up of the neurological system, making ready for action

MEDIATING FACTORS: WHY SOME PEOPLE RESPOND DIFFERENTLY TO PARTICULAR EVENTS THAN OTHERS



- The strength and type of personal reaction to a traumatic event varies depending on several factors:
 - Person's prior experience with same or similar event
 - Intensity of disruption in person's life
 - Meaning of the event to the individual
 - Emotional well-being and resources available to the individual
 - Length of time that has elapsed since event and present

- Every person has a unique perspective and sees things a little differently.
- Different people can see the same event and describe it very differently.

Adapted from CERT Basic Training, 2011

WHAT IS IMPORTANT TO KNOW ABOUT DISASTER/CRISIS EVENTS?

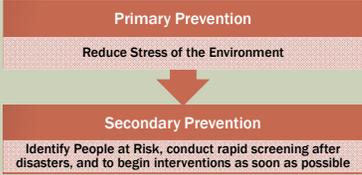
- Psychological research has shown that disasters can cause serious mental health consequences for victims
 - PTSD, Depression, Anxiety, Health Concerns. (Norris et al., 2002)
- The more stress, defined in a variety of ways, within the disaster, the more likely there are to be emotional consequences (Sandoz & Horowitz, 2003)
- First responders and disaster workers are at special risk for PTSD and other negative emotional consequences of disaster (Gibbs, Leckenmeyer, Brosko, & Decher, 1990; Norris, 2002)

WHAT IS IMPORTANT TO KNOW ABOUT DISASTER/CRISIS EVENTS? (CONTINUED)

- Caplan (1964) proposed that a crisis is a *turning point*. Individuals in crisis can either:
 - Cope successfully and thereby enhance their ability to cope, or
 - Make maladaptive attempts to cope, and thereby decline in their psychological functioning
- Availability of resources and stress reduction is critical to post disaster adjustment (Caplan, 1964)

PREVENTION APPROACHES TO CRISIS INTERVENTION

- Caplan (1964): model of prevention of negative psychological symptoms (psychopathology)

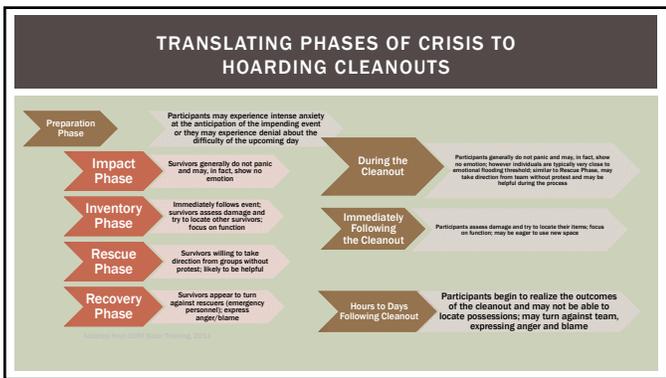


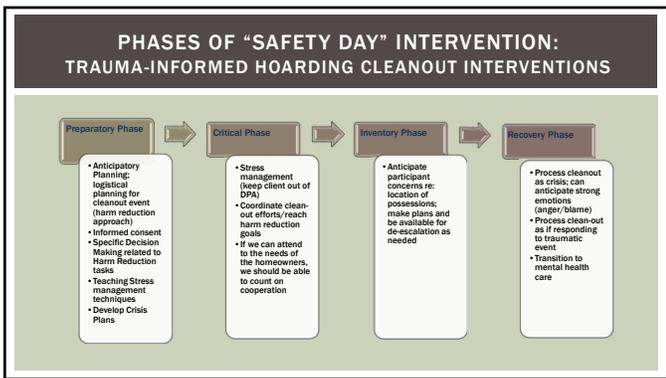
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graph TD; A[Primary Prevention] --> B[Reduce Stress of the Environment]; B --> C[Secondary Prevention]; C --> D[Identify People at Risk, conduct rapid screening after disasters, and to begin interventions as soon as possible];
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APPLICATION OF DISASTER PSYCHOLOGY TO HOARDING CLEANOUTS

HOARDING CLEANOUTS AND TRAUMATIC STRESS

- We can't do therapy in the middle of "a tornado"
- Individuals in crisis cannot make basic decisions or communicate effectively
 - Limbic system on overload: diffuse physiological arousal (DPA)
- **Additionally, individuals who hoard already struggle with:**
 - Decision-making
 - Co-occurring diagnoses
 - Cognitive differences
 - Parting with items due to emotional attachment
- Approaching cleanouts from a rational, confrontational perspective not only will not work, but it can actually do more damage than good in the long run
 - May provoke an increase in stress, which in turn may worsen effects of traumatic event





GOALS OF "SAFETY DAY"

- Bring client's home to safety to reduce threat of eviction and comply with housing codes using a Harm Reduction Approach
 - Mitigate negative effects of stressful and potentially traumatic event
 - Only discard what is necessary to reach goals
- Keep client out of Diffuse Physiological Arousal
 - Use Psychological First Aid
 - Recognize and respond to symptoms of psychological crisis
 - Mitigate the mediating effects
- Process and Application of Critical Incident Stress Management
 - Adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. It can include pre-incident preparedness to acute crisis **management** to post-crisis follow-up.

- Additionally, need to understand the importance of preserving team members psychological well-being

PROCESS OF SAFETY DAY

HARM REDUCTION (TOMPKINS, 2012)

- Not necessary to stop all acquiring nor clear all debris to reduce harm
- Problem of hoarding is a unique interaction between person, condition, and person's environment, and therefore requires a unique plan
- Person who hoards is an essential member of the harm reduction team
- Failures to honor the harm reduction plan are part of the approach and do not mean the approach is failing
- People who hoard can make positive changes in their lives even though they continue to hoard

- Goals of Harm Reduction
 - Keep people safe and comfortable in their homes
 - Focus on moving possessions away from high-risk areas
 - Focus on creating systems to minimize acquisition and maintain safety
 - Focuses on setting up systems for organization and effective living

Tompkins & Hartt (in preparation). Clinicians Guide to Managing Compulsive Hoarding: A Harm Reduction Approach. New York: Springer.

PICTURE REVIEW

FAMILY ROOM SAFETY ISSUES



- Restricted pathways, several tripping hazards
- Laptop next to water source

Family Room After Safety Day



BEDROOM SAFETY ISSUES:



- Blocked window for ingress/egress
- Pathways too narrow
- Items stacked above shoulder height
- Heater is blocked
- Not able to sleep on bed
- Closet not able to be used



BEDROOM AFTER SAFETY DAY



Due to limited space in the home, the window and heater had to be blocked temporarily until the next working session.

We created ingress and egress, and the client was able to sleep on the bed



KITCHEN SAFETY ISSUES

- Microwave too close to water source and stove
- Limited preparation space, flammable items stored on stove
- Create the space as the client uses them, use post it notes



KITCHEN & STORAGE AFTER



HARM REDUCTION AND SAFETY GOALS

Safety Concerns

- Blocked window for ingress/egress
- Not able to sleep on bed
- Pathways too narrow
- Items stacked above shoulder height
- Microwave too close is too close to water source and stove
- Heater is blocked
- Closet not able to be used

Harm Reduction

- Create an ingress and egress, so that the client was able to sleep on the bed
- Create space so that a gurney is able to have access into home (approx. 3ft)
- Move the microwave farther away from the water source too close to water source and stove
- Limited preparation space, flammable items stored on stove
- Create the space as the client uses them, use post it note

PHASES OF "SAFETY DAY": TRAUMA-INFORMED HOARDING CLEANOUT INTERVENTIONS



PREPARATORY PHASE FOR CLIENT

Preparatory Phase
Critical Phase
Inventory Phase
Recovery Phase

- **Primary Focus: Build trusting *relationship* with client**
- **Session with client to review the process of the day:**
 - What will happen
 - Stress-management team will be with client
 - Only items that pose threat to health/safety will be discarded
 - What won't happen
 - Decision-making related to keeping or getting rid of general items
- **Feelings they may have related to volunteers in their home and what is happening**
- **Stress management plan (similar to Crisis Plan)**
- **Prep for "hoarding hangover" (Inventory Phase: emotional response following the Safety Day)- develop another stress management plan**

PREPARATORY PHASE FOR TEAM

<p>Organizational Team</p> <ul style="list-style-type: none"> ■ Clear idea of harm reduction targets <ul style="list-style-type: none"> ▪ Make a plan for categorization, labeling, discarding, etc. ■ Gather volunteers <ul style="list-style-type: none"> ▪ Train new volunteers ▪ Schedule pre-meeting and post-debriefing ▪ Review expectations for the day ■ Gather needed items for the day: <ul style="list-style-type: none"> ▪ Boxes, packing tape, sharpies for labeling 	<p>Stress Management Team</p> <ul style="list-style-type: none"> ■ Psychological First Aid <ul style="list-style-type: none"> ▪ Support resilience: <ul style="list-style-type: none"> ▪ Promote Safety ▪ Calm & Comfort ▪ Connectedness ▪ Self-Empowerment ▪ Prevention Strategies ▪ Self-Care ■ Keep client out of Diffuse Physiological Arousal
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Preparatory Phase
Critical Phase
Inventory Phase
Recovery Phase

CRITICAL PHASE – DAY OF SAFETY DAY

- **Pre-meeting with volunteers**
- **Coordination of efforts – teams of two working together in specific areas of the home**
- **Organizational Team**
 - Carry out Harm Reduction Goals
 - Only items in direct violation of health/safety should leave/be discarded
 - Any items that need to be decided upon should not leave the home that day (ideally) in order to minimize stress
 - Develop re-organization strategy for sorting into boxes (e.g. labeling, categorizing, etc)
- **Stress Management Team**
 - Keep client out of DPA throughout the day
 - Reduce potential of stressors
- **Debrief with volunteer team (provide an option)**
 - How did it go?
 - What did you notice?

Preparatory Phase
Critical Phase
Inventory Phase
Recovery Phase

HOW TEAM MEMBERS CAN REDUCE STRESS DURING THE SAFETY DAY

- Steps can be taken to reduce stress on the Safety Day team before, during, and after the intervention

1. Brief team before the effort begins on what they can expect to see and what they can expect in terms of the emotional response of homeowner and themselves
2. Emphasize the team effort of the day. Sharing workload and emotional load can help defuse pent-up emotions.
3. Encourage team members to rest and regroup so they can avoid becoming over tired.
4. Direct team members to take breaks away from incident area to get relief from stressors of the effort.

Adapted from CERT Basic Training, 2011

Preparatory Phase
Critical Phase
Inventory Phase
Recovery Phase

HOW TEAM MEMBERS CAN REDUCE STRESS DURING THE SAFETY DAY (CONT'D)

5. Encourage team members to eat properly and maintain fluid intake throughout the day.
6. Arrange for de-briefing 1-3 days after the event in which team members describe what they encountered and express their feelings about it in an in-depth way.
7. Rotate teams for breaks or new duties (i.e. from high-stress to low-stress jobs). Encourage team members to talk with each other about experiences.
8. Phase out workers gradually (i.e. high- to low-stress areas) to facilitate decompression.
9. Conduct a brief discussion with team after their shift during which they can describe what they encountered and express feelings about it.

Adapted from CERT Basic Training, 2011

Preparatory Phase
Critical Phase
Inventory Phase
Recovery Phase

CRITICAL INCIDENT STRESS DEBRIEFING

Must be offered as an option for team members, not a requirement

1. Introductions and description
2. Review of factual material
3. Sharing of initial thoughts and feelings
4. Sharing of emotional reactions to incident
5. Instruction about normal stress reactions
6. Review of symptoms
7. Closing and further needs assessment

Adapted from CERT Basic Training, 2011

Preparatory Phase
Critical Phase
Inventory Phase
Recovery Phase

INVENTORY PHASE

- Day Of/ After:
 - Provide a "visual map" of new location of possessions in home
 - Work with organization team to create easily visible labels throughout the home
 - Implement pre-set Crisis Plan as needed
 - Follow-up with client by phone
 - Feelings
 - Concerns related to the day
 - What are next steps?
 - Set Harm Reduction Check-in Schedule to promote maintenance
 - If not already in long-term mental health care, connect client to do underlying work as well as address behavioral issues
 - Possible referral to a professional organizer

Preparatory Phase
Critical Phase
Inventory Phase
Recovery Phase

RECOVERY PHASE – DAYS/WEEKS/MONTHS FOLLOWING SAFETY DAY

- Process Event with Client with the understanding that the client has gone through a *traumatic event*
 - Create space for understanding and processing
 - Do not try to rationalize client's strong feelings away
 - This will take as long as it needs to take
 - May require some trauma processing interventions
- Work with team to develop Harm Reduction and Maintenance Plan to continue progress beyond Safety Day
- Consult, consult, consult

Preparatory Phase
Critical Phase
Inventory Phase
Recovery Phase

MANAGING THE EMOTIONAL IMPACT OF A CLEANOUT ON TEAM MEMBERS

- Actions can be taken before, during, and after a cleanout to help manage emotional impact of work on team members
- Preparation: Learn to manage stress
 - Get enough sleep
 - Exercise regularly
 - Eat a balanced diet
 - Balance work, play, and rest
 - Connect with others (consult professionally and personally)
- During:
 - Brief with team beforehand
 - Remember that you are part of a larger team
 - Rest and regroup
 - Take breaks away
 - Eat properly, stay hydrated
 - Arrange for debriefing
 - Phase out workers gradually

Preparatory Phase
Critical Phase
Inventory Phase
Recovery Phase

IMPLICATIONS

IMPLICATIONS

- We need a major re-haul of intervention approaches for severe hoarding situations
 - We can't do therapy in the middle of a storm
- Applying disaster psychology to hoarding cleanouts will help us to develop strategies to working with individuals who hoard
 - Help to avoid or decrease the intensity of traumatic outcomes for the homeowner
- Reframing this event will help professionals and family members develop compassion for individuals who hoard in a new way
 - Recovery processes are expected and accommodated in other areas of traumatic crises

TREATMENT PLANNING FOR
HOARDING DISORDER

- Combining strategies from across fields can help to most holistically treat this mental health and public safety issue
- Integrated treatment approach (modeled after treatment for co-occurring disorders)
 - Prioritize treatment goals for primary diagnoses
- Mental Health: CBT most Evidenced Based Practice
 - Integrated treatment for hoarding will include different types of interventions to support specific treatment goals
 - Examples:
 - Distress re: discarding items: Exposure treatments (CBT)
 - Organization skills: Executive skills building (ADHD treatment)
- Medication for Hoarding Disorder?

COMMON TREATMENT GOALS FOR HOARDING DISORDER

- Increase understanding of hoarding behavior.
- Create living space
- Increase appropriate use of space
- Organize possessions to make them more accessible
- Improve decision-making skills
- Reduce compulsive buying or acquiring and replace these behaviors with other pleasurable activities
- Evaluate beliefs about possessions
- Reduce clutter level in home environment
- Learn problem-solving skills
- Prevent future hoarding

SUPPORT GROUPS

People who Hoard

- Buried in Treasures
- Peer-led options
- Sense of belonging in a community
- Non-judgment
- Processing
- Self-awareness

Family Members

- THP Manual
 - Psychoeducation
 - Communication
 - Self-care
 - Stigma
 - Trauma
 - Ambiguous Loss
 - Treatment Options
 - Resources

WRAP UP

TIPS FOR HOARDING WORK

- **Assessment**
 - Screen for hoarding behaviors in all of your clients
 - Identify all significant factors, including any co-occurring disorders
- **Prioritize treatment with all factors considered**
 - Safety first
 - Skill building second
 - Deeper processing third
- **Work collaboratively as resources allow**
 - Once physical space is "safe", de-cluttering does not need to be prioritized as main focus of treatment
 - Working with organizer as adjunct to therapy can be helpful

WHAT RESOURCES ARE AVAILABLE?

There are several different resources that are available to people who hoard, their families, and people who work with them.

Non-profit agencies:

- The Hoarding Project
- International OCD Foundation
- Mental Health Association of San Francisco
- Institute of Challenging Disorganization
- Children of Hoarders

Support Groups

- The Hoarding Project
- The Clutter Movement and The Clutter Movement Family Support groups on Facebook
- www.ocdseattle.org/support-seattle.aspx
- Children of Hoarders
- Clutterers Anonymous



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QUESTIONS?

www.thehoardingproject.org

We offer national phone consultation services for professionals, family members, and people who hoard.

Contact us by email to schedule a consultation today!
info@thehoardingproject.org




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