Advanced Hoarding

Zoom

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hqn TRAINING

Introductions / Welcome

- Introductions: Me, you…
- GRP AGREE: Phones, respect, confidentiality
- Break: 10.45, 12.30-1pm, 2pm*
- Questions? How to ask?
- Materials?

Course aim

To explore Hoarding in depth and in detail to an advanced level

Course objectives

- Build upon knowledge gained from HQN's OCD and hoarding course or practice experience
- Explore hoarding in detail, including research findings
- Explore animal hoarding
- Explore Diogenes Syndrome/personality disorder in detail
- Explore the Mental Capacity Act 2005, including practicing capacity testing and exploring the court of protection.

Course objectives …(cont'd)

- Explore legal aspects of hoarding, including case law
- Practice using the relevant paperwork to use with hoarders, including the process of developing a policy and procedure for hoarding
- Explore other useful techniques.

Todays session

- Please discuss any real life cases that you would like to today
- Between myself and the other delegates we may be able to help
- You can also contact me after the session for any additional information or questions
- dannymcgowan@msn.com

Hoarding an introduction

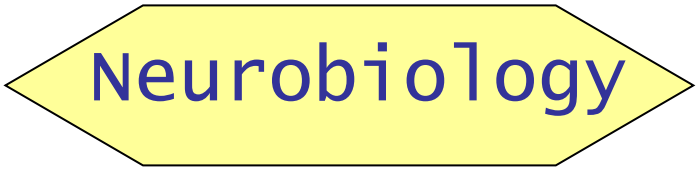
In small groups please

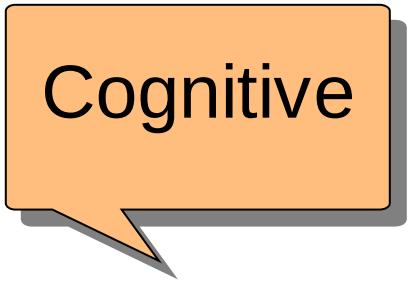
- How common is Hoarding in your tenants?
- Why do your tenants / people Hoard?
- Has Covid had an impact on Hoarding levels or your existing Hoarders?

Prevalence

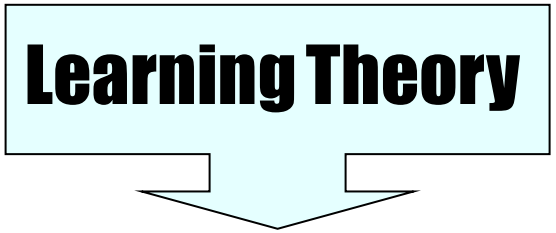
- No accurate UK data
- USA research approximately five percent
- Germany six percent
- Chartered institute of environmental health data 2008
- Birmingham research 2006 1.5 to 5%*

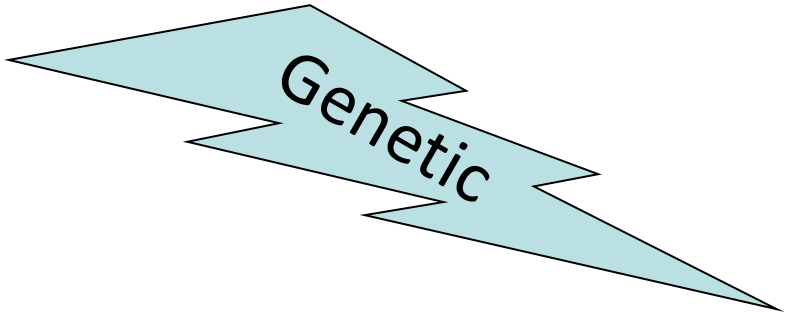
Why do people hoard?













Covid and Hoarding

- There is no research data but…
- Many people turn to Hoarding as a coping strategy.
- Many Hoarders have anxiety sometimes OCD
- A pandemic is a scary stressful time
- Existing Hoarders have had free reign
- Many new Hoarders may have been created (pasta and toilet roll shortage as a trigger).

Definitions of hoarding?

1. The acquisition of, and failure to discard, a large number of possessions that appear to be of useless or limited value
2. Living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed
3. Hoarding vs Squalor?

Hoarding?

- **Is Hoarding a lifestyle choice or a mental illness?**
- The Mental capacity act 2005
- Equalities act 2010 (reasonable adjustment for disability)
- Mental health act 1983/2007
- Mental health diagnosis (DSM-5 definition)
- Involving social services (self neglect*)?
- Involving mental health?

Working with different types of Hoarders

- **Hoarding disorder** (primary)
- **OCD hoarders** (primary / secondary)
- **Diogenes** (primary / secondary)
- **Animal hoarders** (primary / secondary)
- **Secondary hoarders**: Drinkers, drug users, depressed, PTSD, Anxiety
- **Situational Hoarders**: Those that are cluttered / hoarded by accident or chance
- Excessive acquirer subtypes.

Exercise: Squalor

- I would like you to discuss your squalid properties
- Please define squalor and the point where you believe a messy property turns into a squalid property?
- What causes squalor?
- What do you do when you identify a squalid property?



Hoarding, squalor and self neglect?

- Hoarding and squalor are not the same
- Hoarding is related to the volume of clutter in the home, not the cleanliness
- Squalor and Hoarding can co-exist / merge, but they are not the same
- You should not rely solely on image rating scale you should assess squalor and cleanliness etc.

Reasons behind squalor

- Lack of life skills (cooking, cleaning etc)
- Trauma (ACES link to domestic squalor?)
- Mental illness
- Learning disability, brain injury, Dementia
- Type of self harm
- Lack of self worth
- Acting out child behaviour (PAC model)
- No reason
- Care act (Self-neglect / neglect)
- MCA 2005.

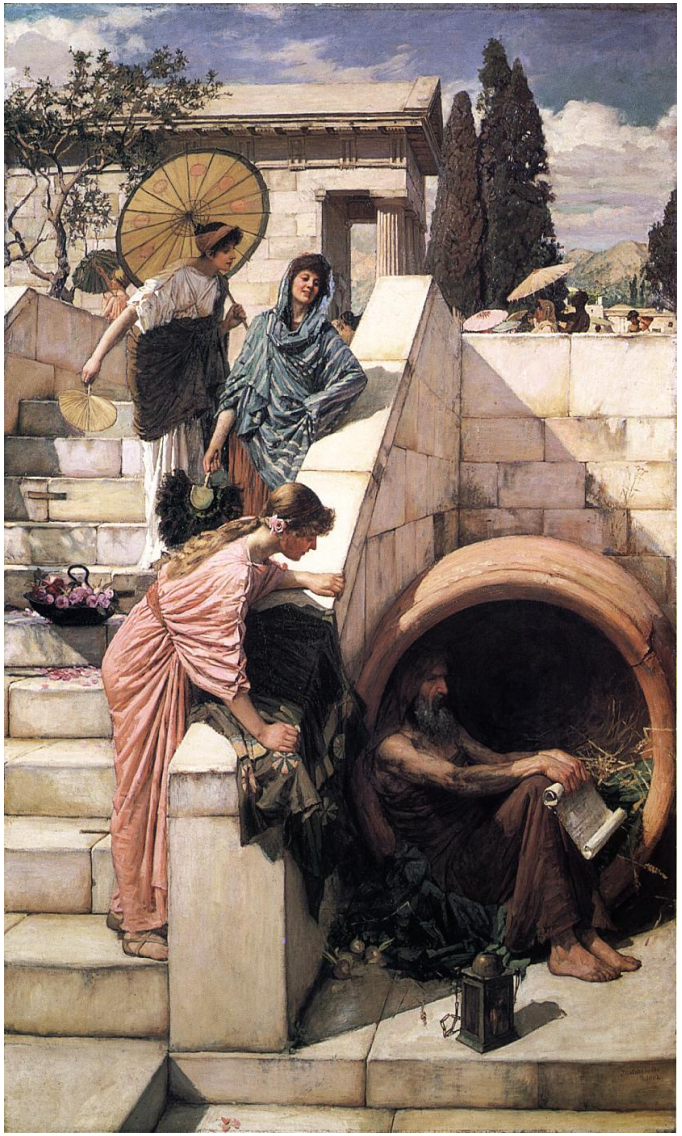
Squalor

- Consider a method of assessing Squalor (severe domestic squalor scale)
- You need a plan to deal with current property condition
- You may need PPE
- You may need to use specialists to help clean
- You need a plan to try and prevent reoccurrence.

Diogenes Syndrome

Characterised by:

- Domestic squalor
- self neglect
- Social isolation
- Hoarding of rubbish (syllogomania)
- Lack of shame
- Above average intelligence
- Manipulative, obstinate,
- Can be HARD WORK!



Clark et al, Lancet, 1975; Cybulska & Rucinski Br. J Hosp Med. 1986; Rosenthal et al, **Isr J Psych Relat Sci 1999**

Features of Diogenes Syndrome

- Annual incidence: 5-10/10,000 for >60 yr olds
- M= F, Majority live alone, but “squalor a deux” also reported
- Clark et al: N=30, most highly successful professionals in earlier life
- Only 50% have mental illness (other than PD)
- Associated with frontal lobe dysfunction (Orrell et al, 1989)

Clark et al, Lancet, 1975; MacMillan & Shaw, Br Med J, 1996; Reyes-Oritz, Compr Ther, 2001; Snowdon & Halliday, Int Psychogeriatric, 2011

Outcome of Diogenes Syndrome

- Most have significant physical illness*

- Mortality rate following hospitalisation: 50%
- 5-year mortality rate: 46%
- Follow-up studies show little change in living situations after interventions*

Clark et al, Lancet, 1975; Ngeh, Ger. Psych 2000; Reyes-Ortiz, 2001; Hanon et al, 2004

Personality Disorders: A person with a personality disorder may show some of the following traits:

- Aggression and sudden outbursts of inappropriate anger, Signs of anxiety or depression, deliberate acts of self harm, Signs of eating distress.
- Provocative and antagonistic behaviour, pre-occupation with routine.
- Paranoia, bitterness, feeling persecuted
- Lack of emotion and remorse and/or taking everything personally, deceitfulness, bullying and disregard for others.
- Very similar to Diogenes Hoarders*

Case 1 TH

- Contractors raised that the property smell bad, and there was rubbish everywhere. Elderly man, middle aged disabled son.
- Tenant was contacted and denied the problem, social services closed.
- Tenant requested pest control due to rat in roof. Pest control re-iterated a cleanliness/clutter/hoarding issue again.
- Re-raised with social services, who found that the son is open to them for his own needs.
- Asked pest control to rate on the clutter scale which was between 5-6.

- **Access is key:** Explore with the tenant if possible, problems with access. Usually based on: (problem solve the excuses and contingency plan)
- **Fear:** That you will judge them, interfere.
- **Fight or flight response to stress:** Avoidance or angry defensive behaviour.
- **Loss of control:** Hoarding and clutter is often related to a need to control
- Contamination fears, Break of routine or ritual
- Explain in a letter that you will have to come into the property and gently remind of your rights. Let the person have a sense of control over when you come and if this is possible or appropriate explain that you will not be touching anything. Normalise the property condition without being blaise. Do or get a specific MCA test as evidence (asking questions about the Hoarding and access).
- If they refuse, they legally have capacity (capacity is assumed without a test or test refusal).

- “ We come across many tenants that may have a lot of possessions or may have additional support needs and we are able to help them stay safe in their property. Explain how they will benefit from you coming in and the decluttering process itself (you will leave them alone, they will not have to pay*, it will be safer, they won’t face action etc).
- Make sure you are making a reasonable adjustment based on their disability or assumed problems as per the equalities act 2010 Detail all the support you have offered, and they refused.
- If possible get a specific MCA test as evidence (asking questions about the Hoarding and access).
- If they refuse, they legally have capacity (capacity is assumed without a test or test refusal).

Animal hoarding

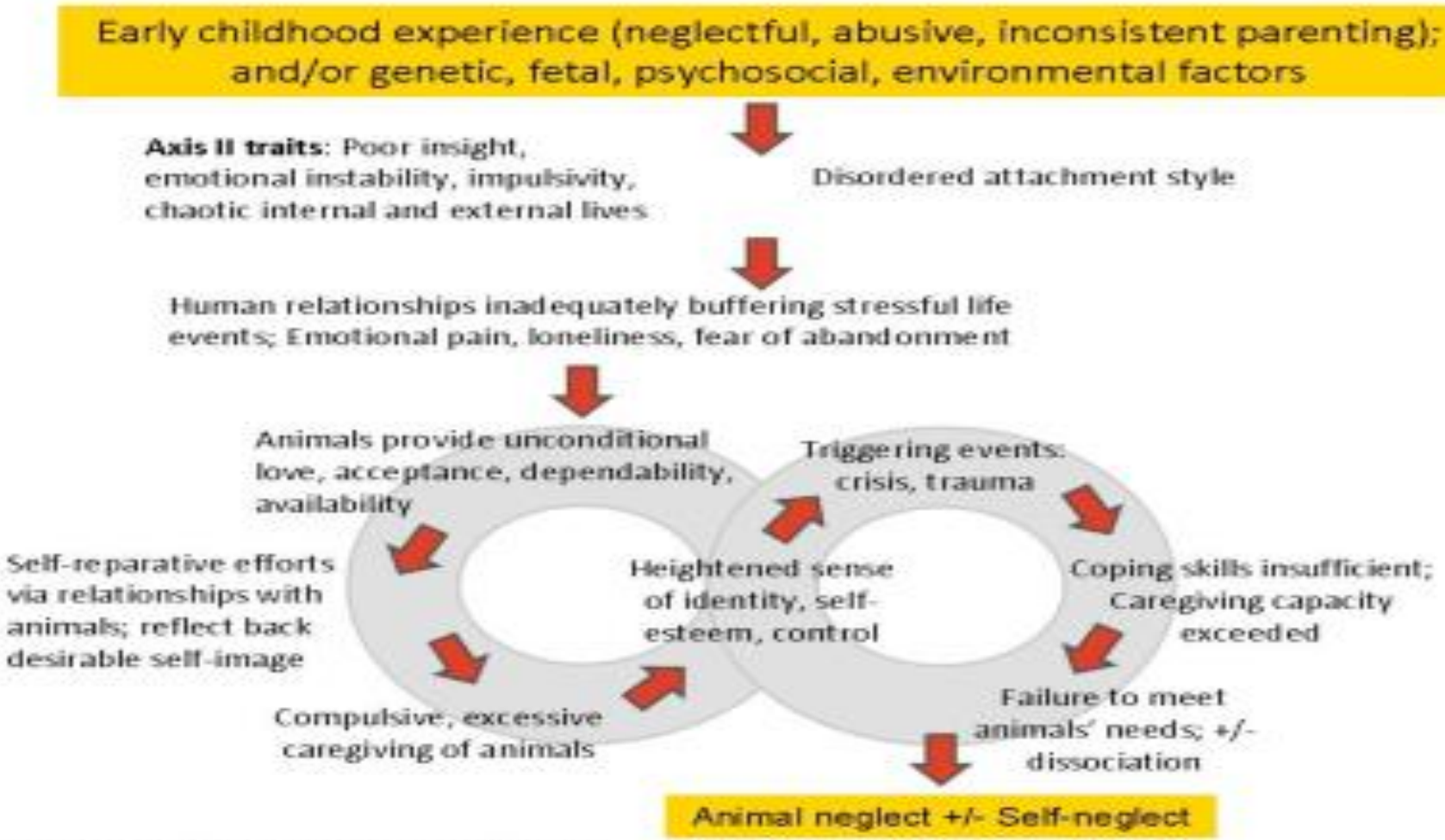
- Animal hoarding is more than just having a large number of animals, although numbers do need to be taken into account.
- The only published definition of an animal hoarder [Patronek 1999] is someone who:
- Accumulates a large number of animals, and
- Fails to provide minimal standards of nutrition, sanitation, and veterinary care.



Animal hoarding …(cont'd)

- Fails to act on the deteriorating condition of the animals (including disease, starvation and death) or the environment (severe overcrowding and extremely unsanitary conditions), and
- Fails to act on the negative effect of the collection on their own health and well-being and that of other household members.
- **Types: Overwhelmed caregiver, The rescuer hoarder, The exploiter hoarder, The breeder hoarder.**

Animal Hoarding



Nathanson & Patronek 2010 [Pathological Altruism, B. Oakley, ed.]

Case 2: Lady has 20 cats?

- You're new case is a lady who has over 20 cats
- Please discuss options for working with animal Hoarders?

Options for dealing with animal Hoarders?

- Lack of insight
- High relapse rate
- Untreatable-uncurable*
- Animal welfare act 2006
- RSPCA and animal welfare
- The Prevention of Damage by Pests Act **1949**
- Social services section 9 Care act possible section 42 Safeguarding
- High relapse rate.

Stages of support / Treatment

- We need to look at working with hoarders in a stage by stage process.
- **One:** Identification
- **Two:** Initial meeting / contact, & developing rapport and trust
- **Three:** Assessment
- **Four:** Risk assessment
- **Five**: Support / action plan and goals
- **Six:** Harm reduction* (safety, health, comfort)
- **Seven:** De-cluttering*
- **Eight:** Follow up

Excessive acquirers

- Some Hoarders (20-40%*) are excessive acquirers
- That means they feel compelled to acquire / buy / find items and bring them home, contributing to the Hoard!
- **Phases of the excessive acquirer cycle*:**
- – The urge to shop / acquire
  – Anticipation and planning of purchases
  – Euphoria during and immediately after purchases
  – Depression and hopelessness once the shopper realises they've lost control
- Add to Hoard
- Let's discuss.

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Personal rules for acquiring

- I must have
  - An immediate use for it
  - Time to deal with it appropriately
  - Money to afford it comfortably
  - Space to put it.

Steketee & Frost, 2007

Working with the tenant for the best compromise outcome*

- **When taking action consider:**

- The risks - are they containable?
- Your policy and procedure
- The impact on your organisation if you lose
- The impact on surrounding neighbours if you lose
- The increased risks that escalation of hoarding may pose

A balanced approach of containment is usually the better option.

‘Meeting in the middle’

- The best way to move forward if you have a resident that is a hoarder is to try and take a balanced ‘meet in the middle approach’.
- Negotiate. Harm reduction. Compromise.
- You decide the journey allow them to decide the route
- Highlight personal choice and control / menu of options
- Quick wins when it comes to motivation (more later)
- You are not just dealing with a difficult tenant, you are dealing with a person that may have a mental illness*.
- It is important to remember that any action you take probably will result in the hoarders anxiety levels increasing.

Assessing Potential Hoarders

- Questions to ask someone who acknowledges "clutter":
  - Are your belongings in piles along the sides of some/most rooms? How high?
  - Are you limited to pathways in some rooms?
  - Or are you walking on "goat paths" over piles?
  - Are any rooms so cluttered that they're difficult to use/unusable? i.e. no longer sleeping in bed, kitchen too full to use, no access to bathtub?
  - Do you feel your clutter is a problem?
  - Are you willing to work on getting rid of things?

Risks

Hygiene:

- Showering and washing become forgotten habits for some people.
- They may also start using their baths/showers as storage for their hoard.

Money:

- They will not concern themselves with spending money on themselves if they see something that they desire for their hoard.
- They will happily spend money on new items that will be of no benefit to them.
- They will even spend money on items they already but can no longer find.

Risks …(cont'd)

Heating:

- Heating becomes an unnecessary expense.
- They may block off their boiler with their hoard and resort to electric blankets or small heaters to provide their source of warmth.
- This is an extreme fire hazard.
- If a fire does start then it would begin to consume the hoard very quickly*.

Risks

Food:

- Whilst some people will collect large amounts of food, they may not use it to feed themselves.
- Instead they may keep it as part of their hoard and become attached to it.
- They will still eat but they will not prepare nutritious healthy foods.
- Resulting in using out of date food which would be a health hazard for them.
- The plan must be to limit perishables coming into the house.

Risks

Family:

- People may be separated from their families and this can be cause of their condition or at least contribute to their feeling of isolation.
- The Hoard for some is a surrogate family.
- For others a distraction to replace family.
- Some have a loving family who may attempt to challenge or limit the Hoarding (A paradoxical response may occur)
- Sometimes the family are at risk when visiting
- Sometimes the family collude / contribute to the Hoard.

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Outside risks

Bullying / Adult abuse:

- A person can become more vulnerable as their condition worsens, subsequently they may be taken advantage of by some individuals around them (Care act 2015)

Isolation:

- As the person take more and more comfort in their collection they become more isolated from the community.
- Collecting takes over and the possibility of real human interaction soon gets lost.
- It becomes a vicious cycle.
- Problems with neighbours.

Risks to staff

- Be cautious a lot can go wrong with the visit.
- When people are anxious they can become angry

- Entrance and exit to the property may be difficult. Be carful. Don't touch anything (unless you have to move about).

- This may cause some real problems if a quick exit is needed.

- Lighting may be an issue? Getting around the property and avoiding slips and trips may be a problem.

- You may not be able to see what you are walking on, therefore good footwear and caution is required.

Making a plan of action / support plan?

- Initial plan should be short sweet and simple (categorisation / organisation*)
- Do not go for big change until you have developed rapport and trust*
- What needs to be done and **WHY?**
- SMART planning
- (Specific, Measurable, Achievable, Realistic, Timed).

Harm reduction (what you can do instead?)

- Harm reduction is vital for **ALL hoarders**
- For some its as far as it will go and will have to get the house to an acceptable and safe standard.
- For others it's the start of the relationship to allow de-cluttering or further support
- It involves three areas:
- **Safety** (Target risks first such as fire, avalanche, access)
- **Health** (Food, bodily waste, medication)
- **Comfort** (Beds, bathroom, kitchen, their comfort).

De-cluttering: The options

- There are several options when de-cluttering
- Think SMART
- Only do yourself if insured and you have permission of manager and the tenant

Three options:

- The tenant does it.
- You / internal staff do it.
- You employ outside organisers to do it?

How to organise / discard?

1. Select target area and types of possessions.
2. Be SMART.
3. Create categories for possessions*.
4. Sort into discard, recycle/give away and keep piles (3/1/2).
5. Continue until target area is clear.
6. Don’t leave too much space at first (especially able-bodied excessive acquirers).
7. Plan appropriate use of cleared area /prevent clutter.

Tools and techniques

- Develop and maintain motivation
- Why should they? What do they get from compliance?
- Highlight discrepancy to create motivation and to develop insight / challenge denial
- Look forward (how things could be better)
- Look back (how things were pre-hoard / problem).

Developing rapport & good listening skills

MI works better when you can develop rapport / trust

You also need good listening skills (active listening)

Motivation in MI.

4 distinct components:

- Importance – the extent to which someone wants to change
- Confidence - the extent to which someone believes they have an ability to change
- Readiness – whether someone is ready to make a change
- Discrepancy -

- *How can this be used in real life?*



The Micro Skills or 'OARS'

- Ask **O**pen Ended questions
- **A**ffirm (statements of encouragement, e.g. "I appreciate your honesty" Doesn't have to relate to the problem behaviour)
- Listen **R**eflectively
- **S**ummarise …….and
- Encourage and elicit Change-Talk.

Hoarding and mental capacity?

- Hoarders are often old, vulnerable and may have MH issues, learning disabilities, Dementia etc.
- This means the Hoarders mental capacity may be a factor
- I recommend mental capacity is considered and assessed as soon as possible and possibly re-assessed during your time with the person.

Mental capacity definitions

- The ability to understand and make decisions
- This includes the ability to process and retain information in order to make a decision.

Assessment of capacity

- Stage 1
  - Person must have an impairment of or disturbance in the functioning of the brain or mind resulting in an inability to retain, use or weigh information relevant to a decision.
- Stage 2
  - Can only be assessed in relation to a particular decision
  - Must be reassessed for each decision
  - People are entitled to make unwise decisions
  - No set questions you decide the question!
- This two-stage test must be used and ***your records should show it has-been used.***
- ***DOT THE I's and Cross them T'S!!!!!***

Assessing capacity …(cont'd)

- Any assessment of a person's capacity **must consider** the following factors:
- Whether they are able to understand the information
- Whether they are able to retain the information related to the decision to be made
- Whether they are able to use or assess the information while considering the decision. The person has to be able to do all three to make a decision, and they have to have the ability to communicate that decision
- If the person being assessed is unable to do any one of the above, they are unable to make the decision for themselves.

Case study 2: Jim

- Jim is a 60-year-old man who self neglects and hoards various items including his own and apparently other people's rubbish. Jim has a history of alcohol dependency which has caused him to have both physical problems (one of his lower legs has been amputated) and psychological problems (such as short-term and occasional memory problems). He often has difficulty understanding what is going on, even when he is sober.
- Jim is always short of cash because he often buys drinks for himself and others or buys 'things' he likes from the local town centre or teenagers on his estate.
- He has developed arrears with his rent and this and complaints from neighbours about the smell of his property have brought him to your attention.
- When you talk to Jim he states that he will start paying his rent arrears. However he doesn't believe that the hoarding or neglect is a problem and won't even talk about it.
- ***What would you do in this situation?***
- ***Please explore options for working with Jim?***
- ***What areas should a capacity test be on? IE what questions?***

Hoarding policy

1. Introduction
2. Definitions and related documents
3. Responsibilities
4. Identification
5. Intervention and Enforcement measures
    - 5.1 Approach to intervention and enforcement measures
    - 5.2 Support
    - 5.3 Capacity
    - 5.4 Clearance
    - 5.5 Enforcement
    - 5.6 Aftercare
    - 5.7 Hard to resolve cases
6. Monitoring

CBT for Hoarding

Core components:

- Psychoeducation
- Cognitive strategies to address hoarding beliefs (meaning of possessions)
- Must target
  - 1. Acquiring 2. Discarding 3. Clutter
- Organizing/decision making (associated with information processing deficits),

Steketee & Frost, 2007; Muroff et al, 2009

De-cluttering / harm reduction: Organisation & categorisation

- In order to make a property safe or as a prelude to de-cluttering you need to categorise / organise
- If possible this should be led by the tenant
- There are various options
- Think SMART
- Lets discuss.

Making a plan of action / support plan?

- Initial plan should be short sweet and simple (categorisation / organisation*)
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- Think SMART (Specific, measurable, achievable / agreed, realistic, timed)
- Three options:
- The tenant does it.
- You / internal staff do it.
- You employ outside organisers to do it?
- Only do yourself if insured and you have permission of manager and the tenant
- What do you currently do? Let's discuss.

Follow up and aftercare

- What ever work you do you need to follow up.
- How you do it is based on the individual need and your resources!
- If you just leave a Hoarder to their own devices then expect relapse!
- Even if you offer on going support you should expect relapse!
- It should be SMART!
- What do you currently do? Let's discuss.

Example 2:

- Historical case with a couple living in a 1 Bed Flat. Clutter rating 8-9 Barely any space to sit / sleep. Tenant has now died. Partner has succeeded the tenancy. Due to Coved – no site inspection.
- No MH issue /not open to SS.
- Highley likely property still hoarded: Action Plan?

My thoughts on this case?

- Engagement. Expect real or exaggerated attachments to dead partners belongings. Explain that you do not want to get rid of all items and that the person is able to keep genuinely sentimental items. If possible, suggest a compromise which could be storage unit or space for an agreed period if they insist large number of items are sentimental.
- Do not try and be too formal in your letter but be firm in that you need to access the property. Allow them to decide what time and when but within a week-fortnight window. Expect a cancellation. Make adjustments but within limits.
- Assess and follow a Harm reduction strategy (Safety-Health-comfort).
- Concentrate on risk factors. Break down into areas or sectors and then develop plan for decluttering. Persistent. Little and often.
- Bereavement and attachment to dead partner may well be a factor (real or an excuse).
- Show empathy and signpost to local resources (GP-IAPT-Charities-Age UK etc.) but highlight health and safety and risk factors.
- Assume capacity or test.

Example 3

- By tenant's own Admission – Property hoarded / No gas / 5 Year electrical testing Due /
- Open to SS / Referred to Peabody Hoarding support – no access / several letters – no access /
- At stage of injunction.

My thoughts on this case?

- Without access you cannot do any motivation work. Access is the key. Try adjusting letters, new worker communicating with customer.
- Consider why the person may not allow access (fear of being judged, anxiety, contamination, etc.) and address these concerns via letter.
- As above regarding engagement.
- Social services sections 9 or 42 may work if the person wants help, and the condition of the property is directly because of their condition or they lack capacity.
- Once you gain access explore reasons why property is like it is?
- Develop a structured approach to get the property down to safe level (harm minimisation approach).
- Put plan in place to avoid recurrence and deny future access issues.

Example 4

- Property and Garden hoarded – clutter rating 9
- Tenant sectioned – non engagement with SS over condition of property.
- Rat infestation in property and now spilling into the community x 9 property affected.
- Next Steps?

My thoughts on this case?

- Local authority: Section117 to offer support for those coming out of hospital. The local authority has a duty under the Mental health act 1983.
- Mental health may or may not care about condition of property
- Reasonable adjustment Equalities act 2010
- MCA test specific to your needs (different to sectioning). Possible court of protection
- Supported accommodation?