

A DISEASE PROCESS MODULE:

UNDERSTANDING HOARDING DISORDERS



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A Disease Process Module:

UNDERSTANDING HOARDING DISORDER

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Define hoarding disorder and list its three main characteristics.



Describe what is happening in the brain that can lead one to hoard.



Distinguish between object hoarders and animal hoarders.



Discuss the role that behavioral therapy and medication play in treating hoarding disorder.



Help develop and/or follow a plan of care that is sensitive to the needs of hoarders (whether or not they are in treatment).



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A Disease Process Module:
Understanding Hoarding Disorder

A SERIOUS AND MYSTERIOUS DISORDER

As of May 2013, **hoarding disorder is an official clinical diagnosis** that can be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

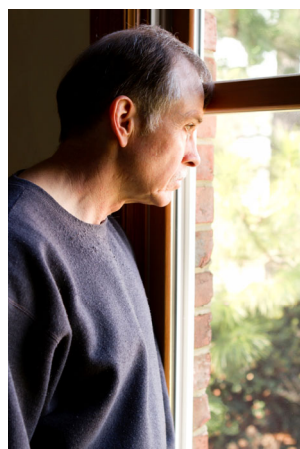
Prior to the latest publication, the DSM listed hoarding as merely a *symptom* of OCD (Obsessive Compulsive Disorder) and referred to it as 'compulsive hoarding.' But studies now reveal that hoarding does not respond to OCD treatments and that it may not be related at all.

This breakthrough thinking has led to the movement to redefine hoarding in the DSM-5 as its own disorder, separating it from OCD and giving it the new name, **“hoarding disorder.”**

- **It’s bigger than you think:** A rough estimate indicates that at least 5% of the world’s population may be diagnosed with clinical hoarding. That’s around **350 million people!** (*There is no way to get the exact number because it remains rare for someone with hoarding disorder to seek treatment.*)

Contrary to popular belief, hoarding behavior goes beyond being a collector and it’s much more than just a person who doesn’t care about keeping things clean. In addition, hoarding cannot be cured simply by doing an “extreme makeover” and cleaning up the hoard for the hoarder. In fact, that can actually make the problem worse.

Hoarding is both a serious and mysterious clinical disorder.



Hoarding is described as the **need to acquire things** that seem useless or of limited value along with the **inability to discard** such items. It creates cluttered, unsanitary living spaces that can interfere with mobility and can make basic activities of daily living, such as cooking, cleaning, sleeping and eating nearly impossible.

Keep reading to learn about all the latest breakthroughs in diagnosing, treating and caring for people who suffer from hoarding disorder. You ‘ll get plenty of practical tips on keeping people who hoard as safe and healthy as possible.

THE BIOLOGY OF HOARDING DISORDER

New research suggests that hoarders have unique patterns of brain activity in these areas:

- **THE CINGULATE CORTEX:** This is the area of the brain that is involved with decision-making.

Hoarders show increased activity in this region when forced to make a decision. All the circuits in this area begin to fire haphazardly, so instead of being able to make a decision, the person becomes increasingly more *confused* by the choices.

This is why it can be difficult for hoarders to make decisions about what to keep and what to throw away.

- **THE INSULA:** Among other functions, this area of the brain is responsible for regulating social emotions like disgust, pride, guilt and shame.

Hoarders have decreased activity in this region. This leads to a lack of feelings of disgust, guilt or shame that a healthy person might feel when looking at a collection of things that make up a hoard.



In a nutshell: Hoarders are under-stimulated when confronting the vast amounts of junk and clutter that fill their homes. But when faced with a decision to discard even the smallest bit of the collection, hoarders' brains go into overdrive, overwhelming them to the point where they can't make a choice at all.

WHAT ITEMS ARE COMMONLY FOUND IN A HOARDER'S HOME?



While anything can be hoarded, there seems to be some similarities among hoarders in the most commonly hoarded items, such as:

- Newspapers & Magazines
- Books
- Clothing
- Bags & Boxes
- Bottles & Cans
- Mail
- Food
- Animals

The most common reason hoarders give for saving the things they do include:

- "I may need it in the future." (There is a distorted belief about the importance of certain things.)
- "It reminds me of a time when I was happy." (Some hoarders have trouble with memory and feel that saving things is the only way to remember feelings or facts.)
- "It seems like a waste to throw it away." (There is undue worry about wasting.)



WHAT DO YOU THINK?

HOARDER ENTERTAINMENT

It's become a popular form of entertainment to place cameras in the homes of hoarders and follow their progress as they confront (or deny) their problem and seek (or refuse) help.

Popular shows include: Hoarders, Hoarding: Buried Alive, and Confessions: Animal Hoarding.

Many of these shows' episodes end without much hope. There is usually a "clean-up" that is described as taking anywhere from six weeks to 6 months, but there is never any follow-up.

- **Do you think these shows are helpful or harmful to the hoarders involved? Why?**
- **Do you think there is any benefit to the audience?**
- **Why do you think these shows are so popular?**

WHAT CAUSES HOARDING DISORDER?

Research is ongoing, but a specific cause of hoarding remains unclear. While brain activity can be mapped and conclusions can be drawn about why hoarders do what they do, there is still no conclusive evidence as to *why* or *how* the brain gets that way in the first place. **Here are a few things that we know for sure:**

Family history. There is a very strong association between having hoarding disorder and having a parent, sibling or child who is also hoarder.

- One study showed that 84% of people with hoarding disorder report at least one first-degree relative (parent, sibling or child) who also had significant hoarding behaviors.

Age. Hoarding usually starts in early adolescence, around age 13 or 14, and it tends to be progressive. In other words, it gets worse with age.

Other Psychological Illnesses. Hoarding can *co-exist* with personality disorders (which include OCD), impulse-control disorders, depression, dementia, social phobia, anorexia nervosa, schizophrenia and brain injuries (stroke, Alzheimer's).

Stressful life events. Some people develop hoarding after experiencing a stressful life event that they had difficulty coping with, such as the death of a loved one, divorce, or losing possessions in a natural disaster or fire.

A history of alcohol abuse. About half of hoarders have a history of alcohol dependence.

Social isolation. People who hoard tend to be socially isolated. However, it's difficult to determine what comes first, the hoarding or the isolation. Hoarders may isolate because they don't want to deal with other people touching or judging their hoard. But, on the other hand, some people may begin to hoard (particularly in the case of animal hoarding) because they're lonely.

HOARDING THROUGHOUT HISTORY



Hoarding may seem like a new or modern problem, but it's not! In fact some scientists think that it dates back to **prehistoric man**, where it may have actually been critical for survival to hoard. It's possible that the trait may have been preserved in some family lines from that time period.

Hoarding has been discovered in **tribes** where certain groups hoarded items for sacrifice to the gods. It has also been noted in **ancient Egypt** where important people

were actually buried with their hoards of jewels, fabrics and other items.

Dante wrote about hoarders in the **14th century** poem "Divine Comedy."

Charles Dickens' character, Krook, in Bleak House (1862) was described as "possessed with documents" in a shop where "everything seems to be bought and nothing sold."

OBJECT VS. ANIMAL HOARDING

Animal hoarding is different and often **more serious**, than object hoarding because it harms the animals and their human hoarders alike. The degree of filth is greater in animal hoarding because of animal waste and often decaying animal carcasses. In addition to being harmful to the animals, animal hoarding poses a health risk to the hoarder, other family members, visitors to the home and nearby neighbors.

Animal hoarders seem to have a need for emotional connection that object hoarders do not. They tend to develop **a distorted view of a relationship** with the animals they hoard. And since animals tend to respond in positive ways to people (that objects cannot do), animal hoarding fulfills a need for emotional connection that object hoarders don't seem to have.

Animal hoarders tend to be older, live alone and are often estranged from family, although some are **highly connected with other people or agencies** that might provide more animals to them. They may even become **licensed or part of an organization** to rescue animals.

Although animal hoarding arises out of a love for the animals and a need for emotional connection, animal hoarders often fail to provide adequate care, nutrition and a safe environment to the animals they hoard.

Here is a side-by-side comparison of object and animal hoarders:

OBJECT HOARDERS	ANIMAL HOARDERS
Excessive acquisition of stuff (clothes, food, newspapers, etc.) and difficulty discarding such items.	Continuously increase the number of animals (cats, dogs, rabbits, birds, etc) even when their other animals die or become ill regularly from lack of care.
Lack insight about the problem but can admit it when confronted.	Deny any possibility of a problem. See themselves as "heroes" who rescue animals from others.
Find comfort in being surrounded by collected objects.	Seek reciprocal relationships with hoarded animals.
Often hoard out of fear of losing "something important."	May hoard as a way to feel important, needed, or even for the attention.
History of problem usually unclear.	History of trauma or significant loss.
Object hoarding is not illegal.	Animal hoarding is illegal in many places. Local laws cover the number of animals an individual can have and requires minimum standards for feeding, watering and sanitation.



THE NEXT STEP!

IS YOUR CLIENT AN ANIMAL HOARDER?

If you suspect a client is hoarding animals, get help right away. **Signs of animal hoarding include:**

- Having more animals than the person can physically take care of.
- Animals seem hungry, thirsty, dirty or sick.
- Animals have injuries that are not being tended to.
- Animal feces and urine on floors and furniture in living areas.

Here's how to get help:

- Report the issue to your supervisor right away.
- Together with your supervisor, call your local police department, animal shelter or animal welfare group, such as the ASPCA.
- You may feel like you're getting the person "in trouble," but this may be the first step to getting your client and the animals the help they need.

Levels of Clutter & Hoarding

Level 1: Clutter is minimal. Doors and stairways are accessible. Normal, housekeeping and safe and healthy sanitation. No odors.

Level 2: One exit is blocked. One major appliance is not working. Some pet odor. Clutter inhabits two or more rooms. Slightly narrowed pathways throughout home.

Note: Mental health services must be involved when home is level 3, 4 or 5.

Level 3: Two or more broken appliances, light structural damage in one portion of the house. Narrow hall and stair pathways, one bedroom or bathroom isn't fully usable. Kitchen heavily soiled and strong unpleasant odors.

Level Four: Structural damage longer than 6 months, excessive spiders and webs in living area. Squirrels or raccoons in attic. Bedroom is unusable. Clutter packed into living areas. Rotting food on counters, no clean dishes or utensils in kitchen. No bed covers.

Level 5: Obvious structural damage, no electrical, water or sewer service. Kitchen and bathroom unusable. Human feces, rotting food and more than 15 aged canned goods inside the home.

Clutter Hoarding scale created by The National Study Group on Compulsive Disorganization.

DIAGNOSING HOARDING DISORDER

To diagnose hoarding disorder, a mental health professional will check for these three main characteristics:

1. Possession of a large number of items that others would consider useless—along with an inability to discard such items.
2. An overly cluttered home or living space that *cannot be used as intended*. For example, not being able to cook in the kitchen, sleep in the bedroom or bathe in the tub.
3. Feeling overwhelmed or embarrassed by the behavior or having difficulty accomplishing daily activities because of the hoard.

Other symptoms the healthcare professional may look for include:

- Severe anxiety when attempting to discard items.
- Great difficulty categorizing or organizing possessions.
- Indecision about what to keep or where to put things.
- Suspicious of other people touching items.
- Obsessive thoughts and actions, such as fear of running out of an item or of needing it in the future; checking the trash for accidentally discarded objects.
- Functional impairments, including loss of living space, social isolation, family or marital discord, financial difficulties, health hazards.

IT'S MORE THAN JUST A COLLECTION

Hoarding goes beyond being a “collector” for a hobby. Here’s how you tell the difference between a collector and a hoarder:

COLLECTORS	HOARDERS
Take pride in their collections.	Often embarrassed by possessions.
Organize and care for their collections.	Have homes cluttered with disorganized possessions.
Enjoy showing others their collections.	Avoid letting people see their homes and possessions.
May budget for collection expenses.	Often go into debt buying items.
Take pleasure in acquiring new items.	May feel depressed and ashamed when they need to add to their possessions.
Usually choose items that are also of value or interest to others.	Acquire and keep things that no one else would be interested in, such as junk mail.

HOW IS THIS DISORDER TREATED?

Hoarding disorder is extremely difficult to treat. Medications that are available today for anxiety, depression, ADHD and dementia may work for some people, but not all. Cleaning up the hoard *for* the person definitely does not work! Behavioral therapy can work—but it takes a very long time.

Here's a closer look at what's working:

1. Early detection and intervention. Hoarding is a *progressive* disorder. That means it gets worse over time. So it stands to reason that the sooner it's recognized and dealt with, the better the outcome.

2. Cognitive Behavioral Therapy (CBT). A special form of CBT has been developed to treat hoarding. It is designed to be done in 26 weekly sessions with some sessions completed in the clients' home.

The treatment focuses on changing the way the person thinks and feels about the possessions, how it feels to discard or let go of things, and how to bring some order to clutter that impairs functioning.

CBT can be carried out in one-on-one sessions or done in a group therapy setting. Group therapy helps decrease the social isolation common with hoarders. Most people benefit from a combination of these.

3. Medication. The jury is still out on medications for hoarding disorder. Some studies have found that Paxil and Effexor (medications for depression and anxiety) have led to a minor improvement in symptoms in some people.

There are some new studies (in progress) that are looking at Aricept, used for memory problems, and stimulant medications that improve attention in attention deficit disorder and ADHD.

4. Self help. Lack of qualified therapists, lack of financial means, shame, embarrassment and even denial can all keep a person from seeking treatment from the medical community. When this happens, people who suffer from hoarding disorder and their concerned family members may turn to a growing collection of self help books and videos. While success with this approach to treatment is rare, it's better than nothing when all of the other options are out of reach. ***Here are a few books that may be helpful to someone who would like to explore this route:***

- [The Hoarder in You: How to Live a Happier, Healthier, Uncluttered Life](#) by Robin Zasio
- [Stuff: Compulsive Hoarding and the Meaning of Things](#) by Randy O. Frost
- [Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding](#) by David F. Tolin
- [Digging Out: Helping Your Loved One Manage Clutter, Hoarding, and Compulsive Acquiring](#) by Michael A. Tompkins



THINK ABOUT IT!

CAN IT BE ORGANIZED?

You may have a hard time convincing a hoarder to discard or donate certain items, but it's possible to teach them how to become ***more organized***.

If your client is open to learning a better system of organizing the clutter in his or her home, start by helping to create categories.

For example, in the kitchen, you may create categories such as dishes, glassware, silverware, canned goods, boxed foods, cleaning supplies, cook books, etc.

Next, label the categories in the cabinets and on the shelves to remind the person where things go.

You may also want to label a bin as "expired" or "spoiled" foods. This will make it easier to get unsafe hoarded food items out of the house.

HELPING CLIENTS WHO ARE IN TREATMENT FOR HOARDING

Helping clients who are in treatment for hoarding and working with those who are not requires two separate sets of guidelines. On this page you'll learn how to help clients who are in treatment. On page 8, you'll look at how to approach clients who are not receiving professional treatment.

- **Establish trust.** You've probably learned that the phrase "establish trust" can be placed in front of just about any interaction with clients. However, with clients suffering from hoarding disorder, this is **THE MOST IMPORTANT** step.

Clients who hoard have likely been isolated for a long time with few or no visitors. They may have been rejected by family and friends who tried and failed to help, and they may be suspicious of your intent to help. Before you establish trust, you pose a significant threat to their lifestyle and to all the things they hold dear.

- **Team up!** If your client is receiving CBT for hoarding disorder, find out as much as you can about the **course of treatment** and where your client is in the **process**. You may be able to find this information in the client's chart, or you may simply ask the client.

If your client has already started the process of de-cluttering, it may look something like this:

1. The person **must personally pick up each item, one at a time**. Yes, this is painstakingly slow, but it's a process that works.
2. With the item in hand, the person must ask him/herself, "How bad will I feel if I discard this item?" And "What's the worst thing that might happen if I throw this away or donate it?"

This technique does not focus on helping hoarders discover **why** they keep things. It focuses on **feeling less anxious** about discarding things.



The reason? It's not helpful to try and apply logic by having hoarders ask themselves **why** they saved the (bottle cap, expired food, slip of paper, etc.) or **how** they plan to use it—because they will **ALWAYS** have an answer! They will tell you that they may need it in the future, that it has some emotional significance, or that it's a waste to get rid of it.

3. Once the person has determined how he or she thinks it will *feel* to discard or donate the item, they will then **"test" that thought**. The person will "discard" the item (usually to a holding area where it's kept before final removal) and then he or she will monitor the thoughts and feelings surrounding it over the following hours or days.
4. If the therapy is going successfully, the person is usually amazed to learn that the fear of feeling bad about getting rid of something was worse than the actual feelings he or she experiences once the item is gone.
5. **Repeat!** The process of de-cluttering can go on like this for weeks. There may be setbacks and successes, but it's important to prepare for it to be a slow and tedious process.

How you can help:

Help your client stay on task. A common complaint among people with hoarding disorder is that they have trouble focusing and finishing tasks. Encourage your client to keep plugging away at it without making him feel rushed. If he needs a physical and emotional break, allow him the time he needs, then gently remind him when it's time to get back to work!

Help your client prioritize what to de-clutter first. For example, if preparing meals in the kitchen is impossible, encourage her to start there. If the bathroom is unusable, guide her toward de-cluttering that first.

HELPING HOARDERS NOT IN THERAPY

Helping the hoarder who is not receiving therapy can be particularly challenging. Here are a few things to keep in mind:

- Despite all the consequences, your client has the right to hoard.
- The first time you enter the home of a hoarder, you may be overwhelmed by confusing feelings. Your feelings may range from disgust and fear for your own safety to pity and wanting to “rescue” the person.
- As helpless as you may feel, the only thing you can do is report your observations to your supervisor or the social worker. Be sure to discuss your concerns and work with the healthcare team to be a part of the solution.
- Always show empathy and respect for your clients’ right to make their own decisions. Understand that the hoarding behavior is not likely to change unless the person is *ready* to make the change.

Here are some other tips:

- **Never argue with the hoarder.** There’s no benefit in trying to point out how self-destructive the hoarding behavior is. Your words will likely fall on deaf ears.
- **Do not attempt to apply logic.** For example, telling Mr. J that he is never going to use (and may even get sick from) the 25 boxes of expired onion soup mix will only cause anxiety. He cannot understand your logic because his brain won’t let him see it that way.
- **Planning for the future.** Hoarders love planning for the future. That’s why they keep all that stuff! Use this to your advantage. Instead of just tossing things out, engage the person in a discussion about what they’d like their future to look like.

For example, your client may tell you that she would like to have a better relationship with her daughter and to see her grandchildren more often. Ask for her suggestions in how that might happen. If she admits that her hoarding and clutter are the problem, try to develop a plan to tackle the mess together. This technique produces better results than demands or ultimatums to clean up the mess.



- **Garbage in, garbage out!** Once you’ve established trust and developed some sort of routine with your client, you might attempt to decrease the hoard by helping your client distinguish between garbage and “stuff.” Most clients can tell you what they consider to be out-and-out trash. So, challenge them to look for the things they describe as trash and then just throw them away. Keeping it simple and light-hearted will help ease anxieties that arise.



TALK ABOUT IT!

Caring for clients who hoard can be challenging and frustrating. The best way to deal with it is to talk about it! **Discuss the following scenarios with your co-workers and supervisor and find out how they would handle it.**

1. You are assigned to help prepare meals for Mrs. D, but you can’t even walk into the kitchen, let alone prepare a meal there. What should you do?
2. You need at least one surface cleared off in the living room so that you can (change a dressing, check vitals, take notes, etc.) What is the best way to approach Mr. H with this request? What if he refuses?
3. Mr. K needs to get out of bed to ambulate and you would like him to be able to sit at a table to eat. However, there is no clear path out of the bedroom and the table is buried.

HELPING HOARDERS WHO LIVE IN NURSING HOMES

There are two types of hoarders you may encounter in nursing homes:

- The lifelong hoarder, and
- The “packrat” who becomes a hoarder after developing Alzheimer’s or other forms of dementia.

THE LIFELONG HOARDER IN LONG TERM CARE

Lifelong hoarding disorder is much more common than most experts can tell. It’s hugely under-reported because it remains rare for a hoarder to reach out and seek treatment. But, all that changes **when a hoarder gets sick and needs medical care.**

When a lifelong hoarder ends up in a hospital or nursing home after a stroke, heart attack, injury or other illness, the doors to their hoarding problem are usually thrown wide open.

Unfortunately, the hoarding doesn’t stop just because the person is away from home. In fact it may even become worse as the person is under added stress.

NEW ALZHEIMER’S OR DEMENTIA HOARDERS

People who have been described as “packrats” or those that liked to “save for a rainy day” may begin to exhibit more serious hoarding type behaviors after being diagnosed with Alzheimer’s Disease (AD) or dementia.

Some clients with AD or dementia may hoard out of fear or anxiety of forgetting something. Some may hoard as a way to feel more secure about their uncertain future. And some may hoard because of confusion or an inability to make sense of things around them.

How you can help both types of hoarders:

Set limits. If you know your client is a hoarder, or if you suspect it because of all the items you find in his room, then it’s best to set limits right away.

- Provide a box that the person can use to “save things.” But tell him that some things are off limits, like food, bodily waste and medications. Check the box regularly.
- Stick to your limits, but allow your client to keep things that are safe. If you throw everything away, the hoarding will worsen and he will find a way to hide it from you!

Decrease anxiety. Hoarding is often a result of severe anxiety. The person worries excessively about forgetting something or making a bad choice. Anxiety leads to keeping things that help jog the memory or being unable to make choices about what to discard.

- Provide a quiet environment with preferred diversions. Noise can increase anxiety, so close the door and turn off the television. Play music if the client enjoys listening to it. Provide access to preferred quiet activities like reading, painting, drawing, writing or crafts.
- Massage, guided imagery and aroma therapy can also help ease a worried mind.

Limit access to desired items. More research is needed on this approach. Some experts believe it’s best to limit the hoarder’s access to desired items. Others believe that limiting access actually *increases* the hoarders anxiety—which can lead to agitation, anger and confrontational behavior.

- At the very least, control access to items that would be unsafe to hoard, such as medication, fire hazards, cleaning supplies or other dangerous chemicals.

Increase social interaction. Hoarders are often socially isolated, either by choice or because family and friends have given up on them. Slowly introduce your client to low pressure social activities. Encourage him or her to make a friend.

WHAT ABOUT PATIENT RIGHTS?

On page 8 you learned that despite the negative effects, your client has the right to hoard. This is true in the home as well as in the nursing home. However there are a few limitations in nursing homes.

For example:

- Your client does not have the right to hoard items if they block a doorway or pose a risk for trips and falls. Fire and safety codes must be followed for licensure and these conditions would be a direct violation of those codes. Use this information to help set limits with clients who hoard.
- Other clients in the facility have a right to live in a safe and clean environment. Clients do not have the right to hoard if it leads to unsafe or unsanitary conditions or if it creates foul odors.



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. As of May 2013, hoarding disorder is an official clinical diagnosis that can be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
2. Hoarding behavior goes beyond being a collector and it's much more than just not caring about keeping things clean.
3. Hoarders' brains keep them from seeing the reality of the hoard and paralyze their ability to make a decision to discard even the smallest bit of the collection.
4. A specific cause of hoarding remains unclear and successful treatment is rare.
5. Establishing trust is so important because hoarders tend to be isolated, may have been rejected by family and friends who tried and failed to help, and they may be suspicious of your intent to help.

SAFETY & SANITATION ISSUES

Hoarding has the potential to create some serious problems, such as:

- **Risk for fire.** Flammable materials near the stove, radiators, heating vents, electrical outlets, extension cords and lamps all increase the likelihood of a fire. The risk for fire increases tenfold when the person is a smoker.
- **Blocked exits.** In the event of a fire (or other disaster) the person may not be able to get out of the home and it may be difficult or impossible for emergency personnel to enter the home.
- **Risk of falls.** Elderly clients and those needing canes or walkers have an increased risk for falls while trying to navigate their "goat's paths." (These are very narrow—sometimes unrecognizable—paths that become necessary when the surface of the floor is completely covered.)
- **Physical harm caused by falling piles.** A hoarder in a New York apartment was killed when several piles of newspaper fell over and trapped him. It was months before anyone realized what had happened.
- **Rodents and other pests.** Rodents and insects can easily become a problem in a hoarder's home. These pests may carry diseases and pose a biting risk.
- **Lack of plumbing.** Toilets and sinks may become inaccessible and unusable leading to a backup of waste and no fresh water for drinking or bathing..
- **Structural damage.** The home itself may become damaged from the increased weight and volume of clutter.

While hoarding itself is not illegal, there are some things that can happen if the situation becomes unsafe and unsanitary. For instance:

- A landlord may petition the court to evict a tenant if the unsanitary conditions violate a lease.
- Protective service workers may seek guardianship of disabled or older adults if they determine that hoarding is leading to abuse or neglect of these individuals.
- Members of the public health or fire departments may appear before a judge for a court order to bring a property into compliance with health and safety codes or, in extreme cases, to **condemn the property**.

In most cases, the law is on the side of the hoarder. He or she will be given notice and time to take care of the problem. Sadly, hoarders often do not take care of things and the home is eventually condemned and demolished.

HELP IS AVAILABLE

If you are in the position of caring for a client with hoarding disorder, always enlist the help of your supervisor and a licensed clinical social worker. Be sure to report any safety issues right away so that, before anything else, the home and the client can be made safe.

If your employer has a list of local resources available to help, pass this information along to your client and/or the family. If no list is available, here are some good starting places you can suggest to your client:

- **Family Physician.** If a trusted family physician is available, encourage your client to open up to him or her about hoarding.
- **Specialist.** If a family doctor is not available, the OCD Foundation maintains a list of providers who can specifically help with hoarding. Visit www.ocfoundation.org/findproviders.aspx to find one near your client. This database allows you to search for providers near the person’s zip code, and narrows it down to those that accept Medicaid, Medicare, private insurance and self-pay.
- **Community Task Force.** Do an internet search for [your state or your city] and the phrase “hoarding task force.” A community-based hoarding task force is a collaborative effort of diverse community organizations that are dedicated to the education, prevention and rehabilitation of residents with hoarding disorder.
- **Professional Organizer.** People with hoarding disorder may benefit from the services of a professional organizer. Also, working with a professional organizer may be more acceptable to some people than seeking mental health treatment. If this is the route your client would like to take, it’s important to find someone who can really help your client develop some new skills, as opposed to just coming in to do an “extreme makeover” while your client spends the weekend with a relative.

TAKE CARE OF YOURSELF!

Caring for a client with hoarding disorder can be physically and emotionally draining. You may find yourself feeling overwhelmed, helpless and hopeless about the situation.

If this is the case, be sure to talk to your supervisor about your feelings. Just talking about it can make the problem seem less impossible. Be sure to ask for the help that you need when you need it.

Always take time at the end of your day to relax, enjoy and be grateful for the things that are good in your life!



WHAT I KNOW NOW!

Now that you’ve read this inservice on hoarding disorder, jot down a couple of things you learned that you didn’t know before.



A Disease Process Module:
Understanding Hoarding Disorder

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about hoarding disorder? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

- Hoarding is described as the need to acquire things along with:**
 - A. Taking pride in possessions.
 - B. Inability to discard things.
 - C. Depression.
 - D. Obsessive Compulsive Disorder.
- Which of the following is NOT a good treatment option for hoarders?**
 - A. Behavioral Therapy.
 - B. Certain medication.
 - C. Early detection and intervention.
 - D. Confronting hoarder with logic.
- Your client's bedroom and living room are unusable because of mountains of clothing. She tells you she loves every piece and needs them all. She sleeps on a cot in the hallway. You should:**
 - A. Sort the clothing into 'keep,' 'donate,' and 'trash' piles for her.
 - B. Secretly pack up and haul away a bag or two each time she takes a nap.
 - C. Starting with the bedroom, help her develop a system for organizing the piles.
 - D. Warn her that social services can remove her from the home for this.
- Your client breeds rabbits with the intent to sell them. However, you notice that many of the rabbits have missing fur, seem lethargic and there is a rancid smell in the house. You should:**
 - A. Report the situation to the police or animal welfare group.
 - B. Locate the source of the odor and clean it.
 - C. Help place ads to sell the rabbits..
 - D. None of the above.
- True or False**
Establishing trust is the most important first step when caring for hoarders.
- True or False**
Most hoarders have no trouble focusing or staying on task.
- True or False**
No one has the right to hoard because it causes unsafe living conditions.
- True or False**
Asking a hoarder to get rid of stuff they know is garbage is a good place to start.
- True or False**
An "extreme makeover" cleaning session can solve all of the hoarder's problems.
- True or False**
Hoarders are just lazy and don't like to clean up after themselves.

